

Midwest Special Needs Trust Beneficiary Background Information

Beneficiary _____ **Date** ____/____/____

1. Is this trust established by court order? ____ Yes ____ No

If yes, enclose a copy of the order.

2. What is the source of funds for the trust?

Funds of the donor (other than the beneficiary)	
Funds of the beneficiary - from a personal injury settlement	
Funds of the beneficiary - inheritance	
Funds of the beneficiary - Other (specify)	

3. What is the beneficiary's disability?

- Mental retardation or developmental disability
 Mental Illness
 Brain Injury
 Other (specify) _____

4. What sources of income does the beneficiary currently receive¹?

Income	Monthly Amount
Supplemental Security Income (SSI)	
Social Security Disability Income (SSDI)	
Other (specify)	
Total Monthly Income	

5. What benefits are available for health care coverage²?

Type of Benefit	Yes/No
Medicaid	
Medicare	
Private Health Insurance	
Other (specify)	

¹ Verification of SSI and SSDI benefits must be provided. Include a copy of the most recent benefits notice from the Social Security Administration.

² Verification of Medicaid and/or Medicare must be provided. Include a copy of the most recent benefits notice from the state.

6. Has a guardian or conservator been appointed for the beneficiary? If so, provide the information below.

Guardian/Conservator	
Name:	
Soc Sec #	
Street Address:	
City:	
State: Zip:	
Telephone: ____/____/____	Relationship to Beneficiary:
Court that appointed Conservator:	
Court Street Address:	
City:	
State: Zip:	
Court Case Number:	

7. Where does the Beneficiary live?

Facility Name (if applicable)		
Address:		
City:	State:	Zip:
Telephone ____/____/____		

8. With whom does the beneficiary live?

- Lives Alone
- Lives with parents
- Lives with Spouse or Relatives
- Lives in a care facility
- Other (specify) _____

9. How long has the beneficiary lived at the current place?

- Less than 1 year
- One to 2 Years
- More than 2 Years

10. List the key agencies that provide services to the beneficiary:

Agency Name:		
Address:		
City:	State:	Zip:
Contact Person:	Telephone ____/____/____	

Agency Name:		
Address:		
City:	State:	Zip:
Contact Person:	Telephone ____/____/____	

Agency Name:		
Address:		
City:	State:	Zip:
Contact Person:	Telephone ____/____/____	

11. Provide contact information for Trust Donors:

	Name	Relationship to Beneficiary	Telephone	Telephone
Donor			____/____/____	____/____/____
Donor			____/____/____	____/____/____

12. Provide contact information for Trust Co-trustees and Successors:

	Name	Relationship to Beneficiary	Telephone	Telephone
Co-trustee			____/____/____	____/____/____
Co-trustee			____/____/____	____/____/____
Successor Co-trustee			____/____/____	____/____/____
Successor Co-trustee			____/____/____	____/____/____