



# Please fill out our Needs Assessment

Name of child/dependent		
Name of person filling out form	Email	Relationship to child/dependent

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## HOUSING AND TRANSPORTATION

Do you have a clear vision of how you wish for your child/dependent to live when you are no longer around?	Yes	No
Do you know what housing options are available to your child/dependent in your state?	Yes	No
Is your child/dependent able to drive?	Yes	No
If your child/dependent is unable to drive, are you aware of the transportation options available to you in your state?	Yes	No

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## EDUCATION

When your child/dependent with special needs is 18, will he/she be able to function independently as an adult?	Yes	No
If not, would you apply for partial or full guardianship?	Yes	No
If your child/dependent is over 18, have you applied for guardianship?	Yes	No
Will your child's siblings be responsible for his/her care?	Yes	No

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## GOVERNMENT BENEFITS

Does your child/dependent own assets with a value greater than \$2,000?	Yes	No
Do you have a complete understanding of the government benefits that your child/dependent is entitled to now and in the future?	Yes	No
Does your child/dependent have a representative payee appointed by Social Security?	Yes	No

**LEGAL**

Have you prepared a special needs or other trust for your child/dependent with special needs?	Yes	No
Does your child/dependent have a guardian?	Yes	No
Is a successor guardian named for your child/dependent?	Yes	No

**FINANCIAL**

Have you determined who will be financially responsible for your child/dependent with special needs?	Yes	No
Do you know what your child/dependent's monthly costs of living are?	Yes	No
Have you made any decisions on how to fund your child/dependent's trust?	Yes	No
Have you determined your retirement income needs?	Yes	No
Do you have insurance?	Yes	No
Have you determined the lifetime income needs of your child/dependent with special needs?	Yes	No

**EMPLOYMENT / RECREATION**

Does your child/dependent currently work?	Yes	No
If not, would you like to understand the employment resources available to your child/dependent?	Yes	No
Does your child have an active social life with his/her peers?	Yes	No
Are you content with your child/dependent's social life?	Yes	No

