



**Life Planning for  
Special Needs Children**  
*A Service of KFDE*

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**DEAR PARENT(S), GUARDIANS OR TRUSTEES:**

The **Part I** questionnaire is the beginning of the LIFE PLAN data collection process for those who have decided to proceed with the completion of a LIFE PLAN for their SPECIAL NEEDS child. **HOWEVER**, even if you are only taking advantage of the Half Hour Free Initial Consultation, completion of the Part I before our initial meeting is very helpful to the Life Planning Counselor. Having this form completed will save a great deal of time, and therefore allow for more time to visit about your own special circumstances. And if you then decide to proceed with the LIFE PLAN, you will already be well on your way to the completion of this most important task.

Other items, you should plan to bring to the FREE Initial consultation are the following:

1. Your wills and trust documents;
2. Guardianship or Power of Attorney papers;
3. Any other relevant information.

**PART I**  
**TO BE COMPLETED BY PARENTS OR GUARDIAN\***  
**PRIOR TO INITIAL INTERVIEW WITH PLANNER**

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**General Information**

Please print or type:

Item	Father	Mother
Full Legal Name		
Date of Birth		
Social Security Number		
Address		
City, State, Zip		
County/Parish		
Home Phone		
Cell Phone		
Email Address		
Occupation		
Employer		
Work Phone		
Annual Income		
Do you have a will? Dated		
Do you have a Special Needs Trust?		
Do you have a Family Living Trust?		
If the person with a disability is 19 years of age or older (for Nebraska residents), are you the legal guardian or conservator?		
If you are the guardian or conservator, when did the court make the appointment?		
Have you made arrangements for your own Long Term Care? Do you own Long Term Care Insurance? Disability Insurance?		
Have you written a Letter of Intent for your Special Needs Child?		

**\* NOTE: IF YOU ARE A GUARDIAN AND NOT A PARENT, PLEASE PROVIDE CONTACT INFORMATION ONLY COPY OF THE GUARDIANSHIP AGREEMENT.**



**IT IS VERY IMPORTANT THAT WE GATHER EXTENSIVE INFORMATION CONCERNING THE SPECIAL NEEDS CHILD. PLEASE COMPLETE THE NEXT SECTION VERY CAREFULLY.**

**Special Needs Child/Children**

<b>Item</b>	<b>First Child</b>	<b>Second Child</b>
Full Legal Name		
Date of Birth		
Social Security Number		
Address		
City, State, Zip		
Home Telephone Number		
Occupation, if applicable		
Employer		
Is there a sheltered workshop program?		
If so, who operates the program?		
Is the person enrolled in a PASS program?		
Average. Monthly Income from employment?		
<b>SCOPE OF DISABILITY PLEASE EXPLAIN</b>		
If this individual lives with you, do you charge room and board? How much per month?		
Supplemental Security Income (SSI): \$/mo.		
Social Security Disability Insurance (SSDI): \$/mo.		
Social Security retirement: \$/mo.		
Medicaid.....Yes/NO		
Medicare.....Yes/No		
State Assistance Program... Yes/No		
Does the individual have a personal health insurance policy or is he or she carried on family's plan?		
Does the individual have a trust account? If yes, what is the value and how much money does the person receive each month from this trust?		
Does the individual receive a military pension? Will they receive one in the future?		
How much money does the individual save each month? Current Savings		
How much money does the family save each month for the future of the individual?		
Does the individual have a burial life insurance policy or burial fund? Amount, Cost per month, Company		
Will the individual receives a legal settlement in the future?		
Will the individual receives an inheritance or other gifts? Amounts and from whom?		
Please list any other major assets that have been declared to the government.		

