Questionnaire Concerning a Child With a Disability

Prepared for:		
Prepared by:		
Date:		

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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:				
13.	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	v of the	following:

a. SSI Benefits _____ Monthly Payment: \$ _____b. Social Security

Disability Benefits _____ Monthly Payment: \$ _____

c. Other Disability
Benefits?

20. Is your child covered by:

a. Medicaid?

b. Medicare?

c. Other government programs?