



FERNANDEZ
ELDER LAW LLC

13205 Manchester Road, Suite 210
St. Louis, MO 63131

314.328.0700 | phone

www.fernandezelderlaw.com

Date: _____

SPECIAL NEEDS TRUST QUESTIONNAIRE
CONFIDENTIAL INFORMATION

Instructions | Please print clearly

Please complete this form to the best of your ability so that we may provide the most informative consultation. Print additional pages if needed.

If someone other than the person seeking services is completing this form, please provide:

Name: _____

Relationship to the person seeking services: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____



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SPECIAL NEEDS TRUST QUESTIONNAIRE
CONFIDENTIAL INFORMATION

**INFORMATION
ABOUT THE
PERSON
SEEKING
SERVICES**

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

Marital Status: _____

Employer: _____ Retirement Date: _____

Employer Address: _____

City, State, Zip: _____

Mother's Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

If deceased, date of death: _____

**FAMILY
INFORMATION**

Parents

If deceased, only
name and date of
death are needed



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FAMILY INFORMATION

Parents

If deceased, only name and date of death are needed

Father's Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

If deceased, date of death: _____

Children

If deceased, only name and date of death are needed

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

If deceased, date of death: _____

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

If deceased, date of death: _____



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Children
If deceased, only
name and date of
death are needed

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

If deceased, date of death: _____

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

If deceased, date of death: _____

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate: _____

If deceased, date of death: _____



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SPECIAL NEEDS TRUST QUESTIONNAIRE
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REAL ESTATE

Home Address: _____

Name(s) on Deed: _____

Date of Purchase: _____ Purchase Price: \$ _____

Mortgage Balance: \$ _____ Market Value: \$ _____

Other Real Estate Address: _____

Name(s) on Deed: _____

Date of Purchase: _____ Purchase Price: \$ _____

Mortgage Balance: \$ _____ Market Value: \$ _____

VEHICLES

Make/Year: _____

Name(s) on Title: _____

Loan Balance: \$ _____ Market Value: \$ _____

Make/Year: _____

Name(s) on title: _____

Loan Balance: \$ _____ Market Value: \$ _____

**ACCOUNTS &
INVESTMENTS**

Checking

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Average Balance: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Average Balance: \$ _____



**ACCOUNTS &
INVESTMENTS**

Savings

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Average Balance: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Average Balance: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____

Other

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____

Financial Institution: _____ Account # (last four digits only): _____

Name(s) on Account: _____

Value: \$ _____



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**PREPAID
FUNERAL**

Funeral Home: _____

Policy Owner: _____

INSURANCE

Life

Company: _____ Policy # (last four digits only): _____ Whole Term

Policy Owner: _____ Insured: _____

Beneficiary: _____ Contingent Beneficiary: _____

Face Value: \$ _____ Cash Surrender Value: \$ _____

Supplemental
Include
Long-Term
Care Policies

Company: _____ Policy # (last four digits only): _____

Policy Owner: _____ Beneficiary: _____

Value: \$ _____ Duration: _____

Health

Check all that apply: Medicare

Medicaid

Medicare Supplemental Insurance

Company: _____

Monthly premium: \$ _____

How is the premium paid? _____

Other Insurance

Company: _____

Monthly premium: \$ _____

How is the premium paid? _____



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**INCOME/
PUBLIC BENEFITS**

Employment: _____ \$ _____/month
Social Security Retirement: _____ \$ _____/month
Social Security Disability: _____ \$ _____/month
Supplemental Security Income: _____ \$ _____/month
Veteran's Benefits: _____ \$ _____/month
Private Pension: _____ \$ _____/month
Annuity: _____ \$ _____/month
Medicaid: _____ \$ _____/month
Food Stamps: _____ \$ _____/month
Subsidized Housing: _____ \$ _____/month
Other Income:: _____ \$ _____/month

Is the person eligible for Medicare? Yes No If yes, when? _____

Is the person and/or any other household family member applied for government assistance/benefits? Yes No

If yes, please name the family member, the type of assistance, and date of application (i.e., Medicaid, Veterans' Benefits, SSI, SSDI, etc.): _____

Is it likely the person will require any public benefits assistance in the future? Yes No



**DOCUMENT
INFORMATION**

Does the person currently have a Power of Attorney for finances? Yes No

If so, who is the Attorney-in-Fact? _____

If a Power of Attorney is needed, name of proposed Attorney-in-Fact: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name of Successor Attorney-in-Fact: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____