



**B. SIBLINGS**

<b>Name</b>	<b>Married?</b>	<b># of Children?</b>	<b>Birth <u>Year</u></b>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

**C. ADVISORS**

	<b>Attorney</b>	<b>Telephone No.</b>	<b>Address</b>	<b>Will Executed?</b>
<b>Mother's</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No Date
<b>Father's</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No Date

**II. BENEFICIARY**

**A. DISABILITIES**

**Primary Disability:** Briefly describe the Beneficiary's primary disability (diagnosis, when diagnosed, principal symptoms/manifestations, coping strategies, therapies etc.).

**Secondary Disability:** Briefly describe the Beneficiary's other disability(ies): diagnosis, when diagnosed, principal symptoms/manifestations, coping strategies, therapies etc.

## **B. BACKGROUND**

Describe key milestones, transitions and individuals in the Beneficiary's childhood and adult life thus far. Please attach additional pages if needed.

## **III. Current Situation**

Describe *each* of the following aspects of the Beneficiary's *current* situation. Please attach additional pages if needed.

**Residential:**

**Medical / Dietary Needs and Restrictions:**

**Medications and Pharmacy:**

**Hospitalizations:**

**Current Services and/or Programs:**

Strengths:

Limitations:

**IV. BENEFICIARIES REPRESENTATIVES**

**A. Guardianship**

1. Is the Beneficiary his/her own Guardian?  Yes  No
2. If NO, provide the following information about the Beneficiary's Guardian:

Name

Address

City, State, Zip

Phone

Day \_\_\_\_\_ Evening \_\_\_\_\_

Email

Date of Guardianship

Court Order

A Copy of the Court Order Has Been Given/Mailed to The Foundation of The Arc of Northern Virginia.

**B. Representative Payee**

1. Does the Beneficiary have a Representative Payee?  Yes  No
2. If so, provide the following information about the Beneficiary's Representative Payee:

Name

Address

City, State, Zip

Phone

Day \_\_\_\_\_ Evening \_\_\_\_\_

Email

Date Rep Payee Letter  
of Awards

A Copy of the Letter of Awards Indicating Rep. Payee or Rep Payee Status Has Been Given/Mailed to The Foundation of The Arc of Northern Virginia.

**C. Conservator**

1. Does the Beneficiary have a Conservator?  Yes  No
2. Does the Beneficiary have a Limited Conservator?  Yes  No
3. If the answer to #1 or #2 is yes, provide the following information about the Beneficiary's Conservator/Temporary Conservator:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Day \_\_\_\_\_ Evening \_\_\_\_\_  
Email \_\_\_\_\_  
Date of Conservatorship \_\_\_\_\_  
Court Order \_\_\_\_\_

A Copy of the Court Order Has Been Given/Mailed to The Foundation of The Arc of Northern Virginia.

**D. Power of Attorney (POA)**

1. Does the Beneficiary have a Power of Attorney?  Yes  No
2. What type of POA(s) does the Beneficiary have ? (check all that apply)  
 Durable  Medical  Psychiatric  Other
3. If so, provide the following information about each Power of Attorney. Please use additional pages if necessary:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Day \_\_\_\_\_ Evening \_\_\_\_\_  
Email \_\_\_\_\_  
Date of Power of Attorney \_\_\_\_\_  
Documentation \_\_\_\_\_

A Copy of each of the POA Documents identified on the previous page has been given/mailed to The Foundation of The Arc of Northern Virginia.

E. Is there any other legal authority (such as Health Proxy, Child Custody Agreement, etc.) The Foundation of The Arc of Northern Virginia should know about? If so, please provide the information below:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Day \_\_\_\_\_ Evening \_\_\_\_\_

Email \_\_\_\_\_

Date of Relevant Document \_\_\_\_\_

A Copy of the Document Has Been Given/Mailed to The Foundation of The Arc of Northern Virginia.

V. GUIDANCE FOR THE FUTURE

A. LIVING SITUATION

What are the Beneficiary's wishes and your own wishes concerning his or her living arrangements after your death?

B. EDUCATION and/or VOCATIONAL TRAINING

Is the Beneficiary enrolled in an education or vocational/employment training program? If so, please describe the Beneficiary's activities, level of involvement. Provide name and address of the organization, name of contact person and phone number.

C. TRUST DISBURSEMENTS

Please describe the Beneficiary's ability to manage money and to make decisions about money:

How would the Grantor(s) prefer the money in the trust be spent? For example, “to supplement government benefits by paying for recreation, dental care, special equipment, and 2 annual vacations.”  
 Note: A detailed budget and plan will be prepared in Part B of the Trust Plan.

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What should the trust funds NOT pay for? Please be as specific as possible.

**D. FUNERAL ARRANGEMENTS**

Describe arrangements already in place for the Beneficiary’s funeral. Please include names and phone numbers for funeral homes and others involved OR provide copies of arrangement contracts to The Foundation ‘s Trust Department.

A Copy of the pre-need arrangement described above has been given to The Foundation of The Arc of Northern Virginia.

If you have not yet established funeral/burial/cremation or other *pre-paid* arrangements for the Beneficiary, please select those arrangements in the table below which you would *prefer* for the Beneficiary (Note: by indicating your preference, you are simply conveying your wish(es), not obligating the trust to pay for these services . Only Primary Representatives may authorize and become responsible for trust disbursements for pre-need arrangements such as those listed below. Please remember: once a Self-Funded trust Beneficiary passes away, the Self-Funded Special Needs Trust funds cannot be disbursed for any reason (including burial, funeral, cremation and other related services). On the other hand, a Family-Funded trust sub account, can remain open after the Beneficiary’s date of death to pay for burial/funeral/cremation arrangements. (Section H.1, FF Joinder Agreement).

	Type of Arrangement	Preference
1	Irrevocable Burial Insurance	<input type="checkbox"/> Prefer <input type="checkbox"/> Prefer Not
2	Cemetery Plot	<input type="checkbox"/> Prefer <input type="checkbox"/> Prefer Not
3	Funeral Arrangements	<input type="checkbox"/> Prefer <input type="checkbox"/> Prefer Not
4	Cremation Arrangements	<input type="checkbox"/> Prefer <input type="checkbox"/> Prefer Not
5	Donate to Science	<input type="checkbox"/> Prefer <input type="checkbox"/> Prefer Not