

SPECIAL NEEDS TRUST FOUNDATION

Information Sheet

Person with Special Needs:

Name _____ SSAN: _____

Residence Address _____ Tel # _____

City _____ State _____ Zip _____

Residential Provider:

Name: _____ Tel#: _____

Resident Type _____ Comments _____

Group Home _____

Board & Care _____

Residential/Nursing Home _____

Independent Living _____

With Family or Relative _____ Who? _____

Other Describe _____

Date entered this residence _____ YRS _____

Special Needs Trust Foundation Contact

Named in Joinder Agreement

- Access To Independence
- Arc San Diego
- Community Catalysts
- Developmental Services Continuum
- Home of Guiding Hands
- NAMI San Diego
- Partnership With Industry
- Sharp Healthcare Foundation
- St. Madeleine Sohpie's Center
- Stein Education Center
- United Cerebral Palsy Assoc. SD
- Unyeway

Who else knows the person with Special Needs?

Name _____ Relationship _____ Tel# _____

Personal Data on Person with Special Needs

Birthdate _____ Age _____ Sex _____

Single Married Divorced Other

Legally Competent _____ Yes No

Eligible for Medicare _____ Yes No

Medical Insurance Type/Name _____ Tel# _____

Dental Insurance Type/Name _____ Tel# _____

Other Insurance Coverage Type/Name _____ Tel# _____

SSI/SSA Income (Describe) _____

Trust and/or Other Income (Describe) _____

Name of Social Security Rep/Payee _____ Tel# _____

Name of Regional Center (if Eligible): _____ Tel# _____

Case Manager and Unit Assigned _____

Other Agencies providing services _____ Tel# _____

Type of Services and Contact Person _____

DISABILITY/DIAGNOSIS _____ Seizures Yes No
 (Use Additional Sheet(s) if necessary)

Personal Physician(s) _____ Specialty _____ Tel# _____

Hospital Preferred _____ Address _____ Tel# _____

Method(s) or Source(s) of Funding (list all that apply) _____ Est. Value \$ _____

1. Current Funding _____ \$ _____
 (Assets described in Attachment "A")

2. Future Funding via Donors:

Will _____ \$ _____

Living Trust _____ \$ _____

Life Insurance _____ \$ _____

Other _____ \$ _____