

---

## Questionnaire Concerning a Child With a Disability

---

**Prepared for:** \_\_\_\_\_

**Prepared by:** \_\_\_\_\_

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

**If you have a son or daughter who has a disability that may cause special concern in your estate planning, please answer these questions:**

1. Name of son or daughter: \_\_\_\_\_

2. Child's date of birth: \_\_\_\_\_

3. What are your child's primary disabilities? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What is the degree of disability?

Moderate: \_\_\_\_\_

Severe or Profound: \_\_\_\_\_

Other: \_\_\_\_\_

5. Does your child have any additional disabilities? If so, describe:

\_\_\_\_\_

\_\_\_\_\_

6. What are your child's capabilities and limitations (e.g., can he or she read, dress himself or herself, use public transportation, drive a car, etc.)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Does your child have any special medical needs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Does your child require regular medication? What kind? \_\_\_\_\_

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

9. What are your child's current living arrangements? \_\_\_\_\_

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

10. What are your child's wishes and your own wishes concerning his or her living arrangements after your death?

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

11. Is your child enrolled in an education or training program?

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

12. Does your child work? If so, where? \_\_\_\_\_

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

13. If your child works, is it in:

Supported Employment? Yes \_\_\_\_\_ No \_\_\_\_\_

Sheltered Workshop? Yes \_\_\_\_\_ No \_\_\_\_\_

14. If your child works, give a general idea of his or her earnings: \_\_\_\_\_

15. Does your child have any assets in his or her own name? If so, give nature and value:

---

---

Held by a custodian or in a Uniform Gift to Minors Act account?

---

Value: \$ \_\_\_\_\_

Name and address of custodian:

---

---

16. Has anyone other than the parents provided for your child through Will, insurance, or any other way? If so, in what way and in what amount?

---

---

---

17. Has a legal guardianship for your child or his or her property been established? Where? Who is the guardian?

---

---

---

18. Has a trust been established for your child? \_\_\_\_\_

What type? \_\_\_\_\_

By whom? \_\_\_\_\_

Who is the trustee? \_\_\_\_\_

19. Does your child presently receive any of the following:

- a. SSI Benefits \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_
- b. Social Security Disability Benefits \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_
- c. Other Disability Benefits? \_\_\_\_\_  
(Specify source) \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- d. Other Regular Unearned Income? \_\_\_\_\_ Amount: \$ \_\_\_\_\_

20. Is your child covered by:

- a. Medicaid? \_\_\_\_\_
- b. Medicare? \_\_\_\_\_
- c. Other government programs? \_\_\_\_\_