

CONFIDENTIAL

**SPECIAL NEEDS PLANNING
PERSONAL INFORMATION
QUESTIONNAIRE**

LAW OFFICE OF KIM WINOKUR PLC

375 N. MCCLELLAN AVENUE, SUITE A

MARQUETTE, MICHIGAN 49855

906-629-1510

winokurlawplc.com

Personal Information

Person in Need of Services

Date Completed _____

Full Legal Name _____

Print name as signed on legal documents, if different _____

Nickname _____ Date of Birth _____ SS# _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

Marital Status: Single Married Divorced Widowed

US Citizen: Yes/No Lived in these states? Yes/No Circle: CA, WA, NV, AZ,
NM, TX, ID, LA, WI

Spouse: Spouse's Name _____

Address: _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Person Seeking Legal Counsel: Name: _____

Relationship to Person in Need of Services: _____

Address: _____ City _____ State _____ Zip _____

Home Telephone: _____ Cell Phone: _____ Work Phone: _____

FAMILY INFORMATION

(includes parents, siblings, children, and others caring for SN Individual)

Individual #1: Full Legal Name _____ Male/Female

Nickname: _____ DOB _____ SS# _____

Address: _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Business Phone _____

County of Residence _____ Marital Status _____

Individual #2: Full Legal Name _____ Male/Female

Nickname: _____ DOB _____ SS# _____

Address: _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Business Phone _____

County of Residence _____ Marital Status _____

Individual #3: Full Legal Name _____ Male/Female

Nickname: _____ DOB _____ SS# _____

Address: _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Business Phone _____

County of Residence _____ Marital Status _____

Please include other individuals as an additional sheet as necessary.

CARE STATUS

What is the diagnosis? _____

Is the person in need of care competent to express his or her wishes? Y/N

Who is providing care now? _____

How is care being paid for? _____

If known, what does person in need of care want to have happen now? _____

How and where is that documented? _____

What does the family want? (Note if there are conflicts) _____

Please provide copies of the following documentation:

- Assessments, care plan, recent medical reports (if available)
- Contact info for all medical and care providers
- all estate planning documents (if available)
- Court documents if any for Guardian, Conservator, treatment orders

IMPORTANT FAMILY QUESTIONS

Please check "Yes" or "No" for your answer	YES	NO
Does person needing services have a child with learning disability?		
Does person needing services have a child who receives governmental support or benefits?		
Do any of their children have special education, medical, or physical needs?		
Are any of their children institutionalized or have they been in the past?		
Is person in need of services or their spouse receiving social security, disability, or other governmental benefits?		
Does person in need of services provide primary or other major financial support to adult children?		
Is person in need of services making payments pursuant to a divorce, child support, or property settlement agreement? (Please furnish a copy)		
Has person in need of services signed a pre or post marriage contract? (Please furnish a copy)		
Has person in need of care or their spouse ever filed Federal or State gift tax returns? (Please furnish a copy).		
Has person in need of services completed Health Care Power of Attorney or Living Wills? (Please furnish copies)		
Has person in need of services completed wills, trusts, Financial Power of Attorney, or estate planning? (Please furnish copies)		
Is person in need of services a United States Citizen?		
If you answered "No" to the above, is he/she a resident or non-resident alien?		
Is person in need of services a member of an Indian tribe?		

GOVERNMENT BENEFITS

Medicaid __ Yes __ No Case No. _____

Medicare __ Yes __ No Case No. _____

SSI __ Yes __ No Case No. _____

SSDI __ Yes __ No Case No. _____

VA __ Yes __ No Case No. _____

CMH __ Yes __ No Case No. _____

If you checked "Yes" to any of the above, provide a copy of your benefits letter and your benefit's card.

Case Worker Information

DHHS

Name of case worker assigned to file _____

County of office approved in _____

Telephone number of worker _____

Community Mental Health

Name of case worker assigned to file _____

County of office approved in _____

Telephone number of worker _____

Social Security

Name of case worker assigned to file _____

County of office approved in _____

Telephone number of worker _____

OTHER PROFESSIONAL ADVISORS

CPA

Name _____

Company _____

Address _____

Phone _____ Fax _____ E-mail _____

FINANCIAL ADVISOR

Name _____

Company _____

Address _____

Phone _____ Fax _____ E-mail _____

FAMILY ATTORNEY

Name _____

Company _____

Address _____

Phone _____ Fax _____ E-mail _____

LIFE INSURANCE AGENT

Name _____

Company _____

Address _____

Phone _____ Fax _____ E-mail _____

PERSONAL BANKER

Name _____

Company _____

Address _____

Phone _____ Fax _____ E-mail _____

OTHER

Name _____

Company _____

Address _____

Phone _____ Fax _____ E-mail _____

ESTIMATED ASSET VALUATION SHEET
FOR PERSON IN NEED OF CARE

Assets	Individual	Joint
Cash Accounts	\$	\$
Investment Accounts		
Stocks		
Automobiles and Recreational Vehicles		
Retirement Plans		
Pension Plans		
Life Insurance Policies		
Annuities		
Bonds		
Monies owed to you		
Homestead		
Other Real Property		
Oil, Gas, Mineral Interests		
Business Interests (S Corp, LLC, Partnerships)		
Sole Proprietorships Interests		
Anticipated Inheritance, Gift, or Judgment		
Pre-paid funeral /burial costs/ Plots		
Other Assets		
TOTAL ASSETS		

Liabilities	Individual	Joint
Loans Payable	\$	\$
Account Payable		
Real Estate Mortgages		
Loans against life insurance		
Unpaid taxes		
Other obligations		
TOTAL LIABILITIES		

MONTHLY INCOME	Whose?	Amount
Social Security		
Pension		
Other regular income		
NET ESTATE VALUE		

