Midwest Special Needs Trust

Beneficiary Background Information

Date Completed: _____

Full Name of Beneficiary: _____
Birthdate: _____Social Security Number: _____

Beneficiary Contact Information	
Check if applicable: ☐ ***Do NOT communicate directly with beneficiary***	
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. What is the source of funds for the trust?

☐ **Funds of the third party settlor** (not beneficiary)
Family gift, inheritance paying directly to trust, life insurance directly to trust

☐ **Funds of the beneficiary** – From a personal injury settlement
Include a copy of the settlement, including but not limited to annuity schedule and future deposit amounts expected with dates.

☐ **Funds of the beneficiary** – Inheritance
Include a copy of the last Will and Testament of the deceased

☐ **Funds of the beneficiary** – Social Security back pay or retroactive payment

☐ **Funds of the beneficiary** – Conserved funds, life insurance payout or other funds

For trusts funded with a Personal Injury Settlement ONLY:

Type of Damages	**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

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

1. _____
2. _____
3. _____
4. _____

3. What is the beneficiary's disability?

☐ Developmental Disability
☐ Mental Illness
☐ Brain Injury/Spinal Cord Injury
☐ Physical Disability – Specify _____

4. Date of Social Security Administration Disability Determination: _____

5. What is the beneficiary's current living arrangement?

☐ Lives alone
☐ Lives with family
List names, relationship, and age of others in household:

_____
_____
_____
_____

☐ Lives in a care facility
- ☐ Staffed Apartment
- ☐ Group Home
- ☐ ISL (Individualized Support Living)
- ☐ RCF (Residential Care Facility)
- ☐ SNF (Skilled Nursing Facility – Nursing Home)
- ☐ Other State Operated Facility – Specify _____
- ☐ Other – Specify _____

6. If applicable, please enter address of facility where the beneficiary resides:

Facility Name:	
Address:	
City: State: Zip:	
Telephone:	Fax:
Staff Contact Name:	
Email:	

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

Examples of agencies include, but are not limited to, home health care, transportation, vocational, or case management services. Not necessary to list Social Security of Medicaid in this section.

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:	

8. What sources of ***income*** does the beneficiary currently receive?
Include a copy of the first award letter and/or the most recent Social Security Administration award letter.

Income	**Monthly Amount**
Supplemental Security Income (**SSI**) Date check or deposit is issued monthly:	
Social Security Disability Income (**SSDI**) Date check or deposit is issued monthly:	
Social Security Retirement Income Date check or deposit is issued monthly:	
Employment (Include 2 paystubs)	
Other – Specify[1]	
Total Monthly Income	

9. What assets does the beneficiary own?

Assets owned by Beneficiary	***Circle response below.***	**Approximate value**
House (individually or jointly)	**Yes** ☐ **No** ☐	
Vehicle(s) (Year/Make/Model)	**Yes** ☐ **No** ☐	
Checking Account	**Yes** ☐ **No** ☐	
Savings Account	**Yes** ☐ **No** ☐	
Pre-paid Burial or funeral plan	**Yes** ☐ **No** ☐	
Annuity	**Yes** ☐ **No** ☐	
Other --Specify	**Yes** ☐ **No** ☐	

[1] Examples of other income sources: retirement accounts and pensions. Please include verification of this income including whose name the pension is under and annuity amounts if applicable.

10. Is the beneficiary eligible for or does the beneficiary receive other public benefits or private insurance coverage?
**** Provide verification of benefits, including but not limited to: copies of insurance cards, and approval letters.***

Type of Public Benefit or Other Resources	**State(s) Which Benefits Were Received**	**Yes/No**
Medicaid		
Medicaid Waiver Program – Specify[2]		
Other Medicaid Program(s) – Specify[3]		
Medicare		
Private Health Insurance – Specify		
Housing Assistance (HUD)		
Other – Specify		

11. Has the court appointed a legal guardian[4] or conservator[5] for the beneficiary? **Yes☐No☐**
**** If so, provide information below and copies of letters of Guardianship and Conservatorship, also called letters of adjudication.***

Check All that Apply: ☐**Full Guardianship** ☐**Full Conservatorship** ☐**Limited Guardianship** ☐**Limited Conservatorship**	
Court that appointed:	
Court Case Number:	
Guardian's Name:	
Soc Sec # or EIN:	
Address:	
City: State: Zip:	
Email address:	Relationship to Beneficiary:

[2] Included but not limited to DMH waiver services, Boarding Home grants, and Personal Care Grants
[3] Included but not limited to TANF, child care, and Food Stamps.
[4] Guardian - **Court appointed** representative in charge of the beneficiary's well being (often, a guardian has the legal authority to give and sign medical consents, sign contracts, & where the beneficiary shall reside). In some states, may also include Guardian of the Estate, which is of the person's personal assets & funds.
[5] Conservator - **Court appointed** representative in charge of the beneficiary's estate (financial affairs & decisions).

12. Has the Social Security Administration appointed a Representative Payee?[6]

Representative Payee Name:		
Address:		
City:	State:	Zip:
Telephone:	Fax:	

13. Has the life beneficiary executed a Durable Power of Attorney?[7]
**** Submit copy of document with signatures. Please note that the Durable Power of Attorney (DPoA) is authorized to sign the trust agreements to establish a trust only if the DPoA specifically delineates powers to open, revoke, or terminate a trust.***

Name:		
Address:		
City:	State:	Zip:
Telephone:	Email:	

14. ***For Third Party Trusts only***: Complete the following information for the Settlor(s).

Full Name of Settlor:	Relationship to Beneficiary	Telephone	Fax	Email

15. Provide contact information for Trust Co-trustees, Successor Co-Trustees, and Remainder Beneficiaries; if applicable:

Co-Trustee Name(s)	Relationship to Beneficiary	Telephone	Fax	Email

[6] A Representative Payee is a person or agency appointed by the Social Security Administration to receive the Social Security benefits of the beneficiary. This person does not have the legal authority as a guardian, conservator, or power of attorney.
[7] 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. Power of Attorney is ***not*** a guardian or conservator.

Successor Co-Trustee Name(s)	Relationship to Beneficiary	Telephone	Fax	Email

Full Name(s) of Remainder Beneficiary(ies)	Soc Sec #	Birthdate	Relationship	Telephone	Email

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 _____
☐ Other - Specify _____

_____ _____
Signature of Person Completing Form Date

_____ _____
Print Name of Person Completing Form Phone

Please submit by email to mftbt@midwestspecialneedstrust.org or mail to PO Box 7629, Columbia, MO 65202. We suggest you also retain a copy for your trust records and provide a copy to the co-trustee.

Please notify MSNT immediately of any changes by contacting MSNT at 573-256-5055 or toll free at 877-239-8055 or by submitting a completed Change of Information form available at www.midwestspecialneedstrust.org to the address or email listed above.