



McDONALD LAW FIRM, LLC

*Helping Preserve Your Family's Legacy*

## Special Needs Planning Worksheet

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Using this organizer will assist us in designing an estate plan that meets your goals. All information provided is strictly confidential. If possible, please return the completed worksheet to our office prior to your appointment via mail or fax.

### **PLEASE READ BEFORE COMPLETING THIS FORM!!**

This is a fillable PDF which means that you can type directly into the form. You may also print the form and complete it by hand. Please follow the instructions below based on how you will complete the form.

#### **IF COMPLETING THE FORM ON A COMPUTER:**

**NOTE:** Please download the form onto your computer prior to completing the form. Once the form is downloaded onto your computer, you may complete the form (to the best of your ability) in one session or you may save the form and complete the form at your convenience. After completing the form, you may print the form as if you are printing any other document from your computer.

#### **IF COMPLETING THE FORM BY HAND:**

**NOTE:** Please download the form onto your computer and print the form. Once the form is printed, please complete the form, to the best of your ability, with either a blue or black ink pen.

#### **MAILING ADDRESS:**

10500 Little Patuxent Parkway  
Suite 420  
Columbia, MD 21044

#### **Fax:**

(443) 977-6977

**CONTACT PERSON**

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax No. \_\_\_\_\_

Email Address \_\_\_\_\_ Cell No. \_\_\_\_\_

Relationship to the Beneficiary \_\_\_\_\_

**PERSONAL INFORMATION ABOUT THE BENEFICIARY**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email Address \_\_\_\_\_ Cell No. \_\_\_\_\_

Birth Date \_\_\_\_\_ SS# Last 4 Digits. \_\_\_\_\_

Gender:         Male                       Female

Please describe, in detail, the disability: \_\_\_\_\_

\_\_\_\_\_

**MISCELLANEOUS INFORMATION**

Is the Beneficiary living at home or in an institution?     Home         Institution

If in an institution:

Name of Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Name of Contact Person \_\_\_\_\_ Email address \_\_\_\_\_

Has a guardian or conservator been appointed for the Beneficiary?     Yes     No

If so:

Name of Guardian/ Conservator \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax No. \_\_\_\_\_

Email Address \_\_\_\_\_ Cell No. \_\_\_\_\_

**PUBLIC BENEFITS**

Does the beneficiary receive any public benefits?

Yes     No

If yes, please list all public benefits: Husky, Medicaid, Special Waiver Programs, SSI, SSD, Workers' Comp, Medicare, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If no, do you believe the beneficiary will require public benefits in the future?

Yes     No

If yes, why? \_\_\_\_\_

\_\_\_\_\_

Has the special needs person made an application for public benefits that is still pending?

Yes     No

Has the special needs person ever received public benefits (other than Medicaid) in any other state?

Yes     No

If yes, list the states in which benefits were paid and the nature of the benefit \_\_\_\_\_

\_\_\_\_\_

Is anyone else in the beneficiary's household or immediate family receiving public benefits?

Yes     No

If yes, who? \_\_\_\_\_

What public benefits are family or household members receiving?

\_\_\_\_\_

Does the beneficiary have any income?

Yes       No

If yes, from what source (if from employment, please specify if it is independent employment or through a program such as HARC)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL NEEDS PLANNING**

**1. TRUSTEE** The trustee (you or someone who stands in for you) ensures that (1) your wishes regarding your child’s care are followed, (2) trust distributions do not unintentionally render your child ineligible for benefits, (3) care providers for your child are supervised adequately, (4) the assets in the trust and managed carefully and with integrity.

*It is strongly recommended that your appointment of trustee be (if other than yourself) someone “independent” to the trust, that is to say someone who is not related to a beneficiary of the trust and does not stand to inherit any property of the trust. If you feel it important to appoint someone that does not meet this definition as trustee, then it is highly advisable you also appoint an independent co-trustee.*

Initial Trustee

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Successor Trustee

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alternate

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**2. ADVOCATE OR CARE MANAGER** You may authorize or require your trustee to hire an advocate or care manager. Most professional trustees do not have the staff or expertise to evaluate your child's health and the adequacy of care providers.

Advocate/ Care Manager

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alternate

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Second Alternate

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**3. GUARDIAN OF MINOR CHILD.** If your child is a minor, who would provide care until age 18? The guardian is responsible for the day-to-day care of the child. It is a good idea to name at least one alternate guardian to act if your first choice cannot serve.

Guardian

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alternate

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Second Alternate

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**4. GUARDIAN OF ADULT CHILD** Who should be named to make medical decisions on your adult child's behalf if you are not available including decisions regarding medical consents, life support issues, and skilled nursing facility admission if you were unable to make these decisions yourself?

Guardian of Adult Child

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alternate

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Second Alternate

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**5. CONSERVATOR OF THE ESTATE.** Who should be named to make financial decisions for your child if (1) your child receives money not in the special needs trust, and (2) your child is not able to make his or her own financial decisions?

Conservator of The Estate

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alternate

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Second Alternate

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**6. ADVISORY PANEL.** Name all the people who should be involved in advising the trustee from time to time about your child's changing needs. The approval of this panel can also be required before the trustee makes any major decisions (such as a move of home). You may name as many or as few people as you would like. You may also name alternates.

Panel Member 1

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Panel Member 2

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Panel Member 3

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Panel Member 4

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alternate Panel Member 1

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alternate Panel Member 2

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**7. CHANGE IN CIRCUMSTANCES.** Your child’s inheritance will remain in the Special Needs Trust for his or her entire life, unless you provide for circumstances under which a full or partial distribution may be made. Most frequently, parents provide that if their child is employed and self-supporting for a certain minimum period of time (for example 24 months out of the last 28 months), the trustee may distribute all or some of the trust. What circumstances would you like to trigger a distribution decision? Would you like your trustee to have to consult with the advisory panel before making any such distribution?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. RESIDENTIAL INSTRUCTIONS.** What instructions would you like to provide regarding your child’s residence? Are certain options unacceptable (such a public facility)? Would you prefer for the beneficiary to be a home owner someday? Would you like a caregiver to live in the home with the beneficiary?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SOCIAL OPPORTUNITIES.** What opportunities would you like to provide regarding your child’s social activities? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**DISTRIBUTION OF SPECIAL NEEDS TRUST**

Briefly describe where you would want assets remaining in your child’s trust upon your child’s death to be distributed:

All to child’s descendants; then equally between siblings, and if a child didn’t survive, the deceased child’s children would take the share of the deceased child.

Equally between siblings, or their descendants

All to child’s descendants, then \_\_\_\_\_

As follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ULTIMATE DISTRIBUTION**

It’s terrible to think about, but you might want to provide for the distribution of your property if none of the people named above survive your child. Common choices include you or your child’s heirs at law, or a charitable organization. \_\_\_\_\_

\_\_\_\_\_

**GENERAL QUESTIONS, NOTES AND QUESTIONS:**

Please note anything else that may be of importance in planning your estate, or note any questions you may have.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSURANCE OWNED BY THE BENEFICIARY OR NAMING THE BENEFICARY AS RECIPIENT UPON DEATH**

**TYPE:** Term, whole life, split dollar, group life, annuity.

**ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RETIREMENT BENEFITS OWNED BY THE BENEFICIARY OR NAMING THE BENEFICIARY AS THE RECIPIENT UPON DEATH**

**TYPE:** Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K).

**ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ANTICIPATED INHERITANCE, GIFTS FROM THIRD PARTIES, OR LAWSUIT JUDGMENTS**

**TYPE:** Gifts or inheritances that your beneficiary expects to receive at some time in the future; or moneys that the beneficiary might receive. **Describe in appropriate detail.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ASSETS OF SPECIAL NEEDS PERSON**

Please list any assets held in the name of the Special Needs Person:

<u>ASSET</u>	<u>VALUE</u>
_____	_____
_____	_____
_____	_____
_____	_____

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**OTHER ITEMS TO INCLUDE OR DISCUSS**

Obviously, your estate plan should address all your hopes, fears and wishes please list any other items you want included or want to discuss:

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**PRIVACY STATEMENT**

In the course of providing our clients with income tax, estate tax, gift tax, business planning and financial advice, we receive private, non-public information. We collect this information directly from you and from other service providers, when authorized by you to do so. It is our policy that any information, particularly financial information and sensitive personal information provided by you or your agents to us for purposes of our business relationship, is to be disclosed only under the following conditions:

***Our Staff.*** Employees of our office may need such information to conduct or conclude a transaction for which you have engaged our services. Access to client information is strictly limited to the specific items needed to perform that services you may require.

**Outside Service Contractors.** In the course of providing services that you request, an outside service might be used to evaluate your financial, insurance, investing, or tax options. We insist that any such information needed by outside firms for business purposes must be considered confidential. We notify those outside sources that this business policy must be honored and such service providers are responsible for honoring Federal Trade Commission regulations.

**Others, by Client Request.** If you ask us to work with one of your advisors, you must expect us to share pertinent information to complete the tasks you require of us.

**Security.** We maintain physical, electronic and procedural guidelines and safeguards that comply with federal regulations to guard clients' private, personal information (in fact, **all** information you give us is handled in such a manner.)

New provisions from the Federal Trade Commission require us to notify you that this is our policy and that you have the right to keep non-public, personal information private by notifying us that this is your request. Regardless of the FTC requirements and even if you never request us to keep your non-public information private, we will do so, under the conditions listed above. This has always been our policy, not only in respect to Federal Trade Commission requirements, but also to comply with our moral and ethical responsibilities to you. If you have any questions, whatsoever, please do not hesitate to call me or our Director Client Services.

Sincerely,

*Andre McDonald*

Andre O. McDonald, Esq.

#### **ACKNOWLEDGMENT OF PRIVACY STATEMENT**

I have read and understand the explanation titled "Privacy Policy" regarding non-public personal information I may supply and the federal trade commission regulations. By signing this acknowledgment, you agree to the terms stated. You may notify us at any time that you do not want us to disclose your personal information to particular financial advisors or helpers, even though you have previously given us permission to do so. If so, please let us know in writing, and we will honor your request.

Client's- Signature

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