



## Checklist for Suitability of Special Needs Trust

1. Name of the Individual for whom a Special Needs Trust (SNT) is being considered:

\_\_\_\_\_

2. Individual's Social Security Number \_\_\_\_\_

3. Address where individual resides: \_\_\_\_\_

4. Is the Individual under the age of 65?  Yes  No  
Is the Individual under the age of 18?  Yes  No

Date of birth: \_\_\_\_\_

5. Is the Individual disabled?  Yes  No

If yes, what is the nature of the disability?

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

Has he or she been determined to be disabled by the Social Security Administration (SSA)?  Yes  No

If not, has he or she applied to the SSA for a determination of disability by the SSA?  Yes  No

6. Is the Individual receiving or expected to receive:
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Supplemental Security Income (SSI)          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| MaineCare (Maine Medicaid)                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Social Security Disability Insurance (SSDI) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medicare                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Amount of Individual's monthly income: \$ \_\_\_\_\_

Is the Individual residing in Section 8 housing?  Yes  No

7. If any person or entity is under consideration to serve as Trustee of the SNT, please list:

Name: \_\_\_\_\_

If this is not a professional trustee (e.g. a bank trust department), note the relationship of the Individual and the potential trustee: \_\_\_\_\_

Name: \_\_\_\_\_

If this is not a professional trustee (e.g. a bank trust department), note the relationship of the Individual and the potential trustee: \_\_\_\_\_

8. Does the Individual own (or is the Individual entitled to) the assets that will fund the SNT?  Yes  No

**If the answer to Question 6 is yes, proceed to Question 7. If trust will be funded with assets belonging to someone other than the SNT, skip to Question 13.**

9. Have the assets to fund the trust been acquired by:
- Personal Injury Settlement
  - Matrimonial Action
  - Inheritance
  - Gift
  - Other

If Other, please explain: \_\_\_\_\_

10. Estimate amount of assets to fund the SNT: \$ \_\_\_\_\_

11. If the assets are to be acquired from a personal injury settlement, is the settlement a:
- Lump Sum
  - Structure
  - Combination

12. If a combination, what is the break down?  
\_\_\_\_\_

13. The type of SNT that holds assets that have belonged or would belong to a disabled Individual but for the SNT, must be established by a parent, grandparent, guardian or a court. If there is a parent, grandparent or guardian who is capable of establishing this trust, please identify:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

14. If there are ways to "spend down" the assets within a month of the receipt of the assets, estimate the amount that might be spent of any of the following:

Purchase of home \$ \_\_\_\_\_

Home improvements, repairs or

- maintenance \$ \_\_\_\_\_
- Tools to perform home improvements \$ \_\_\_\_\_
- Installation of burglar alarm or monitoring/response system \$ \_\_\_\_\_
- Advance payment of utilities, homeowner's insurance \$ \_\_\_\_\_
- School tuition, books and supplies \$ \_\_\_\_\_
- Health and life insurance premiums \$ \_\_\_\_\_
- Entertainment (including books, magazines, any vacation travel) \$ \_\_\_\_\_
- Handicap van \$ \_\_\_\_\_
- Household goods \$ \_\_\_\_\_
- Non-refundable airline ticket \$ \_\_\_\_\_
- Stereo system \$ \_\_\_\_\_
- Television set \$ \_\_\_\_\_
- Medical insurance \$ \_\_\_\_\_
- Telephone bills \$ \_\_\_\_\_
- Newspaper subscriptions \$ \_\_\_\_\_
- Furniture \$ \_\_\_\_\_
- Services of care manager \$ \_\_\_\_\_
- Tax payments \$ \_\_\_\_\_
- Funeral \$ \_\_\_\_\_
- Legal fees \$ \_\_\_\_\_
- Transfers to third parties \$ \_\_\_\_\_
- Mortgage payments \$ \_\_\_\_\_
- Credit card bills \$ \_\_\_\_\_
- Other outstanding debts and bills \$ \_\_\_\_\_

**This completes the questions relating to SNT's to be funded with the assets of the disabled Individual. Skip to the end of the Checklist to provide the name of the person who prepared the Checklist and the date.**

**The following questions relate to SNT's that will be funded with the assets that belong to third parties, that is, to persons (often family members) other than the disabled person:**

15. Whose assets will be used to initially fund the trust? \_\_\_\_\_

What is the Grantor's relationship to the Individual? \_\_\_\_\_

16. If anyone else might contribute to the trust in the future, please name:

Name: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

17. If there will be other beneficiaries of the trust, in addition to the Individual, please name:

Name: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

18. If anyone named in response to Questions 14 through 16 is entitled to or likely to require or receive SSI or MaineCare in the future, please explain:

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

19. Will assets of the Individual fund the trust?  Yes  No

20. Will the trust be a beneficiary of a Will or another trust?  Yes  No

21. Will the trust be a beneficiary of retirement plan

or an insurance policy?

Yes

No

Name of person who prepared this Checklist: \_\_\_\_\_

Date: \_\_\_\_\_

Version: October 2005