PLAN Special Needs Trusts

Preserve Assets | Protect Benefits | Live Well

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 Trustee for
The PLAN of Massachusetts and Rhode Island
3rd Party Special Needs Pooled Trust

Developed for Trust Beneficiary: _____

PLAN of MASSACHUSETTS and RHODE ISLAND, INC.

50 CABOT STREET SUITE 206, NEEDHAM, MA 02494
331 WATERMAN STREET SUITE 158E, PROVIDENCE, RI 02906

Phone: 617.244.5552
Fax: 617.795.0589
www.planofma-ri.org
info@planofma-ri.org

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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.

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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:

_____

_____

_____

_____

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: _____