

SPECIAL NEEDS PLANNING WORKSHEET

Turner Law, PC
Robert E. Turner
Estate and Trust Planning

CONTACT PERSON

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

E-mail Address _____ Fax No. _____

Relationship to special needs person _____

PERSONAL INFORMATION ABOUT SPECIAL NEEDS PERSON

Name _____

Address _____

City _____ State _____ Zip _____

Phone No. _____ Social Security No. _____

Birth Date _____ Gender: Male Female

Please describe, in detail, the disability: _____

MISCELLANEOUS INFORMATION

Is the Special Need Person 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 _____

Has a guardian been appointed for the Special needs person? Yes No If so:

Name of Guardian _____

City: _____ State _____ Zip _____

Home Phone No. _____ Fax No. _____

Turner Law, PC

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PUBLIC BENEFITS

Is anyone in the SPECIAL NEEDS PERSON's household or immediate family receiving public benefits?

Yes No If yes, who? _____

What public benefits are family or household members receiving?

What public benefits is the special needs person receiving? (Please list all public benefits: Medicaid, Special Waiver Programs, SSI, SSD, Workers' Comp, Medicare, etc.)

Is it likely the special needs person will require public benefits in the future? Yes No If yes, why?

Does the special needs person have any income? Yes No If yes, from what source?

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.

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SPECIAL NEEDS PLANNING

1. SUCCESSOR TRUSTEE. The successor trustee stands in for you to ensure 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.

Successor Trustee _____

Address _____ Phone _____

Alternate: _____

Address _____ Phone _____

Second Alternate: _____

Address _____ Phone _____

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.

Successor Trustee _____

Address _____ Phone _____

Alternate: _____

Address _____ Phone _____

Second Alternate: _____

Address _____ Phone _____

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:

Address _____ Phone _____

Alternate: _____

Address _____ Phone _____

Second Alternate: _____

Address _____ Phone _____

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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:

Address _____ Phone _____

Alternate: _____

Address _____ Phone _____

Second Alternate: _____

Address _____ Phone _____

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

Address: _____ Phone _____

Alternate: _____

Address _____ Phone _____

Second Alternate: _____

Address _____ Phone _____

6. ADVISORY PANEL. Name all of 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 _____

Address _____ Phone _____

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Panel Member 2 _____

Address _____ Phone _____

Panel Member 3 _____

Address _____ Phone _____

Panel Member 4 _____

Address _____ Phone _____

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Alternate Panel Member 1

Address

Phone

Alternate Panel Member 2

Address

Phone

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?

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DISTRIBUTION OF SPECIAL NEEDS TRUST

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

- 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 BENEFICIARY 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.**

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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