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### SUITABILITY OF SPECIAL NEEDS TRUST WORKSHEET

Your responses to this Worksheet will help the attorneys at Rudman Winchell and the Maine Elder Law Firm determine whether a Special Needs Trust or other special needs planning tool could be beneficial for a particular individual. Provide as much information as possible, but do not be concerned if you are unable to answer all the questions.

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

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

3. Address where the Individual resides: \_\_\_\_\_

Is the Individual residing in subsidized housing?  Yes  No

4. Individual's age? \_\_\_\_\_ Individual's date of birth? \_\_\_\_\_

5. Does the Individual have a disability?  Yes  No

If yes, what is the nature of the disability?  
\_\_\_\_\_  
\_\_\_\_\_

Did the disability begin before age 22?  Yes  No

Has the Individual 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

If the Individual has been determined to be disabled by another entity (for example, Maine PERS or the Veterans Administration), please provide details:  
\_\_\_\_\_

If readily available, provide written confirmation of any determination of disability from the SSA or the relevant agency.

6. Is the Individual receiving or expected to receive any of the following:

Supplemental Security Income (SSI)  Yes  No

Amount of Individual's monthly SSI benefit: \$ \_\_\_\_\_

Social Security Disability Insurance (SSDI)  Yes  No

Amount of Individual's monthly SSDI benefit: \$ \_\_\_\_\_

Disabled Adult Child/Childhood Disability Benefit (this is one category of SSDI)  
 Yes  No

Maine Medicaid (MaineCare)  Yes  No  
Medicare  Yes  No

Federal Civil Service Survivor Benefits  Yes  No  
VA Disability or Military Survivor Benefits  Yes  No  
Maine PERS Disability Income  Yes  No

Supplemental Nutrition Assistance Program  Yes  No

7. Does the Individual have a mortuary trust?  Yes  No

Does the Individual have an ABLE account?  Yes  No

8. If a Special Needs Trust is appropriate and if there individuals or entities under consideration to serve as Trustee(s) 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: \_\_\_\_\_

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

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

9. Does the Individual own (or is he or she entitled to own) the assets to be transferred into the SNT?  
 Yes  No

**If the answer to Question 9 is YES, then if an SNT is appropriate, it will likely be a First Party SNT (to be funded with that Individual's assets). In that case, proceed to Question 10. If the answer to Question 9 is NO, then any trust to be prepared will likely be a Third Party SNT to be funded with assets that currently belong to someone other than the Individual. In that case, skip to Question 16.**

10. Have the assets to fund the trust been acquired by:

- Personal Injury Settlement
- Matrimonial Action
- Inheritance
- Gift
- Other

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

If personal injury settlement, who is the Individual's PI attorney? \_\_\_\_\_

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

12. If the assets are to be acquired from a personal injury settlement, is the settlement a:

- Lump Sum
- Structure
- Combination

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

14. A First Party SNT is funded with the assets that belonged to or would have belonged to the Individual with disabilities. It may be established by the Individual, by a court, or by the Individual's parent, grandparent, or guardian. Who will establish this trust?

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

15. 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 on 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 or 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 First Party SNTs which are trusts to be funded with the assets of the disabled Individual. Skip to the end of the Worksheet to provide the name of the person who prepared the Worksheet and the date.**

**The following questions relate to Third Party SNTs which are those that will be funded with the assets that belong to third parties, that is, persons (often family members, especially parents and grandparents) other than the individual with disabilities:**

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

What is that person's relationship to the Individual? \_\_\_\_\_

17. If others might contribute to the Third Party SNT in the future, please list them:

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

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

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

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

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

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

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

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

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

19. If any person listed in response to Questions 16 through 18 is entitled to or likely to require or receive SSI or MaineCare in the future, please explain:

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

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

21. Will the SNT be a beneficiary of a retirement plan or an insurance policy?  Yes  No

22. Upon the death of an Individual who was the primary beneficiary of a First Party SNT, the assets remaining in the trust are available to reimburse any state that provided medical assistance to the Individual. This is not necessary with a Third Party SNT. In either case, if there are assets remaining in an SNT upon the death of the Individual (and after payment of any final expenses of the trust and reimbursement of medical assistance, in the case of a First Party SNT), to whom or to what should those remaining trust assets be distributed?

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Name of Person Completing Worksheet

\*Updated 09/08/17