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**QUESTIONNAIRE CONCERNING A CHILD WITH A DISABILITY**

- *Please complete a copy of this form for each of your children with physical, emotional or cognitive impairments.*
- *If the disabled person is receiving Social Security payments, please request a copy of the potential beneficiary's "**Benefits Planning Query**" (BPQY) from the beneficiary's local Social Security office and bring it to your conference.*

1. Who is your child with the disability and what is his/her date of birth?

2. A. What are your child's primary disabilities?

B. What was the age of onset of the disability?

C. What is the degree of disability (moderate, severe/profound or other)?

3. What governmental benefits/entitlements is the person currently receiving?

<i>SSI</i> <i>(Monthly Amount):</i>	<i>Sect. 8/HUD Housing:</i>
<i>RSDI/SSDI</i> <i>(Monthly Amount):</i>	<i>Medicaid:</i>
<i>SNAP:</i>	<i>Medicare:</i>
<i>Others:</i>	

4.

A. If your child is a minor, does he/she receive Katie Beckett?

B. If your child is an adult, does he/she receive any services from the Department of Developmental Disabilities? If yes, describe services and the name of the provider.

5. Is the individual under an existing guardianship? If yes, please provide a copy of the court-issued Certificate of Appointment.

6. Does the individual have existing powers of attorney? If yes, please provide copies.

7. Does the individual have a Representative Payee for Social Security? If so, who?

8. What does your child enjoy doing? What does a typical day look like?

