



**FIRST-PARTY
SPECIAL NEEDS TRUST
PLANNING WORKSHEET**

**Alperin Law
Estate and Trust Planning**

**USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS. ALL
INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.**

**PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR APPOINTMENT VIA
MAIL OR FAX.**

Alperin Law PLLC

◆ 500 Viking Drive, Suite 202 Virginia Beach, VA 23452 ◆ Phone: 757-490-3500 ◆ Fax: 757-233-3600

Date: _____

BENEFICIARIES PERSONAL INFORMATION

PERSON(S) SETTING UP TRUST

Full Legal Name: _____ Birth Date: ____/____/____

Signature Name: _____ Social Security Number: ____-____-____

Business Address: _____ Bus. Phone: _____

Home Address: _____ Home Phone: _____

E-mail Address: _____ Preferred Communication Method: _____

Full Legal Name: _____ Birth Date: ____/____/____

Signature Name: _____ Social Security Number: ____-____-____

Business Address: _____ Bus. Phone: _____

Home Address: _____ Home Phone: _____

E-mail Address: _____ Preferred Communication Method: _____

Are you (or your spouse) receiving social security, disability, or other governmental benefits? Describe: _____ Yes () No ()

Do you (or your spouse) own real estate in California? () ()

Do you (or your spouse) have an existing Will or Living Trust? () ()

BENEFICIARY INFORMATION

Beneficiary's Legal Name: _____

Common Use Name: _____

Birth Date: _____ SS#: _____

Beneficiary's Address: _____ City: _____ State: _____ Zip: _____

Beneficiary's Phone: _____ Business Phone: _____

E-mail Address: _____

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Relationship to the person(s) creating the Trust? _____

Beneficiary's Marital Status: () Single () Married: Date: _____ () Divorced () Widowed

Beneficiary's Spouse's Legal Name: _____

Beneficiary's Children's Names & DOB: _____

Beneficiary's Siblings' Names & DOB: _____

BENEFICIARY'S UNDERLYING DISABILITY

Describe:

Was onset of disability prior to age 22? _____ Yes _____ No

Is beneficiary competent to handle funds? _____ Yes _____ No ___ With Assistance

Is beneficiary conserved? _____ Yes _____ No

Does beneficiary require supervision? _____ Yes _____ No

Does the beneficiary have issues of substance abuse? _____ Yes _____ No

Developmentally Disabled: Yes _____ No _____

Receiving Regional Center Assistance? Yes _____ No _____

Beneficiary's current therapeutic/educational/vocational/social services:

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BENEFICIARY'S BENEFITS

NEEDS BASED BENEFITS

	Financial			
	Yes	No	Future	Amount
(SSI)Supplemental Security Income	_____	_____	_____	_____
(TANF) Temporary Aid to Needy Families	_____	_____	_____	_____
(H.U.D.) Section 8 Housing	_____	_____	_____	_____
Other	_____	_____	_____	_____
	Medicaid			
Medicaid	_____	_____	_____	_____
(GHPP) Aid for hemophilia or Sickle Cell	_____	_____	_____	_____
(I.H.S.S.) In Home Support Services	_____	_____	_____	_____
Other	_____	_____	_____	_____

BENEFITS BASED ON ENTITLEMENT

	Financial			
	Yes	No	Future	Amount
(SSDI) Disability Insurance	_____	_____	_____	_____
(SSA)(for child whose disability began prior to age 22)	_____	_____	_____	_____
Department of Rehab	_____	_____	_____	_____
Other	_____	_____	_____	_____
	Medicaid			
Medicare	_____	_____	_____	_____
Other	_____	_____	_____	_____
Private Health	_____	_____	_____	Name of Insurer
Insurance	_____	_____	_____	_____

Does the Beneficiary have a representative payee for social security benefits? *If so, who is the representative payee?* _____

_____ \$ _____

TRUSTED INDIVIDUALS AND ENTITIES

OUR FIRM WILL WORK WITH YOU TO DETERMINE THE MOST APPROPRIATE TRUST MANAGEMENT SYSTEM THAT FITS YOUR BENEFICIARY’S UNIQUE NEEDS. TO ASSIST US, PLEASE LIST THE NAMES OF INDIVIDUALS AND ENTITIES YOU TRUST WHOM YOU BELIEVE CAN ASSIST WITH SECURING OR OVERSEEING PERSONAL CARE FOR THE BENEFICIARY AND ASSIST IN FINANCIAL DECISION MAKING.

OUR PREFERENCE, IF THE FACTS AND CIRCUMSTANCES WARRANT, IS TO ESTABLISH A CHECK AND BALANCE SYSTEM OF PERSONAL AND FINANCIAL MANAGEMENT WITH SPECIAL NEEDS TRUST ADMINISTRATORS, FAMILY, FRIENDS, SOCIAL WORKERS, FINANCIAL ADVISORS, AND OTHERS TO ENSURE THE HIGHEST QUALITY OF CARE FOR THE BENEFICIARY.

Please list persons or entities that you trust and indicate their strengths and weaknesses (1= weakness, 3= strength)

Name	Relationship	Financial	Family	Advocacy	Accounting	Spiritual
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3

FAMILY ADVISORS

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

HOW PROPERTY IS TO BE DISTRIBUTED UPON THE DEATH OF THE BENEFICIARY

() Allow the beneficiary to decide. If you answer yes, who may the beneficiary leave their estate to?

- () Beneficiary's Descendants
- () Beneficiary's Spouse
- () Trustmaker's Descendants
- () Charities
- () Religious Organizations
- () No Restriction

() Divide equally between our children and the descendants of any deceased children

() Divide among named individuals and/or charities (note percent or share size):

() Distribution for charity (name and amount/percent/share size):

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:
