Memorandum of Intent for Supplemental Needs Trust

Name of the trust: ____

Name of the trust beneficiary: ____

Original Trustees: ____

Successor Trustees: ____

The Supplemental Needs Trust you created is designed to both manage the funds for the beneficiary and ensure that they will not be counted when determining their eligibility for public benefits.

Although the trustee has total discretion to make payments for the beneficiary's benefit, the general idea is that the trust will pay for goods and services that cannot be paid with public assistance funds.

However, the trustee should carry out your wishes and goals for the trust. To do so, they need to know what those are. That's the purpose of this document, to guide the trustee. While this side document will not have the force of law, it will provide very important guidance to your trustee.

We'll start with a general narrative about your concept of how the trust funds should be used and then get to some more specific guidance.

So, first, tell the trustees about the beneficiary of the trust. In this narrative you can include your relationship to the beneficiary, the beneficiary's daily routine, their likes and dislikes, whether the beneficiary is religious or spiritual, and what assistance the beneficiary will regularly need.

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Beneficiary's Personal Information

Here, you will enter all relevant personal information regarding the beneficiary of the SNT. You should provide the location of any relevant or important documents such as the beneficiary's social security card, birth certificate, passport, etc.

If the beneficiary is in a housing facility include the name, address, and phone number for the facility. If there are any special requirements such as having their own room, needing a

nightlight, or other amenities the beneficiary may enjoy but others may not know, include that in the "housing requirements" box.

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Date of Birth	
Place of Birth	
Phone Number	
Social Security Number	
Health Insurance Number & Location of Health Insurance Cards	
Location of Important/Relevant Documents	
Current Housing	
Housing requirements	
Bank Accounts, Investment Accounts, Real Estate	

Medical Information

In this section you will include all relevant medical information for the beneficiary. The information provided should allow for continuous treatment and care for the beneficiary. Please list all diagnoses the beneficiary has.

List all current medical providers, their contact information and location, and the frequency in which the individual sees them for services.

Consider indicating what behavioral concerns the individual may experience and what approach has worked best during difficult transition periods. If the beneficiary utilizes any assistive devises, please identify them and any additional information about when and where they were purchased, the location of warranties (if any), and any mobility or transportation needs.

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Diagnoses			
Allergies			
Important information for care			
Medical Providers	**Current Provider(s)**	**Contact Information**	**Frequency of visits**
Physician(s)			
Therapist(s)			
Professional Caregiver(s)			
Dentist(s)			
Other Specialist(s)			

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Daily Routine Information

Here, include the names and contact information of anyone who plays an important role in the beneficiary's daily life. Who do they talk to, visit with, engage with, etc.?

Work or Day Program Information – Describe or include any program plan currently in place. If the beneficiary has attended a program in the past that was successful, you should consider including information about that program as well. What type of work does the beneficiary enjoy? What are the goals for the future of the beneficiary working?

Quality of Life – Include information about the beneficiary's leisure and vacationing. List any hobbies, recreation, sports involvement, etc.

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Guardianship

In this section, include the contact information of the individual(s) you have, or will, appoint as guardian. Please indicate whether they are *currently* serving as guardian or if they should be appointed when necessary. Additionally, please list any and all people you wish to be notified of the guardianship. Consider which family members, doctors, caregivers, and others should know that the beneficiary is in the custody of a guardian.

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Advisors

Who would you like the trustees to consult with, if anyone?

Name	E-mail Address	Phone Number	Relation to the Beneficiary	Nature of Consult

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Government Benefits

If the beneficiary is receiving, or expects to receive in the future, any government benefits, those should be outlined. If the beneficiary receives a monthly SSI or SSDI benefit, that should be included in this section.

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