

INTAKE FORM FOR OBRA 1993 Clients

Personal Information regarding the Person with a Disability

1. Full Name of the person with a disability, including middle initial:

2. Address and telephone number of the person with a disability:

3. Date of Birth:

4. Social Security Number:

5. Sex: ☐ Male ☐ Female

6. If the person with a disability is a minor, does he or she:

- a. Have a guardian? ☐ Yes ☐ No

If so, who? _____

In which county was the guardianship established? _____

What is the docket number of the court file? _____

Who was the presiding judge? _____

- b. Have a conservator? ☐ Yes ☐ No

If so, who? _____

In which county was the conservatorship established? _____

What is the docket number of the court file? _____

Who was the presiding judge? _____

- c. Have a guardianship of the estate? ☐ Yes ☐ No

If so, who? _____

In which county was the guardianship of the estate established? _____

What is the docket number of the court file? _____

Who was the presiding judge? _____

Please attach court orders, guardianship letters of authority and relative pleadings.

7. Is the adult person with a disability the subject of a guardianship?

☐ Yes ☐ No

If so, who? _____

In which county was the guardianship established? _____

What is the docket number of the court file? _____

Who was the presiding judge? _____

b. Have a conservator? ☐ Yes ☐ No

If so, who? _____

In which county was the conservatorship established? _____

What is the docket number of the court file? _____

Who was the presiding judge? _____

c. Have a guardianship of the estate? ☐ Yes ☐ No

If so, who? _____

In which county was the guardianship of the estate established? _____

What is the docket number of the court file? _____

Who was the presiding judge? _____

Please attach court orders, guardianship letters of authority and relative pleadings.

8. What is the marital status of the parents of the person with a disability? With whom does the person with a disability reside?

9. Does the person with a disability live at home or in an alternative living situation? If the person with a disability resides in an alternative living situation, please list:

a. Type of living arrangement: _____

b. Address and phone number of residence:

c. Contact person (if necessary):

10. Is the person with a disability a citizen of the United States? ☐ Yes ☐ No

11. If the person with a disability is not a U.S. citizen, is he/she a qualified alien?

☐ Yes

☐ No

☐ Don't Know

Potential Trustees

1. Initial Trustee Name:

2. Address:

3. Telephone:

4. Fax:

5. Alternate Trustee Name:

6. Address:

7. Telephone:

8. Fax:

9. Advisors to Trustees:

Name

Address

Factual Background

1. What was the date of the injury and / or disability and how did it occur?

2. Describe the nature and extent of the injuries and / or disabilities.
3. Describe the person with a disability's current physical, mental and emotional condition.
4. What is the prognosis for the future?
5. Is it anticipated that nursing home care will be required?
6. What is his or her life expectancy?
7. Who are the present caregivers? Please describe them.
8. Are services provided by an agency or by family members?

9. If from an agency, please list:

Name of Agency:_____

Address of Agency:_____

Telephone:_____ Fax:_____

Contact Person at Agency:_____

10. If he or she is receiving care from family members, please list the following:

Name of Family Member:_____

Address of Family Member:_____

Telephone Number of Family Member:_____

11. Are there other significant health conditions (related or not)? If so, please attach a copy of pertinent past history.

Source of Funds & Amount of Funds

(Be very specific)

Public Benefits

1. Is *anyone* in the household of the person with a disability or an immediate family receiving public benefits? Who?

2. What public benefits are family or household members receiving?

3. What public benefits is the person with a disability receiving? (Please list all public benefits: Medicaid, Special Waiver Programs, SSI, SSD, Workers' Comp, Medicare, etc. and please attach verification of all forms of benefits received).

Have any of the benefits been discontinued?

Are any of the state and federal agencies aware of the possibility of these funds?

4. Does the person with a disability receive case management from an agency? If so, which agency?

5. Is it likely he or she will require public benefits assistance in the future? If so, why?

6. Does the he or she have any income? From what source?

7. Has the person with a disability made an application for public benefits that is still pending?

8. Has the person with a disability ever received public benefits (other than Medicaid) in any other state? ☐ Yes ☐ No

If so, please list the states in which benefits were paid and the nature of the benefit.

Expectations

1. What types of services does the person with a disability now need that the he or she is not receiving?

2. What kinds of equipment or personal property does the person with a disability hope to purchase.

3. Where would the person with the disability like to be in two years?

4. If the person with a disability is living with parents or a spouse, what kinds of equipment, personal property or renovations would the parents or spouse like to see come out of this trust?

Estate Planning

1. Does the person with the disability presently have any estate planning documents (wills, trusts, powers of attorney)? If so, please attach copies.

2. Do the parents or spouse have any estate planning documents? If so, please attach copies.

Who is the client?

1. Who will be the client of the Law Office of Patricia E. Kefalas Dudek?

Counsel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Person with the disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Guardian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Conservator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Power of Attorney for the Person with the Disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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3. Who is the guarantor of the fees of the Law Office of Patricia E. Kefalas Dudek?

What type of OBRA' 93 Trust is best suited for the client?

- Exception A
- Exception C

If other, please describe. Attach a copy of