

**LAW OFFICE OF STEPHANIE L. SCHNEIDER, P.A.**  
**QUESTIONNAIRE FOR CREATING A SPECIAL NEEDS TRUST FOR**  
**A PERSON WITH DISABILITIES**

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***THE GOAL OF A SPECIAL NEEDS TRUST IS TO PROVIDE A MANAGEMENT SYSTEM FOR AN INHERITANCE OR, SETTLEMENT PROCEEDS THAT A PERSON WITH DISABILITIES WILL RECEIVE, SO AS TO ENABLE THAT PERSON TO BE ENTITLED TO GOVERNMENT BENEFITS AND HAVE IMPROVED QUALITY OF LIFE.***

**I. ASSETS TO FUND THE SPECIAL NEEDS TRUST**

1. What percentage (%) of child support do you wish to leave to the special needs trust? \_\_\_\_
2. What other assets or income will fund the special needs trust (i.e. life insurance; annuity; retirement plan, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Name and address of the person with disabilities: \_\_\_\_\_  
\_\_\_\_\_
4. Identify all government assistance programs that provide benefits to the person with disabilities (i.e. Medicaid; SSI; Food Stamps; HUD housing): \_\_\_\_\_  
\_\_\_\_\_
5. Identify all assets of the person with disabilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. TRUSTEE**

6. Who should serve as the trustee (this person will oversee the investment and administration of the trust assets as well as make distribution pursuant to your written instructions)?  
Name: \_\_\_\_\_.  
Address: \_\_\_\_\_
7. Who should be the successor trustee if the primary trustee becomes ill or dies?  
Name: \_\_\_\_\_.  
Address: \_\_\_\_\_
8. Do you wish to name a second successor trustee?  
Name: \_\_\_\_\_.  
Address: \_\_\_\_\_

**III. ADMINISTRATION**

9. Do you want the trustee to be able to live in your house to help care for your disabled child?  
Yes \_\_\_ No \_\_\_  
If yes, must the trustee pay rent? Yes \_\_\_ If so how much? \_\_\_\_\_ No \_\_\_\_\_

SPECIAL NEEDS TRUST PLANNING QUESTIONNAIRE

Do you want the trustee to contribute toward household expenses (i.e. food, utilities, tv, new appliances, taxes, repairs)? Yes \_\_\_ No \_\_\_ In what amount or percentage? \_\_\_\_\_  
\_\_\_\_\_

10. Do you want to compensate the trustee for his/her time? Yes \_\_\_ No \_\_\_  
If yes, how would you like to compensate the trustee? \_\_\_\_\_

Do you want to provide for a yearly cost of living adjustment? Yes \_\_\_ No \_\_\_

11. Do you want to compensate the trustee for caregiver type of services? Yes \_\_\_ No \_\_\_  
If yes, how would you like to compensate the caregiver? \_\_\_\_\_

Do you want to provide for a yearly cost of living adjustment? Yes \_\_\_ No \_\_\_

12. If the disabled person moves into the home of the trustee, can the trust assets be used to contribute toward food, utilities, rent, repairs, new appliances? Yes \_\_\_ No \_\_\_  
If yes, specify: \_\_\_\_\_

13. Do you want to name a 'trust protector' to watch over the trustee? The trust protector can be given authority to review distribution requests, to remove the trustee, and to review the annual accountings. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Do you want to create a trust committee to advise the trustee and to vote on requests for distribution? Yes \_\_\_ No \_\_\_ Who should be on the committee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. If the disabled person is living with a relative or guardian who is not the trustee and the caregiver gets a divorce, should any conditions of the trust change? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. When the disabled person dies or if he/she must live in a facility what is to happen to the contents of the home? \_\_\_\_\_  
\_\_\_\_\_

**IV. ALTERNATE BENEFICIARIES**

17. In the event the special needs trust beneficiary dies before all trust assets are distributed, who would you like to receive the remainder:

SPECIAL NEEDS TRUST PLANNING QUESTIONNAIRE

Name\Age \_\_\_\_\_  
Rel. to Grantor \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
Adopted/Half-blood \_\_\_\_\_

Name\Age \_\_\_\_\_  
Rel. to Grantor \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
Adopted/Half-blood \_\_\_\_\_

18. Are any of the residuary trust beneficiaries receiving (or have applied for) public assistance from the government?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, identify the beneficiary, the government program (i.e. Medicaid; Supplemental Security Income (SSI); Social Security Disability Income (SSDI); food stamps; HUD housing), and type of benefits received:

Name of Beneficiary \_\_\_\_\_  
Govt. Program \_\_\_\_\_  
Date Benefits Began \_\_\_\_\_  
Application pending? \_\_\_\_\_

Name of Beneficiary \_\_\_\_\_  
Govt. Program \_\_\_\_\_  
Date Benefits Began \_\_\_\_\_  
Application pending? \_\_\_\_\_

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_