
CONFIDENTIAL

SPECIAL NEEDS PLANNING PERSONAL INFORMATION QUESTIONNAIRE

The purpose of this Personal Information Questionnaire is to help prepare for our upcoming consultation. This preparation provides us with important personal and family information about the person in need of care, their family and their trusted advisors. The last page of this questionnaire asks for an estimated value of the estate assets. Complete answers will help enable us to most effectively advise you.

It will be very helpful if you can complete and return this Personal Information Questionnaire to our office prior to our initial consultation meeting.

LAW OFFICES OF
MALL MALISOW & COONEY, P.C.
HOLISTIC ESTATE & ELDERCARE ATTORNEYS
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(248) 538-1800 (248) 538-1801 FACSIMILE
(866) 699-1800 TOLL FREE

PERSONAL INFORMATION

(Please Print)

Client # 1

Date Completed _____

Full Legal Name _____

How you sign your name on legal documents _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Position _____ Business Telephone (____) _____

Business address _____ City _____ State _____ Zip _____

Married: Date _____ Divorced: Date _____ Widowed: Date _____ Single

U.S. Citizen Lived in the following states: CA, WA, NV, AZ, NM, TX, ID, LA or WI

Served in Military: Yes No Dates Served: _____

Client # 2

Full Legal Name _____

How you sign your name on legal documents _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Position _____ Business Telephone (____) _____

Business address _____ City _____ State _____ Zip _____

Married: Date _____ Divorced: Date _____ Widowed: Date _____ Single

U.S. Citizen Lived in the following states: CA, WA, NV, AZ, NM, TX, ID, LA or WI

Served in Military: Yes No Dates Served: _____

CHILDREN'S INFORMATION

Child # 1

Child's Full Legal Name _____ Male Female

Parents of child #1 _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Served in Military: Yes No Dates Served: _____

Grandchildren's Names	Parents	Ages	Special Needs
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_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child # 2

Child's Full Legal Name _____ Male Female

Parents of child #2 _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Served in Military: Yes No Dates Served: _____

Grandchildren's Names	Parents	Ages	Special Needs
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_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child # 3

Child's Full Legal Name _____ Male Female

Parents of child #3 _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Served in Military: Yes No Dates Served: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child # 4

Child's Full Legal Name _____ Male Female

Parents of child #4 _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Served in Military: Yes No Dates Served: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child # 5

Child's Full Legal Name _____ Male Female

Parents of child #5 _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Served in Military: Yes No Dates Served: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Child # 6

Child's Full Legal Name _____ Male Female

Parents of child #1 _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Served in Military: Yes No Dates Served: _____

Grandchildren's Names	Parents	Ages	Special Needs
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

OTHER DEPENDENTS

(Friends or relatives who are dependents)

Dependent # 1

Dependent's Full Legal Name _____

Relationship: _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Served in Military: Yes No Dates Served: _____

Dependent # 2

Dependent's Full Legal Name _____

Relationship: _____

Nickname _____ Birth date _____ Social Security Number _____

Home address _____ City _____ State _____ Zip _____

Home telephone _____ County of Residence _____

Employer _____ Occupation _____ Education _____

Business address _____ City _____ State _____ Zip _____

Special Needs Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Served in Military: Yes No Dates Served: _____

CARE STATUS

(FOR PERSON IN NEED OF CARE)

What is the diagnosis? _____

Is the person in need of care competent to express his/her wishes? Yes _____ No _____

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 family want? (Note if there are conflicts) _____

Please provide the following information / documentation:

Copy of assessment, care plan, recent medical reports (if available).

Copy of contact information for all medical and care providers.

Copies of all estate planning documents (if available):

Will, Trust, Durable Power of Attorney, Patient Advocate Designation (Living Will).

Copies of Court documents if Guardian and/or Conservator appointed.

IMPORTANT FAMILY QUESTIONS

(FOR PERSON IN NEED OF CARE)

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?		
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 or property settlement agreement? (Please furnish a copy.)		
Has person in need of services signed a pre- and/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 Powers of Attorney or Living Wills? (Please furnish copies.)		
Has person in need of services completed wills, trusts, or estate planning? (Please furnish copies.)		
Is person in need of services a United States citizen?		
If you answered “NO,” is he or she a resident or a non-resident alien?		

Government Benefits – FOR PERSON IN NEED OF CARE

Medicaid ___ YES ___ NO CASE # _____
Medicare ___ YES ___ NO CASE# _____
SSI ___ YES ___ NO
SSDI ___ YES ___ NO

For all benefits checked “YES”- Please provide a copy of Medicaid and/or Medicare card, or evidence of SSI or SSDI payment if applicable.

Medicaid (Department of Human Services) Information

Name of caseworker assigned to file: _____

Address of DHS office: _____

Telephone Number: _____

Please provide a copy of recent communications from DHS (i.e., approval letter, verification request, etc...) including a copy of information submitted to DHS (annual review application, etc)

Community Mental Health Information

Name of worker assigned to file: _____

Address of CMH office: _____

Telephone number: _____

Please provide a copy of recent communications from CMH (i.e., person centered plan)

Social Security Information

Name of caseworker assigned to file: _____

Office Address: _____

Telephone Number: _____