

Trustee Information

Name: _____

Address: _____

Phone: _____

Email: _____

Beneficiary Information

Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Email: _____

Nature of Disability: _____

Date of Disability Onset: _____

Social Security Representative Payee: _____

Guardian: _____

Beneficiary Estate Plan Documents (check all applicable):

- _____ Health Care Power of Attorney
- _____ Property/Financial Power of Attorney
- _____ Advocacy Power of Attorney
- _____ Will

Special Needs Trust Name: _____

Type: (3rd Party, D4A, D4C): _____

Date: _____

Settlor: _____

Trustee: _____

Approximate Value: _____

Assets: _____

Benefits Worksheet

<i>Needs Based Benefits</i>				
		Yes	No	Amount
Financial				
	Supplemental Security Income (SSI)			
	Subsidized Housing			
	SNAP (food stamps)			
	Other			
Medical				
	Medicaid			
	BHDDH / DDD Services			
	Medicare Premium Payment Program			
	Prescription Drug Assistance			
	Other			

<i>Entitlement Based Benefits</i>				
		Yes	No	Amount
Financial				
	SSDI based on beneficiary's work record			
	SSDI Disabled Adult Child			
Medical				
	Medicare			

Documentation to bring to Appointment, as applicable:

1. Social Security Benefit Verification Letter (available online through SSA website or upon request to local SSA office)
2. Copy of Medicaid and/or Medicare cards
3. Copy of most recent lease (for subsidized housing)
4. Copy of any Special Needs Trust
5. Copies of any powers of attorney or will signed by the beneficiary
6. Certificate of Appointment for Guardianship