



# ANDERSON ELDER LAW

206 Old State Rd, Media, PA 19063 T: 610-566-4700 F: 610-566-4702

## SUPPLEMENTAL NEEDS INTAKE FORM:

### SPECIAL NEEDS BENEFICIARY

Date: \_\_\_\_\_ File Number: \_\_\_\_\_

**This form is extremely important. Your accuracy and completeness in responding will help me to best represent you.**

#### A. SPECIAL NEEDS FAMILY MEMBER

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Gender:  Male  Female

Spouse's Name: \_\_\_\_\_

Disabled Person Receives:  SSI  Medicaid  SSD  Medicare  
 Section 8 Housing  Other: \_\_\_\_\_  
 No Public Benefits

Has Disabled Person filed for Social Security Disability?  Yes  No

If yes, date of filing: \_\_\_\_\_

Is Disabled Person eligible for Medicare:  Yes  No

If yes, date of Medicare eligibility: \_\_\_\_\_

Has Disabled Person filed for any public benefits?  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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**B. FAMILY** (Please complete Section B unless you have completed a separate Estate Planning Intake form.)

**1. Disabled Person's Children (if applicable):**

Name of Child: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Is this child a stepchild?  Yes  No

Name of Child: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Is this child a stepchild?  Yes  No

Name of Child: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Is this child a stepchild?  Yes  No

Please add any additional names on a separate sheet.

Are any of disabled person's children blind, disabled, or receiving SSI or another form of government entitlement?  Yes  No

If so, please explain below or on a separate sheet. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Disabled Person's Siblings (if applicable):\***

Name of Sibling: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Sibling: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Sibling: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Address: \_\_\_\_\_

Please add any additional names on back of this sheet.

Are any of your siblings blind, disabled, or receiving SSI or another form of government entitlement?  Yes  No

If so, please explain below or on a separate sheet. \_\_\_\_\_  
\_\_\_\_\_

\* No need to repeat information here, if provided in your General Estate Planning Intake Form



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### 3. Disabled Person's Parents:

Father: \_\_\_\_\_

Street Address (if different from disabled person): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell No.: \_\_\_\_\_

U.S. Citizen?  Yes  No

If father will sign trust as grantor, it will be signed in: State: \_\_\_\_\_ County: \_\_\_\_\_

Mother: \_\_\_\_\_

Street Address (if different from disabled person): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell No.: \_\_\_\_\_

U.S. Citizen?  Yes  No

If mother will sign trust as grantor, it will be signed in: State: \_\_\_\_\_ County: \_\_\_\_\_

### C. MISCELLANEOUS DATA

1. Is the disabled person living at home or in an institution?  Home  Institution

If in an institution, please list:

Name of Institution: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Contact Person at Institution: \_\_\_\_\_

2. Is the disabled person a U.S. citizen?  Yes  No

3. If the disabled person is not a U.S. citizen,  
is he/she a qualified alien?  Yes  No  Don't know



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4. Is the disabled person an adult?  Yes  No
- If yes, is the disabled person:  Competent  Incompetent
- If no, is the disabled person:
- A minor expected to be competent at majority?
  - A minor expected to be incompetent at majority?

5. Address of Social Security office with which disabled person has contact:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

6. Is the disabled person the subject of a guardianship?  Yes  No

If yes, please provide the following:

Name of Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Name of Co-Guardian (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell No.: \_\_\_\_\_

**Please attach court orders, guardianship letters, and related pleadings.**

7. If the disabled person is incapacitated and is not subject to a guardianship, is a guardianship required?  Yes  No

NOTE: If yes, please complete Guardianship Intake forms.



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## D. ESTATE PLANNING DOCUMENTS

1. If the disabled person is competent, does he or she have a:

- Will
- Living Will
- Health Care Power of Attorney
- Financial Power of Attorney
- First Party Special Needs Trust

Would you like intake forms sent to you so that these documents can be prepared?

- Yes       No

2. Do the family members each have a:

- Will
- Living Will
- Health Care Power of Attorney
- Financial Power of Attorney
- Third Party Special Needs Trust

Would you like intake forms sent to you so that these documents can be prepared?

- Yes       No

## E. REFERRAL: Who referred you to our office?

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell No.: \_\_\_\_\_

- Referrer is a:       Attorney       Insurance Company       Financial Planner
- Trust Company       Previous Client of Anderson Elder Law, LLC.
- Other: \_\_\_\_\_

## F. CERTIFICATION

The undersigned hereby represents to Anderson Elder Law that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date