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.)

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**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:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

15. Please list all current medications:________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

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

________________________________________
________________________________________
________________________________________
________________________________________

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):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**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: ________________________________________________________
   _________________________________________________________________________
   _________________________________________________________________________
   _________________________________________________________________________
   _________________________________________________________________________

19. Supplies needed: _________________________________________________________
   _________________________________________________________________________
   _________________________________________________________________________
   _________________________________________________________________________
   _________________________________________________________________________

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

**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?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
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):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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: _______________________
   ______________________________________________________________________

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:
   ______________________________________________________________________
   ______________________________________________________________________
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? ________
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________

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

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

PLEASE CONTACT US REGARDING ANY CHANGES IN INFORMATION.

Donor Signature: ______________________________ Date: _________________
Print Name: __________________________________________________________________
Relationship to Trust Beneficiary: ______________________________________________