PLAN *of* Massachusetts and Rhode Island, Inc.
LIFE CARE PLAN

Guidance to Planned Lifetime Assistance Network
of Massachusetts and Rhode Island, Inc.
(PLAN of Massachusetts and Rhode Island) as the Manager for
The PLAN of Massachusetts and Rhode Island
3rd Party Special Needs Pooled Trust

Developed for Trust Beneficiary: ___________________________________

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Introduction

Developing a Life Care Plan involves answering questions that cover an array of life issues. The questions help the family and the Trust Beneficiary think about what he or she will want and need in the future. The answers provide the framework for planning how to maximize the likelihood that these wants and needs will be met. PLAN will use the Life Care Plan as a guide and reference while working with the Trust Beneficiary to ensure quality service and appropriate use of funds.

It is never too early to develop a Life Care Plan. Taking the time and care to develop a good Life Care Plan helps ensure that the trust beneficiary will benefit from the trust assets and continue or obtain public benefits which he or she may be eligible to receive. Developing a Life Care Plan early allows the family the opportunity to make informed decisions together.

The process of developing a Life Care Plan requires a significant amount of time. The process can include as many people as you wish, including the Trust Beneficiary. Once a Life Care Plan is developed, it should be reviewed on a regular basis and at any time when there has been a change in circumstances.

SECTION I: INTRODUCING OUR FAMILY

Trust Beneficiary

1. Name____
   (Last name) (First name) (Middle name)

2. Date of Birth: __________________

3. Disability: ____

4. Functional Ability and Limitations: ______________________________
   ____
   ____

5. Has the Social Security Administration (SSA) made a determination that the Trust Beneficiary has a disability? ☐ YES ☐ NO

6. Is the Trust Beneficiary applying to the SSA for a disability determination?
   ☐ YES ☐ NO

7. Current Living arrangement (i.e. lives independently, lives with family member, group home): ____
   Street Address: ____
   City/State/Zip: ____
   Home Phone and/or Cell Phone: ______________________________
   Email: ____

8. Does the Trust Beneficiary receive a Housing Subsidy or is he/she on a waiting list to receive a Housing Subsidy? ☐ YES ☐ NO

Family Members

9. **Father**
   Name: ____
   (Last name) (First name) (Middle name)
   Date of Birth: __________________
   Street Address: ____
   City/State/Zip: ____
   Home Phone and/or Cell Phone: _______________________________________
   Email: ____

10. **Mother**
   Name: ____
   (Last name) (First name) (Middle name)
   Date of Birth: __________________
   Street Address: ____
   City/State/Zip: ____
   Home Phone and/or Cell Phone: _______________________________________
   Email: ____

11. Is the Trust Beneficiary married? ☐ YES ☐ NO
   If yes, please list the name and address of the spouse:

   ____

   ____

   ____

   ____

12. Does the Trust Beneficiary have children? ☐ YES ☐ NO
   If yes, please list the names and address(es) of any children:

   ____

   ____

   ____

   ____

13. **Siblings and Significant Others** (significant others can be a friend, neighbor, clergy, etc.)

Name: ____
(Last name) (First name) (Middle name)
Relationship to the Trust Beneficiary: ___________________________________
Street Address: ____
City/State/Zip: ____
Home Phone and/or Cell Phone: ____________________________________
Email: ____

Name: ____
(Last name) (First name) (Middle name)
Relationship to the Trust Beneficiary: ___________________________________
Street Address: ____
City/State/Zip: ____
Home Phone and/or Cell Phone: ____________________________________
Email: ____

Name: ____
(Last name) (First name) (Middle name)
Relationship to the Trust Beneficiary: ___________________________________
Street Address: ____
City/State/Zip: ____
Home Phone and/or Cell Phone: ____________________________________
Email: ____

Name: ____
(Last name) (First name) (Middle name)
Relationship to the Trust Beneficiary: ___________________________________
Street Address: ____
City/State/Zip: ____
Home Phone and/or Cell Phone: ____________________________________
Email: ____

If you wish to include additional people, please provide names and contact information on a separate sheet.

SECTION II: MEDICAL HISTORY/SERVICE PROVIDERS

14. Please indicate any current medical conditions in addition to the disability:

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15. Please list all current medications:_____________________________________

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16. Please list the Name, Address, and Phone Number of the Trust Beneficiary's Primary Care Doctor:

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17. Please list the Name, Address, and Phone number of any other health care provider you feel it is important to list (for example: therapist, psychiatrist, psychologist):

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Special Physical Requirements

The Trust Beneficiary may require special equipment or supplies to meet physical needs. Use this worksheet to record any requirements for equipment such as a wheelchair, hearing aids, special glasses, or communication devices.

18. Equipment needed: ____

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____

____

19. Supplies needed: ____

____

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____

____

20. How are the equipment and supplies currently paid for? __________________________

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____

____

SECTION III: SKILLS/WORK/INTERESTS

21. Does the Trust Beneficiary handle his or her own finances (e.g. pay bills regularly)?

☐ YES ☐ NO If not, who provides assistance?

____

____

22. Does the Trust Beneficiary typically make his or her own decisions? ☐ YES ☐ NO

If not, who provides assistance in making decisions?

____

____

23. Does the Trust Beneficiary currently work? ☐ YES ☐ NO

If yes, please describe the work that he or she does, including the amount of time and amount of pay: ____

____

____

24. Do you think that the Trust Beneficiary should continue in this work? ☐ YES ☐ NO

Why or why not? ____

____

____

25. If the Trust Beneficiary is unable to work for pay, what type of activity do you think would be helpful and productive? ____

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____

26. Does the Trust Beneficiary attend a day program? ☐ YES ☐ NO

If yes, please provide the name of the program and address:

____

____

____

____

27. Please identify the particular skills that the Trust Beneficiary has: ____________________

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____

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28. What kinds of social/recreational activities does the Beneficiary enjoy? (Please include recreational memberships, cultural memberships, volunteer agencies, and other community/social organizations that will remain central to your loved one's care.):

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SECTION IV: BENEFICIARY'S BENEFITS

29. Does the beneficiary receive SSI? ☐ YES ☐ NO
If yes, how much per month? $____________

30. Does the beneficiary receive SSDI? ☐ YES ☐ NO
If yes, how much per month? $__________________

31. Does the beneficiary receive a Pension? ☐ YES ☐ NO
If yes, how much per month? $__________________

32. Does the beneficiary have Veterans benefits? ☐ YES ☐ NO

33. Does the beneficiary have Medicare? ☐ YES ☐ NO

34. Does the beneficiary have Medicaid? ☐ YES ☐ NO
(MassHealth if beneficiary resides in Massachusetts)

35. Does the Trust Beneficiary have supplemental private health insurance? ☐ YES ☐ NO

If yes, please provide the provider name and ID number: _______________________

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36. Does the beneficiary have a pre-paid funeral plan in place? ☐ YES ☐ NO

If yes, please provide the name and address of the funeral home:

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SECTION V: SOCIAL SERVICE AGENCIES PROVIDING SERVICES TO THE TRUST BENEFICIARY (E.G. CASE MANAGEMENT SERVICES, COMPANIONS, PCA, HOMEMAKER)

37. Name of Organization: ____
    Contact Person: ____
    Telephone Number: ____
    Email: ____
38. Name of Organization: ____
    Contact Person: ____
    Telephone Number: ____
    Email: ____
39. Name of Organization: ____
    Contact Person: ____
    Telephone Number: ____
    Email: ____

SECTION VI: LEGAL/FINANCIAL ADVISORS

40. Does the Trust Beneficiary have his or her own attorney? ☐ YES ☐ NO
    If yes:
    Name of Attorney: ____
    Firm: ____
    Office Address: ____
    City/State/Zip: ____
    Telephone: ____
    Email: ____

41. Does the Trust Beneficiary have a Guardian? ☐ YES ☐ NO
    If yes:
    Name of Guardian: ____
    Street Address: ____
    City/State/Zip: ____
    Telephone: ____
    Email: ____

42. Does the Trust Beneficiary have a Conservator? ☐ YES ☐ NO
If yes:

Name of Conservator: ______________________________

Street Address: ______________________________

City/State/Zip: ______________________________

Telephone: ______________________________

Email: ______________________________

43. Does the Trust Beneficiary have a Representative Payee? ☐ YES ☐ NO
If yes:

Name of Rep Payee: ______________________________

Street Address: ______________________________

City/State/Zip: ______________________________

Telephone: ______________________________

Email: ______________________________

SECTION VII: WISH LIST

44. What are your wishes for the Trust Beneficiary for the near and distant future? ________

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45. If for some reason you wishes cannot be fully implemented, which items that you have identified do you feel are most important? ______________________________

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46. Please share any further information that would help us in understanding this Trust Beneficiary: ____

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PLEASE CONTACT US REGARDING ANY CHANGES IN INFORMATION.

Donor Signature: _____________________________________ Date: ________________

Print Name: ____

Relationship to Trust Beneficiary: ____