

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 _____

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:	Fax:
Email address:	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: _____	Fax:

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:	Email:
Telephone:	Fax:

Agency Name:	
Address:	
City:	State: Zip:
Contact Person:	Email:
Telephone:	Fax:

Agency Name:	
Address:	
City:	State: Zip:
Contact Person:	Email:
Telephone:	Fax:

11. Provide contact information for Trust Donors:

Donor Names	Relationship to Beneficiary	Telephone	Fax	Email

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

Co-Trustee Names	Relationship to Beneficiary	Telephone	Fax	Email

Successor Co-Trustee Names	Relationship to Beneficiary	Telephone	Fax	Email