

**Roybal-Mack & Cordova PC**

**CONFIDENTIAL**  
**THIRD-PARTY SUPPLEMENTAL NEEDS TRUST**  
**PLANNING QUESTIONNAIRE**

This questionnaire is designed to help gather the information necessary to properly prepare a third-party supplemental needs trust (third-party SNT). Even for established clients, this questionnaire is extremely helpful in preparing a third-party SNT that will meet your objectives. Those questions that do not apply to you may simply be ignored. Please feel free to attach additional pages where space is insufficient, or to provide other information that you feel is relevant. Thank you.

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DATE: \_\_\_\_\_

**SECTION 1**

**INFORMATION ABOUT THE PERSON CREATING THE TRUST**

**A. PERSON CREATING THE TRUST (OR SPOUSE #1 FOR JOINT TRUST):**

Full Name: \_\_\_\_\_  
(first) (middle) (last)

Signature Name: \_\_\_\_\_  
(print name as signed—for example, Mary Susan Smith might sign as Mary S. Smith)

Birthdate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Rel. to Beneficiary: \_\_\_\_\_

**B. SPOUSE OF PERSON CREATING THE TRUST (OR SPOUSE #2 FOR JOINT TRUST):**

Full Name: \_\_\_\_\_  
(first) (middle) (last)

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

Birthdate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Rel. to Beneficiary: \_\_\_\_\_

**C. ADDITIONAL INFORMATION:**

Yes No

Are you (or your spouse) receiving social security, disability, or other gov't benefits? [y] [n]

(Describe: \_\_\_\_\_)

Do you (or your spouse) own real estate? [y] [n]

Do you (or your spouse) have an existing Will or Living Trust? [y] [n]

**SECTION 2**

**BENEFICIARY INFORMATION**

**A. BENEFICIARY:**

Full Name: \_\_\_\_\_  
(first) (middle) (last)

Common Use Name: \_\_\_\_\_  
(print name commonly used—for example, John Jamison Dough might use John Dough)

Birthdate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

**B. BENEFICIARY'S SPOUSE:**

Full Name: \_\_\_\_\_  
(first) (middle) (last)

Common Use Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

**C. BENEFICIARY’S UNDERLYING DISABILITY:**

Describe beneficiary’s underlying disability: \_\_\_\_\_  
\_\_\_\_\_

	<u>Yes</u>	<u>No</u>
Was onset of disability prior to age 22?	[ y ]	[ n ]
Is beneficiary competent to handle funds?	[ y ]	[ n ]
Is beneficiary subject to a conservatorship?	[ y ]	[ n ]
Does beneficiary require supervision?	[ y ]	[ n ]
Does beneficiary have issues with substance abuse?	[ y ]	[ n ]
Is beneficiary developmentally disabled?	[ y ]	[ n ]

Describe beneficiary’s current therapeutic, educational, vocational, and social services:  
\_\_\_\_\_  
\_\_\_\_\_

**D. BENEFICIARY’S BENEFITS:**

Name of representative payee for social security benefits, if applicable: \_\_\_\_\_

**NEEDS-BASED FINANCIAL BENEFITS**

	<u>Yes</u>	<u>No</u>	<u>Future</u>	<u>Amount</u>
Supplemental Security Income (SSI)	[ y ]	[ n ]	[ f ]	\$ _____
Temporary Aid to Needy Families (TANF)	[ y ]	[ n ]	[ f ]	\$ _____
Section 8 Housing (HUD)	[ y ]	[ n ]	[ f ]	\$ _____
Other ( <i>Describe:</i> _____)	[ y ]	[ n ]	[ f ]	\$ _____

**NEEDS-BASED MEDICAL BENEFITS**

	<u>Yes</u>	<u>No</u>	<u>Future</u>	<u>Amount</u>
Aid for Hemophilia or Sickle Cell (GHPP)	[ y ]	[ n ]	[ f ]	\$ _____
Other ( <i>Describe:</i> _____)	[ y ]	[ n ]	[ f ]	\$ _____

**ENTITLEMENT-BASED FINANCIAL BENEFITS**

	<u>Yes</u>	<u>No</u>	<u>Future</u>	<u>Amount</u>
Social Security Disability Insurance (SSDI)	[ y ]	[ n ]	[ f ]	\$ _____
Supplemental Security Income (SSI) for disability before age 22	[ y ]	[ n ]	[ f ]	\$ _____
Other ( <i>Describe:</i> _____)	[ y ]	[ n ]	[ f ]	\$ _____

ENTITLEMENT-BASED MEDICAL BENEFITS

	<u>Yes</u>	<u>No</u>	<u>Future</u>	<u>Amount</u>
Medicare	[ y ]	[ n ]	[ f ]	\$ _____
Private Health Insurance ( <i>Insurer:</i> _____)	[ y ]	[ n ]	[ f ]	\$ _____
Other ( <i>Describe:</i> _____)	[ y ]	[ n ]	[ f ]	\$ _____

**SECTION 3**

**PLANNING OBJECTIVES**

Please describe your planning objectives to assist the beneficiary in the following areas. Keep in mind that a supplemental needs trust by its nature places all discretion in the hands of the trustee, with an advisory committee or care manager providing input and potentially providing oversight. It is important for the trustee to have specific information about your overall intent.

**A. RESIDENTIAL:**

Acceptable residential situations:

- [ ] Personal residence (house, condo, apartment)
- [ ] Authorize the trustee to buy and maintain a residence for the beneficiary
- [ ] Independent living with support (supported living)
- [ ] Residence of a named individual (*Who?* \_\_\_\_\_)
- [ ] Group home
- [ ] Specific group home, care facility, or provider (*Name:* \_\_\_\_\_)
- [ ] Public care facility
- [ ] Other (*Describe:* \_\_\_\_\_)

Unacceptable residential situations:

- [ ] Group home
- [ ] Public care facility
- [ ] Specific group home, care facility, or provider (*Name:* \_\_\_\_\_)
- [ ] Public institution
- [ ] Other (*Describe:* \_\_\_\_\_)

**B. SOCIAL AND RECREATIONAL ACTIVITIES:**

Do you want a provision about supported social and recreational activities? [ ] Yes [ ] No

List the activities that the beneficiary enjoys, or that you want to encourage the beneficiary to participate in (for example, soccer, bowling, karate, playing piano, shopping with friends, going to movies, building models, etc.):

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**C. FAMILY:**

Do you want a provision about maintaining contact with family? [ ] Yes [ ] No

“Family” expenditures that you consider an appropriate use of trust funds:

[ ] Purchase gifts to acknowledge events such as birthdays, holidays, etc.

[ ] Pay for beneficiary to travel to family events

[ ] Pay for family members to visit beneficiary

[ ] Other: \_\_\_\_\_

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

**D. OTHER PLANNING OBJECTIVES:**

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

**SECTION 4**

**BENEFICIARY'S ASSETS**

Please list all assets owned by the beneficiary, including market value and ownership.

<b>A. REAL PROPERTY:</b> <u>Description (address, co-owners)</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

<b>B. AUTOMOBILES:</b> <u>Description (year, make, model, co-owners)</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

<b>C. SAVINGS, CHECKING, CDs:</b> <u>Description (type, co-owners)</u>	<u>Balance</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

<b>D. BROKERAGE ACCOUNTS:</b> <u>Description (type, co-owners)</u>	<u>Balance</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

<b>E. OTHER ACCOUNTS:</b> <u>Description (type, co-owners)</u>	<u>Balance</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

<b>F. STOCKS AND BONDS:</b> <u>Description (type, co-owners)</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

<b>G. VALUABLE PERSONAL PROPERTY:</b> <u>Description (type, co-owners)</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**H. LIFE INSURANCE OWNED BY BENEFICIARY**

<u>Insurance Company</u>	<u>Insured Party</u>	<u>Death Beneficiary</u>	<u>Death Benefit</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**I. LIFE INSURANCE NAMING BENEFICIARY AS DEATH BENEFICIARY**

<u>Insurance Company</u>	<u>Insured Party</u>	<u>Policy Owner</u>	<u>Death Benefit</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**J. RETIREMENT ACCOUNTS OWNED BY BENEFICIARY**

<u>Type (e.g., IRA)</u>	<u>Company</u>	<u>Death Beneficiary</u>	<u>Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**K. RETIREMENT ACCOUNTS NAMING BENEFICIARY AS DEATH BENEFICIARY**

<u>Type (e.g., IRA)</u>	<u>Company</u>	<u>Account Owner</u>	<u>Death Benefit</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**L. GIFTS AND INHERITANCES:** Describe in appropriate detail any gifts or inheritances that the beneficiary might receive, including the name of the person making the gift or leaving the inheritance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total estimated value: \$ \_\_\_\_\_

**M. LAWSUIT SETTLEMENTS AND JUDGMENTS:** Describe in appropriate detail any money that you anticipate beneficiary will receive through a lawsuit settlement or judgment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total estimated value: \$ \_\_\_\_\_

**N. OTHER ASSETS:** Description (type, co-owners) Value

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**SECTION 5**  
**BENEFICIARY'S LIABILITIES**

<u>Description</u>	<u>Balance</u>
<u>Home Mortgage</u>	\$ _____
<u>Loans against Life Insurance</u>	\$ _____
<u>Automobile Loans</u>	\$ _____
<u>Credit Card Debt</u>	\$ _____
<u>Miscellaneous Loans (Notes)</u>	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**SECTION 6**  
**TRUSTED PEOPLE AND ENTITIES**

**A. FAMILY ADVISORS:**

<u>Advisor</u>	<u>Name</u>	<u>Phone</u>
<u>Personal Attorney</u>	_____	_____
<u>Accountant</u>	_____	_____
<u>Financial Advisor</u>	_____	_____
<u>Life Insurance Agent</u>	_____	_____
<u>Care Manager</u>	_____	_____
<u>Caregiver</u>	_____	_____
_____	_____	_____
_____	_____	_____

**B. OTHER TRUSTED PEOPLE AND ENTITIES:**

To help determine the most appropriate trust management system that fits your beneficiary's unique needs, please list the names of the people and entities that you trust and believe can assist with securing or overseeing the beneficiary's personal care and assist in making financial decisions.

If the circumstances warrant, it is preferable to establish a system of checks and balances for personal and financial management with third-party SNT administrators, family, friends, social workers, financial advisors, and others to ensure the highest quality of care for the beneficiary, and to ensure the financial interests of the beneficiary are protected.



Please list people and entities that you trust. Indicate their strengths and weaknesses, but leave any column blank if you don't know or are unsure. (1=weakness, 2=neutral, 3=strength)

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

**SECTION 7**

**TRUST TERMINATION PROVISIONS**

**A. DISTRIBUTION UPON CHANGED CIRCUMSTANCES:**

If the law changes and the existence of the trust renders the beneficiary ineligible for benefits, what would you like to do? (select only one):

- Continue the trust
- Terminate the trust (if so, select one or both of the following):
  - Use the trust assets to purchase exempt assets or services for the beneficiary
  - Distribute the trust assets to a trusted person who is requested to use the proceeds for the beneficiary's benefit (Name of trusted person: \_\_\_\_\_ )

If the beneficiary becomes gainfully employed and no longer dependent on public benefits, what would you like to do? (select only one)

- Continue the trust
- Terminate the trust and distribute the trust assets to the beneficiary (if so, complete the following):  
Beneficiary must be gainfully employed for \_\_\_\_\_ months over a period of \_\_\_\_\_ months.

**B. DISTRIBUTION UPON DEATH:**

Select the following option if you want to allow the beneficiary to decide who will get the remainder of the trust assets when the beneficiary dies (this is called a testamentary power of appointment).

- Let the beneficiary to decide who will get the remaining trust assets. If so, who may the beneficiary leave the assets to? (select one or more)
  - Beneficiary's descendants
  - Beneficiary's spouse
  - Your descendants
  - Charities
  - Religious organizations
  - No restrictions

How do you want the remainder of the trust assets to be distributed upon the beneficiary's death (answer this even if the above option was selected, in case the beneficiary doesn't decide): (select only one)

[ ] Divide in equal shares for your children (a deceased child's share would be similarly divided)

[ ] Divide into shares (percent or fraction) among named people or charities:

<u>Share</u>	<u>Person or Charity</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**SECTION 8**

**OTHER ITEMS TO INCLUDE OR DISCUSS**

Obviously, your third-party SNT should address all your hopes, fears, and wishes for the beneficiary. Please list any other items you want included in the trust or that you want to discuss.

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