

# SUPPLEMENTAL QUESTIONNAIRE FOR SPECIAL NEEDS PLANNING

## ASSET INFORMATION FOR YOUR CHILD WITH SPECIAL NEEDS

Name of Child - First:	Middle:	Last:
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Please estimate the value of your child's assets and indicate if any assets are held jointly with another person. Include custodial and 529 plan account values in the chart below.

ASSETS OWNED BY CHILD WITH SPECIAL NEEDS (Current and Potential)		NAME OF JOINT OWNER(S) (if any)
Cash and Notes	\$	
Real Estate      Approx. Year Purchased _____	\$	
Stocks/Bonds/Mutual Funds	\$	
Life Insurance		
Death Benefit	\$	
Approximate Cash Surrender Value	\$	
IRAs/ Other Retirement Plans/Commercial Annuities	\$	
Tangible Personal Property	\$	
Interests in Existing Estates or Trusts	\$	
Expected Future Inheritance	\$	
Other Assets	\$	
Total	\$	

Is your child currently receiving any of the following benefits:

SSI?  Yes  No      Medicaid?  Yes  No      SSDI?  Yes  No      Medicare?  Yes  No

If your child has a developmental disability, is your child on the PUNS (Prioritization for Urgency of Need for Services) list?  Yes  No

If your child is over age 18, does he or she have a court-appointed guardian?  Yes  No

*If so, please attach a copy of the court order appointing your child's guardian.*

Have you created a written life care plan for your child?  Yes  No      *If so, and you would like to share it with us, please attach a copy.*

Notes (include a brief discussion of your child's circumstances and likely future living arrangements and work ability)	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>
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