

# SPECIAL NEEDS PLANNING CHECKLIST

Diagnoses and Dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctors, Other Care Providers and Case Manager: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Government Benefits: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past Government Benefits: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Government Benefits Waiting Lists: \_\_\_\_\_  
\_\_\_\_\_

Representative Payee, if any: \_\_\_\_\_

Guardian (Conservator) of Your Money, if any: \_\_\_\_\_

Guardian of Your Person, if any: \_\_\_\_\_

Modified Adjusted Gross Income: \_\_\_\_\_

Are prescription drug costs being met? \_\_\_\_\_

Is Medicaid providing nonmedical or quasimedical services such as cognitive behavioral therapy, long-term care, home health care services educational support services, institutional care, group home support services or services provided under Medicaid waivers? \_\_\_\_\_  
\_\_\_\_\_

Does the Medicaid formulary cover the necessary drugs and treatments? \_\_\_\_\_

How much money is Medicaid spending on care? \_\_\_\_\_

Is there an Affordable Care Act policy which will cover current and anticipated needs? \_\_\_\_\_

How does the Medicaid payback provision apply? \_\_\_\_\_  
\_\_\_\_\_

Does the quality and availability of health care where you live/travel/plan to move vary significantly between Medicaid and private health insurance? \_\_\_\_\_

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Education (School? 504? IEP? ): \_\_\_\_\_

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Social Life: \_\_\_\_\_

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Hobbies and Interests: \_\_\_\_\_

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Work History, if any: \_\_\_\_\_

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Training, Support and Employment: \_\_\_\_\_

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Employment Goals: \_\_\_\_\_

\_\_\_\_\_

Preferred Living Arrangements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What Supported Housing or Assistance is Desired? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What Assistance is Needed with

Hearing: \_\_\_\_\_

Speaking/Communicating: \_\_\_\_\_

Reading: \_\_\_\_\_

Manipulating Objectives (wheelchair, computer, doors, telephone, etc.):

\_\_\_\_\_

\_\_\_\_\_

Transportation: \_\_\_\_\_

Bathing and Dressing: \_\_\_\_\_

Moving About: \_\_\_\_\_

Nutrition or Medication Management: \_\_\_\_\_

\_\_\_\_\_

Toileting: \_\_\_\_\_

Shopping: \_\_\_\_\_

Money Management: \_\_\_\_\_

Housekeeping/Laundry: \_\_\_\_\_

Transition Plans: \_\_\_\_\_

Transition Resources: \_\_\_\_\_

Life Insurance Policy: \_\_\_\_\_

Own Health and Disability Insurance Policies: \_\_\_\_\_

Parents' Health and Disability Insurance Policies: \_\_\_\_\_

Your Long-Term Care Insurance or Other Arrangements for Later in Life: \_\_\_\_\_

Parents' Health and Disability Insurance: \_\_\_\_\_

Parents' Long-Term Care Insurance or Other Arrangements for Later in Life: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How Much Equity in Your Home, if any: \_\_\_\_\_

How Much Equity in Your Parents' Home, if any: \_\_\_\_\_

What Retirement Funds? 401(k) \_\_\_\_\_ Traditional IRA \_\_\_ Roth IRA \_\_\_\_\_

Your Parents' Retirement Funds? 401(k) \_\_\_ Trad'l IRA \_\_\_ Roth IRA \_\_\_\_\_

Are You a Veteran? \_\_\_ If so, What Branch? \_\_\_\_\_ Dates? \_\_\_\_\_

Is Either of Your Parents a Veteran? \_\_\_ If so, Who? \_\_\_\_\_

What Branch? \_\_\_\_\_ Dates? \_\_\_\_\_

Are You or Either of Your Parents a Federal, State or Local Government Employee? \_\_\_ If so, Who? \_\_\_\_\_

Which? \_\_\_\_\_ Years of Service? \_\_\_\_\_

What are Your Parents' Social Security Retirement Benefit Amounts?  
\_\_\_\_\_  
\_\_\_\_\_

Is a Parent Disabled, Retired or Deceased? \_\_\_\_\_

Any Other Source of Funds? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do You Have a Funeral or Burial Insurance Policy? \_\_\_\_\_

If so, What is the Amount? \_\_\_\_\_

People Who Currently Assist You, Their Relationships, Ages and Contact Information [Please include any social worker, accountant or financial planner]: \_\_\_\_\_

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Current Medical Concerns: \_\_\_\_\_

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Current Social Concerns: \_\_\_\_\_

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Current Emotional Concerns: \_\_\_\_\_

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Possible Needs for Future Assistance: \_\_\_\_\_

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Please Describe Your Current Day-to-Day Life: \_\_\_\_\_

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What Are Your Goals for the Future? \_\_\_\_\_

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What Would Be the Best Life for You? \_\_\_\_\_

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Who Are You Closest To? \_\_\_\_\_

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Is There Anything Else You Would Like Others to Know? \_\_\_\_\_

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

Document Checklist [please write "have" or "want" or "do not need"]:

Special Education Power of Attorney: \_\_\_\_\_

Supported Decision Making Agreement: \_\_\_\_\_

Family Caregiver Agreement: \_\_\_\_\_

Application to Serve as Social Security Representative Payee: \_\_\_\_\_

Application for Guardian of the Estate [money]: \_\_\_\_\_

Application for Guardian of the Person: \_\_\_\_\_

Special Needs Trust: \_\_\_\_\_

Family Trust with Special Needs Subtrust: \_\_\_\_\_

Directions Correctly Naming Beneficiaries Named on Insurance Policies,  
Bank or Brokerage or Retirement Accounts: \_\_\_\_\_

HIPAA Medical Release Forms for You: \_\_\_\_\_ Parents: \_\_\_\_\_

Medical Power of Attorney for You: \_\_\_\_\_ Parents: \_\_\_\_\_

Attached Letter with wishes for You: \_\_\_\_\_ Parents: \_\_\_\_\_

Mental Health Directive for You: \_\_\_\_\_ Parents: \_\_\_\_\_

Financial Powers of Attorney for You: \_\_\_\_\_ Parents: \_\_\_\_\_

Declaration of Guardian in Case of Need for You: \_\_\_\_\_ Parents: \_\_\_\_\_

Last Will and Testament for You: \_\_\_\_\_ Parents: \_\_\_\_\_

Revocable Living Trust for Parents: \_\_\_\_\_

Letter to Trustee or Personal Representative: \_\_\_\_\_

Other: \_\_\_\_\_