Cipparone & Zaccaro, PC

Third Party Special Needs Trust Checklist

Do I need a Third Party Special Needs Trust for my child or grandchild?

1. Is my child/grandchild a “developmentally disabled” person? Yes \_\_\_\_ No \_\_\_\_\_

2. Has my child/grandchild received or could my child receive a disability determination by the Social Security Administration (SSA)? Yes \_\_\_\_ No \_\_\_\_\_

3. Has my child/grandchild applied for or could my child/grandchild apply for a determination of disability by the SSA? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Is my child/grandchild receiving or could my child/grandchild need any of the following means-tested public benefits in the future?

* SSI
* Medicaid
* Home care
* Section 8 Housing
* Food Stamps (SNAP)
* Group Home
* Psychiatric Institutionalization
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Do I have a plan for my child with disabilities or do the parents of my grandchild have a plan for my grandchild with disabilities after I am gone? Yes \_\_\_ No \_\_\_\_\_

If the answer to any of the above questions is YES, you are in need of a Third Party

Special Needs Trust.

Information to gather about the Child or Grandchild with a Disability

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe the nature of the disability of the child/grandchild. Include information relating to the ability of the child/grandchild to manage money properly. If the child or grandchild is married, list names of spouse and children with ages of each of them.

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What public benefits does my child or my grandchild currently receive or has applied for? (circle each one)

* Supplemental Security Income (SSI)
* Social Security Disability Income (SSDI)
* Medicaid
* Home care
* Section 8 Housing
* Food Stamps (SNAP)

If a grandchild, please provide contact information regarding the grandchild’s parents

Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Addresses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Nos.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mails \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who should serve as Trustee for the child or grandchild?

* Non-profit organization like PLAN of CT
* A family member
* Financial Advisor
* Law Firm
* Trust Company