SPECIAL NEEDS ESTATE PLANNING

Complete Family Protection Workbook

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A Comprehensive Guide to Protecting Your Child's Benefits and Future

INTRODUCTION

Estate planning for families with special needs children requires specialized knowledge that standard estate planning completely misses. One well-intentioned mistake can disqualify your child from government benefits worth hundreds of thousands of dollars over their lifetime.

This workbook guides you through every critical decision, from trust selection to trustee choice to guardian designation. Use it to organize your current situation, evaluate your options, and create a comprehensive protection plan that ensures your child receives quality care while maintaining essential benefits.

How to Use This Workbook:

1. Complete each section thoughtfully - this is not a quick exercise
2. Involve your spouse or partner in every decision
3. Consult with a special needs estate planning attorney before finalizing decisions
4. Update this workbook annually as your situation and laws change
5. Share relevant sections with family members who need to understand your planning

Let's begin protecting your child's future.

SECTION 1: CURRENT BENEFITS & SERVICES INVENTORY

Understanding what your child currently receives is the foundation of proper planning. Any inheritance or asset transfer that threatens these benefits must be avoided.

SUPPLEMENTAL SECURITY INCOME (SSI)

- Current SSI recipient: Yes / No
- Monthly benefit amount: $_____________
- Date benefits started: _______________
- SSI case number: ___________________
- Local Social Security office: __________
- Case worker name/phone: _____________

CRITICAL REMINDER: SSI resource limit is $2,000. Any countable assets exceeding this amount will terminate benefits immediately.

MEDICAID

- Current Medicaid recipient: Yes / No
- Medicaid ID number: _________________
- Coverage type: ______________________
- Primary care provider: _______________
- Case manager: _______________________
- Annual review date: _________________

OTHER GOVERNMENT BENEFITS

List any additional benefits your child receives:

Benefit: ___________________________

Amount/Value: ______________________

Contact: ___________________________

Benefit: ___________________________

Amount/Value: ______________________

Contact: ___________________________

CURRENT SERVICE PROVIDERS

Document everyone involved in your child's care:

Primary Care Physician: _______________

Phone: ______________________________

Specialists:

1. _________________ Phone: __________

2. _________________ Phone: __________

3. _________________ Phone: __________

Therapists/Service Providers:

1. _________________ Phone: __________

2. _________________ Phone: __________

3. _________________ Phone: __________

Case Manager/Coordinator: _____________

Phone: ______________________________

Educational Services:

School: _____________________________

IEP Coordinator: _____________________

Phone: ______________________________

SECTION 2: ASSET INVENTORY & BENEFICIARY REVIEW

List ALL assets and their current beneficiary designations. RED FLAGS indicate assets that would disqualify your child from benefits if inherited directly.

BANK ACCOUNTS

Account Type: _________________________

Institution: __________________________

Current Balance: $______________________

Primary Beneficiary: ___________________

RED FLAG if beneficiary is your child: □

Account Type: _________________________

Institution: __________________________

Current Balance: $______________________

Primary Beneficiary: ___________________

RED FLAG if beneficiary is your child: □

LIFE INSURANCE POLICIES

Policy Owner: _________________________

Insurance Company: _____________________

Death Benefit: $______________________

Primary Beneficiary: ___________________

RED FLAG if beneficiary is your child: □

Policy Owner: _________________________

Insurance Company: _____________________

Death Benefit: $______________________

Primary Beneficiary: ___________________

RED FLAG if beneficiary is your child: □

RETIREMENT ACCOUNTS

Account Type (401k/IRA): _______________

Institution: ___________________________

Current Balance: $______________________

Primary Beneficiary: ___________________

RED FLAG if beneficiary is your child: □

Account Type (401k/IRA): _______________

Institution: ___________________________

Current Balance: $______________________

Primary Beneficiary: ___________________

RED FLAG if beneficiary is your child: □

REAL ESTATE

Primary Residence Value: $_______________

Address: _______________________________

Ownership: _____________________________

Mortgage Balance: $_____________________

Other Property: ________________________

Value: $_______________________________

Ownership: _____________________________

VEHICLES

Vehicle: _______________________________

Approximate Value: $___________________

Ownership: _____________________________

INVESTMENT ACCOUNTS

Account Type: __________________________

Institution: ___________________________

Current Balance: $______________________

Primary Beneficiary: ___________________

RED FLAG if beneficiary is your child: □

ACTION ITEMS - Beneficiary Changes Needed:

Asset requiring change: ________________

Current beneficiary: ___________________

Change to: _____________________________

Deadline: ______________________________

Completed: □

Asset requiring change: ________________

Current beneficiary: ___________________

Change to: _____________________________

Deadline: ______________________________

Completed: □

SECTION 3: SPECIAL NEEDS TRUST PLANNING

TRUST TYPE DECISION

Do you need a First-Party or Third-Party Special Needs Trust?

FIRST-PARTY SNT (For assets that belong to your child)

Check if any apply:

□ Child received personal injury settlement

□ Child received inheritance before trust established

□ Child has SSDI back pay settlement

□ Child has other assets in their name

IMPORTANT: First-party trusts require Medicaid payback when beneficiary dies.

THIRD-PARTY SNT (For assets belonging to parents/family)

Check if this applies:

□ You want to leave assets to benefit your child

□ Family members want to leave inheritances for child's benefit

□ You want remaining trust funds to go to other family members, not Medicaid

RECOMMENDED: Third-party trusts avoid Medicaid payback and offer more flexibility.

TRUST FUNDING CALCULATION

Estimate your child's lifetime supplemental needs:

Average annual supplemental expenses: $__________

(Medical not covered by Medicaid, recreation, quality of life expenses)

Estimated years of need: ___________

(Your child's current age to life expectancy)

BASIC CALCULATION: Annual expenses × Years = $__________

Add 25% buffer for inflation/unexpected: $__________

TOTAL ESTIMATED TRUST FUNDING NEEDED: $__________

FUNDING SOURCES

How will you fund this trust?

Life insurance proceeds: $_____________

Planned: □ In place: □

Current savings allocation: $___________

Planned: □ In place: □

Home equity: $_________________________

Planned: □ In place: □

Sale of business/assets: $_____________

Planned: □ In place: □

Gifts from family: $___________________

Planned: □ In place: □

TOTAL AVAILABLE FUNDING: $_____________

Gap to close: $_______________________

SECTION 4: ABLE ACCOUNT EVALUATION

ABLE Account Eligibility Checklist:

□ Disability onset before age 26 (or age 46 for recent expansion)

□ Receiving SSI or SSDI, or have disability certification

□ State of residence allows ABLE accounts

ABLE Account vs Special Needs Trust - Which do you need?

Advantages of ABLE Account:

□ Easier to set up (no attorney needed)

□ Lower cost to maintain

□ Your child can manage if capable

□ No Medicaid payback on first $100,000

□ Tax-free growth on qualified expenses

Limitations of ABLE Account:

□ Annual contribution limit ($18,000)

□ Can't hold large amounts (not suitable for estates over $100K)

□ Must be used for qualified disability expenses

□ Disability onset age requirement

DECISION:

□ ABLE account only (for modest needs/amounts)

□ Special needs trust only (for comprehensive planning)

□ Both ABLE and SNT (recommended for most families)

Selected ABLE Account Program:

State Program: ________________________

Account Number: _______________________

Date Opened: __________________________

Annual Contribution Plan: $_____________

SECTION 5: TRUSTEE SELECTION WORKSHEET

The trustee manages trust funds, makes distribution decisions, ensures benefit compliance, and advocates for your child for decades. This is one of your most important decisions.

INDIVIDUAL TRUSTEE CANDIDATES

Candidate 1: ___________________________

Relationship: __________________________

Age: _________________________________

Location: _____________________________

Financial knowledge (1-10): ____________

Understands special needs planning (1-10): ____

Willing to serve: Yes / No / Unsure

Available for decades: Yes / No

Other commitments that might interfere: ____

Candidate 2: ___________________________

Relationship: __________________________

Age: _________________________________

Location: _____________________________

Financial knowledge (1-10): ____________

Understands special needs planning (1-10): ____

Willing to serve: Yes / No / Unsure

Available for decades: Yes / No

Other commitments that might interfere: ____

Candidate 3: ___________________________

Relationship: __________________________

Age: _______________________________

Location: ___________________________

Financial knowledge (1-10): ____________

Understands special needs planning (1-10): ____

Willing to serve: Yes / No / Unsure

Available for decades: Yes / No

Other commitments that might interfere: ____

PROFESSIONAL TRUSTEE OPTIONS

Bank/Trust Company 1: _________________

Annual fee structure: _________________

Minimum account size: $_________________

Special needs experience: Yes / No

Local office available: Yes / No

Contact person: _______________________

Bank/Trust Company 2: _________________

Annual fee structure: _________________

Minimum account size: $_________________

Special needs experience: Yes / No

Local office available: Yes / No

Contact person: _______________________

Specialized Special Needs Trust Administrator:

Organization: _________________________

Annual fee structure: _________________

Years in operation: ___________________

References available: Yes / No

Contact person: _______________________

CO-TRUSTEE STRUCTURE CONSIDERATIONS

Will you use co-trustees?

□ Family member + professional (recommended)

□ Two family members

□ Professional only

□ Individual only

Benefits of co-trustee structure:

□ Professional handles finances/compliance

□ Family member provides personal oversight

□ Checks and balances prevent mismanagement

□ Continuity if one trustee can't serve

FINAL TRUSTEE DECISION:

Primary Trustee: ______________________

Backup Trustee: _______________________

Structure: ____________________________

Questions to ask before finalizing:

□ Have you discussed willingness to serve?

□ Do they understand time commitment?

□ Have you explained benefit compliance rules?

□ Do they know about your letter of intent?

□ Have you introduced them to your child?