

# BENEFICIARY BACKGROUND INFORMATION FORM

Date Completed: \_\_\_\_\_

Full Name of Life Beneficiary: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

|  |                                  |
|--|----------------------------------|
| <b>Life Beneficiary Contact Information</b>  |                                  |
| Check if applicable: <input type="checkbox"/> Do <b>NOT communicate directly with Life Beneficiary</b> |                                  |
| Address:   |                                  |
| City:  | State:                      Zip: |
| Telephone:   | Fax:                             |
| Email:   |                                  |

1. Is this trust established by court order?                      Yes                      No  
**\*Include a copy of the court order**

2. Has the trust been reviewed and approved Medicaid?                      Yes                      No  
**\*Include copy of Medicaid approval letter**

3. Has the Medicaid Release Form been signed?                      Yes                      No

4. What is the source of funds for the trust?  
 \_\_\_\_\_ **Funds of the third party donor** (not Life Beneficiary)  
**\*Family gift, inheritance paying directly to trust, life insurance directly to trust**  
 \_\_\_\_\_ **Funds of the Life Beneficiary** – From a personal injury settlement  
**\*Include a copy of the settlement, Medicaid claim letter, court order and annuity schedule**  
 \_\_\_\_\_ **Funds of the Life Beneficiary** – Inheritance, Social Security backpay, conserved funds

For trusts funded with a Personal Injury Settlement ONLY:

| Provide Copy of the Settlement Agreement | Amount of Settlement |
|--|----------------------|
| Punitive                                 |                      |
| Compensatory                             |                      |
| Annuity                                  |                      |
| Total Settlement Amount                  |                      |

For trusts funded with an Inheritance ONLY:

| Name of Estate                                    |             |
|---|-------------|
| Will a Schedule K-1 be issued from the estate?    | Yes      No |
| For Which Tax Year(s)                             |             |
| Total amount of distribution to trust from estate |             |

For trusts funded as a beneficiary of a Retirement Account ONLY:

| Name on Retirement Account            |             |
|---------------------------------------|-------------|
| Will a Schedule K-1 be issued?        | Yes      No |
| For Which Tax Year(s)                 |             |
| Total amount of distribution to trust |             |
| Will a 1099 be issued?                | Yes      No |

5. Please list four items or services you intend to request from the trust:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

6. What is the Life Beneficiary's disability?

- Developmental Disability  
 Mental Illness  
 Brain Injury/Spinal Cord Injury  
 Physical Disability – Specify \_\_\_\_\_

7. What is the Life Beneficiary's current living arrangement?

- Lives alone  
 Lives with family  
 List names, relationship, and age of others in household:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Lives in a care facility

8. Please enter address of facility where the Life Beneficiary resides:

|                       |                                  |
|-----------------------|----------------------------------|
| <b>Facility Name:</b> |                                  |
| Address:              |                                  |
| City:                 | State:                      Zip: |
| Telephone:            | Fax:                             |
| Staff Contact Name:   |                                  |

9. List the key agencies that provide services to the Life Beneficiary:

***\*Examples of agencies include: home health care, transportation, vocational, or case management services. Not necessary to list Social Security or Medicaid in this section.***

|                     |                                  |
|---------------------|----------------------------------|
| <b>Agency Name:</b> |                                  |
| Address:            |                                  |
| City:               | State:                      Zip: |
| Contact Person:     | Email:                           |
| Telephone:          | Fax:                             |

|                     |                                  |
|---------------------|----------------------------------|
| <b>Agency Name:</b> |                                  |
| Address:            |                                  |
| City:               | State:                      Zip: |
| Contact Person:     | Email:                           |
| Telephone:          | Fax:                             |



10. What sources of **income** does the Life Beneficiary currently receive?

**\*Include a copy of the most recent Social Security Administration award letter(s).**

| <b>Income</b>   | <b>Monthly Amount</b> |
|---|-----------------------|
| Supplemental Security Income (SSI)<br>Date check or deposit is issued monthly:          |                       |
| Social Security Disability Insurance (SSDI)<br>Date check or deposit is issued monthly: |                       |
| Social Security Retirement Income<br>Date check or deposit is issued monthly:           |                       |
| Employment (Include 2 recent paystubs)  |                       |
| Total Monthly Income  |                       |

11. What assets does the Life Beneficiary own?

| <b>Assets owned by Beneficiary</b> | <b>Circle response below.</b> | <b>Approximate value</b> |
|------------------------------------|-------------------------------|--------------------------|
| House (individually or jointly)    | <b>Yes No</b>                 |                          |
| Vehicle(s) (Year/Make/Model)       | <b>Yes No</b>                 |                          |
| Pre-paid Burial or funeral plan    | <b>Yes No</b>                 |                          |
| Annuity                            | <b>Yes No</b>                 |                          |

12. Is the Life Beneficiary eligible for or does the Life Beneficiary receive other public benefits or private insurance coverage?

**\* Include a copy of the Medicaid and Medicare cards.**

| <b>Type of Public Benefit or Other Resources</b> | <b>State(s) Which Benefits Were Received</b> | <b>Yes/No</b> |
|--|--|---------------|
| Medicaid   |  |               |
| Medicaid Waiver Program – Specify                |  |               |
| Medicare   |  |               |
| Private Health Insurance – Specify               |  |               |
| Housing Assistance (HUD)                         |  |               |
| Other – Specify                                  |  |               |



13. Has the court appointed a legal guardian<sup>1</sup> or conservator<sup>2</sup> for the Life Beneficiary? **Yes No**

**\*Include a copy of the Letter of Guardianship and Conservatorship.**

|  |       |
|--|-------|
| <b>Check All that Apply:</b><br><input type="checkbox"/> Full Guardianship <input type="checkbox"/> Full Conservatorship<br><input type="checkbox"/> Limited Guardianship <input type="checkbox"/> Limited Conservatorship |       |
| Guardian's Name  |       |
| Court Case Number:   |       |
| Address:   |       |
| City:  |       |
| State:   | Zip:  |
| Phone Number   | Email |

14. Has the Social Security Administration appointed a Representative Payee<sup>3</sup> for the Life Beneficiary? **Yes No**

|                                   |                  |
|-----------------------------------|------------------|
| <b>Representative Payee Name:</b> |                  |
| Address:                          |                  |
| City:                             | State:      Zip: |
| Telephone:                        | Fax:             |

15. Has the Life Beneficiary executed a Durable Power of Attorney (DPOA)?<sup>4</sup>

**Include a copy of the signed document. Please note that the Durable Power of Attorney must state specific authority to open, revoke or terminate a trust.**

|                   |                  |
|-------------------|------------------|
| <b>DPOA Name:</b> |                  |
| Address:          |                  |
| City:             | State:      Zip: |
| Telephone:        | Fax:             |

16. How did you learn about MSNT?

Attorney Referral - Name \_\_\_\_\_  
 Resource Fair or Conference Exhibit - Name \_\_\_\_\_  
 Internet - Site \_\_\_\_\_  
 Service or Agency Representative - Name \_\_\_\_\_  
 Print ads or Legal Directory - Name \_\_\_\_\_

Signature of Person Completing Form \_\_\_\_\_ Date \_\_\_\_\_

Name of Person Completing the Form \_\_\_\_\_ Phone Number \_\_\_\_\_

<sup>1</sup> Guardian - **Court appointed** representative in charge of the Life Beneficiary's well-being (often, a guardian has the legal authority to give and sign medical consents, sign contracts, and living arrangement). In some states, may also include Guardian of the Estate, which is in charge of the person's personal assets and funds.

<sup>2</sup> Conservator - **Court appointed** representative in charge of the Life Beneficiary's estate (financial affairs and decisions).

<sup>3</sup> A Representative Payee is a person or agency appointed by the Social Security Administration to receive the Social Security benefits of the Life Beneficiary. This person does not have the legal authority as a guardian, conservator, or power of attorney.

<sup>4</sup> A Power of Attorney is authorized by an individual to make healthcare or financial decisions as outlined in the notarized document designating the party. May also be called Attorney in Fact. A Power of Attorney is **not** a guardian or conservator.

