

## *Special Needs Individual - Financial Assessment*

*The purpose of this questionnaire is to get a solid understanding of the current and future financial needs of special needs individuals. The ultimate objective is to plan for the financial future of the special needs individual leaving the most amount of flexibility and the ability to direct wealth to where it should go in a fair and tax effective way once the needs of the special needs individual have been fully met. All of the questions are included in order to get a complete understanding of current and future needs. (12/11)*

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### A. Special Needs Individual (SNI)

- Name \_\_\_\_\_
- Address \_\_\_\_\_
  
- Date of birth \_\_\_\_\_
- Medical diagnosis (name of ailment and description) \_\_\_\_\_
  
- Date of occurrence \_\_\_\_\_
- Life expectancy (Normal \_\_\_\_\_ Less than normal \_\_\_\_\_ Estimated years \_\_\_\_\_)

### B. Family Details

| Name | Age | Address | Relationship |
|------|-----|---------|--------------|
|      |     |         |              |
|      |     |         |              |
|      |     |         |              |
|      |     |         |              |
|      |     |         |              |

### C. Caregiver

- Name \_\_\_\_\_
- Address \_\_\_\_\_
  
- Age \_\_\_\_\_
- Relationship if not parents \_\_\_\_\_

### D. SNI – Legal Relationships

- Does SNI have a will \_\_\_\_\_
- Does SNI have powers of attorney for 1) \_\_\_\_\_  
financial and 2) personal care \_\_\_\_\_
- Is the SNI legally capable of signing a \_\_\_\_\_  
documents (wills, POA, RRSP etc.) \_\_\_\_\_
- Is the SNI able to communicate with \_\_\_\_\_  
professionals and financial insitutions \_\_\_\_\_

- Will the SNI be able to live independently in the future.
- Executor
- Legal guardian
- Committee

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**E. Caregivers In Future**

- As parents grow older who in the family will assume the duties as caregiver. \_\_\_\_\_
- Who will manage the finances of the SNI \_\_\_\_\_
- Will they be paid any remuneration for their work \_\_\_\_\_
- Will they share in the estate of the SNI \_\_\_\_\_

**PERSONAL AND DISABILITY INFORMATION**

**F. Physical Impairment Details (Please describe level of mobility)**

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**G. Cognitive Impairment Details (Please describe level of functionality)**

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**H. Current Living Situation of SNI**

- With family \_\_\_\_\_
- Independently (provide details) \_\_\_\_\_
- Other (Assisted Living, etc.) \_\_\_\_\_

**I. Long Term (Future) Accommodation Plans**

- Where is the SNI likely to live long term \_\_\_\_\_
- Home (independent living) \_\_\_\_\_
- Group home \_\_\_\_\_
- Other \_\_\_\_\_

**J. Functionality in the Community**

- Can the SNI generally function in the community doing such things as paying bills, having a job at some level or maintain a home? \_\_\_\_\_

**K. Impairment Effect on Daily Activities**

Describe the affect of the disability as it relates to daily life.

|  | Minor | Somewhat Restricted | Markedly Restricted |
|--|-------|---------------------|---------------------|
| <input type="checkbox"/> Vision                                  | _____ | _____               | _____               |
| <input type="checkbox"/> Hearing                                 | _____ | _____               | _____               |
| <input type="checkbox"/> Walking                                 | _____ | _____               | _____               |
| <input type="checkbox"/> Feeding or dressing oneself             | _____ | _____               | _____               |
| <input type="checkbox"/> Speech                                  | _____ | _____               | _____               |
| <input type="checkbox"/> Perceiving, thinking or remembering     | _____ | _____               | _____               |
| <input type="checkbox"/> Problem solving, goal setting, judgment | _____ | _____               | _____               |
| <input type="checkbox"/> Employment                              | _____ | _____               | _____               |

**ASSETS, INCOME, COST OF LIVING**

**L. Assets and Debts – SNI**

- Bank balances \_\_\_\_\_
- Investments \_\_\_\_\_
- Loans or other debts \_\_\_\_\_
- Credit card balances \_\_\_\_\_
- Description of other assets and their value (auto, home, etc.) \_\_\_\_\_

**M. Tax Plan Assets – SNI**

|                                | Financial Institution | Accumulated Funds |
|--------------------------------|-----------------------|-------------------|
| <input type="checkbox"/> RRSP  | _____                 | _____             |
| <input type="checkbox"/> RESP  | _____                 | _____             |
| <input type="checkbox"/> RDSP  | _____                 | _____             |
| <input type="checkbox"/> Other | _____                 | _____             |

**N. Trusts**

|  | Henson | Other | Other |
|--|--------|-------|-------|
| <input type="checkbox"/> Date established  | _____  | _____ | _____ |
| <input type="checkbox"/> Current capital   | _____  | _____ | _____ |
| <input type="checkbox"/> Contributor (settlor)   | _____  | _____ | _____ |
| <input type="checkbox"/> Trustee   | _____  | _____ | _____ |
| <input type="checkbox"/> Established in lifetime or by will  | _____  | _____ | _____ |
| <input type="checkbox"/> Beneficiaries   | _____  | _____ | _____ |
| <input type="checkbox"/> Have you considered owning a home in a trust for the SNI to maximize ODSP and minimize future ownership complications | _____  |       |       |

- Do you or any family member have significant life insurance where the SNI is the beneficiary? Have you considered making a trust for the beneficiary \_\_\_\_\_

**O. Income – SNI**

|  | <b>Current</b> | <b>Long Term</b> |
|--|----------------|------------------|
| <input type="checkbox"/> Social Assistance | _____          | _____            |
| <input type="checkbox"/> Employment        | _____          | _____            |
| <input type="checkbox"/> Family gifts      | _____          | _____            |
| <input type="checkbox"/> Investment income | _____          | _____            |
| <input type="checkbox"/> Pensions          | _____          | _____            |
| <input type="checkbox"/> Henson trust      | _____          | _____            |
| <input type="checkbox"/> Family support    | _____          | _____            |
| <input type="checkbox"/> RDSP              | _____          | _____            |
| <input type="checkbox"/> RRSP              | _____          | _____            |

**P. Cost of Living – SNI**

What is the estimated cost of living.

|                        | <b>Current</b> | <b>Long Term</b> |
|------------------------|----------------|------------------|
| Housing                | _____          | _____            |
| Household, food        | _____          | _____            |
| Telephone/computer     | _____          | _____            |
| Transportation         | _____          | _____            |
| Personal               | _____          | _____            |
| Entertainment/vacation | _____          | _____            |
| Education              | _____          | _____            |
| Medications            | _____          | _____            |
| Medical devices        | _____          | _____            |
| Other medical          | _____          | _____            |
| Special assistance     | _____          | _____            |
| Attendant care         | _____          | _____            |

**Q. Ontario Disability Support Program**

- Is the SNI receiving ODSP payments (indicate amount or estimated monthly value)
- General \_\_\_\_\_
- Housing \_\_\_\_\_
- Other benefits (medical, dental, etc.) \_\_\_\_\_
- When did such payments start \_\_\_\_\_
- How do you rate the necessity for ODSP support in the future?
- Helpful \_\_\_\_\_
- Necessary \_\_\_\_\_
- Vital \_\_\_\_\_
- Would be willing to forgo ODSP for better lifestyle \_\_\_\_\_

**TAX INFORMATION**

**R. Tax Credits Claimed by SNI or Others**

|  | SNI | CG |
|--|-----|----|
| <input type="checkbox"/> Disability tax credit |     |    |
| <input type="checkbox"/> Infirm credit         |     |    |
| <input type="checkbox"/> Caregiver credit      |     |    |
| <input type="checkbox"/> Medical expense       |     |    |
| <input type="checkbox"/> Attendant care        |     |    |
| <input type="checkbox"/> Other                 |     |    |

**S. RDSP Details**

- Has an RDSP been established \_\_\_\_\_
- When was it set up \_\_\_\_\_
- Who established the plan (plan holder) \_\_\_\_\_
- Does the plan holder's will provide for a new plan holder \_\_\_\_\_
- Current RDSP balance \_\_\_\_\_

**OTHER FINANCIAL INFORMATION**

**T. Bequests**

- Will the individual at some time in the future be the possible recipient of a significant gift or bequest

| Donor | Possible Amount | Probable Date |
|-------|-----------------|---------------|
|       |                 |               |
|       |                 |               |
|       |                 |               |

- Should the gift or bequest be directed to a Henson trust \_\_\_\_\_

**U. Life Insurance**

- Are there life insurance policies in place that will or could be used to fund the needs of the SNI?

**Policy Details**

|   |  |  |  |
|---|--|--|--|
| Policy amount                           |  |  |  |
| Annual premium                          |  |  |  |
| Insured                                 |  |  |  |
| Beneficiary                             |  |  |  |
| Type of policy (term, whole life, etc.) |  |  |  |
| When does coverage expire               |  |  |  |

**V. Beneficiaries**

- Who are the probable beneficiaries of assets owned by the SNI savings plans (RRSP's etc.) established for the SNI and assets remaining in trusts established for the SNI. \_\_\_\_\_

**W. Goals and Objectives**

- Describe your major concerns, goals and objectives for the SNI \_\_\_\_\_

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**X. Other Information**

- Other information you believe to be relevant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Information requested in this questionnaire is highly personal but is necessary to have in order to determine eligibility and appropriate planning for special needs individuals. It is confidential and will be treated as such.*

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