

SUPPLEMENTAL QUESTIONNAIRE FOR SPECIAL NEEDS PLANNING

ASSET INFORMATION FOR YOUR SPECIAL NEEDS CHILD

Please estimate the value of your special needs 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 (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 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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