

Special Needs Planning Workbook



**Knights of
Columbus®**

LIFE INSURANCE • DISABILITY INCOME INSURANCE • LONG-TERM CARE INSURANCE • RETIREMENT ANNUITIES

Book of Intent courtesy of Knights of Columbus

Prepared for: _____

Prepared by: _____

Date: _____ Copies given to: _____

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Introduction

This is a guide to capture important details about your family and your child. As a loving parent, you understand the changing needs of your children better than anyone. Let this be a resource to periodically update all little and big details that are so important to understanding your family dynamics. You do not have to share this document. This is for your records only. Or you can leave this a working journal to include with your will. Should something happen to you or your spouse, this guide can help others to be sensitive to the needs and preferences of your child. Please use one book per child. Additional copies are available upon request.

Biographical and Personal Information

Child's Information

Full Name _____ Date of Birth _____

Home Address _____
(Address, City, State, ZIP Code)

Home telephone _____ Social Security number _____

Date of adoption (if applicable) _____ Date of citizenship (if applicable) _____

Religious preference _____

Place of worship (include contact information and address) _____

Services attended or involvement _____

Why this is important: _____

Emotional Factors

Create the Vision

What is the vision that you have of your child's life with you? _____

What is the vision that you have of your child's life without you? _____

What is your vision of the role of your child's guardian? What do you expect him or her to do for your child? _____

What is your vision for the role of your child's trustee? How should he or she make financial decisions? _____

What is your vision for the role of your child's trust advisor? How should he or she best help the trustee? _____

What is your vision for the potential relationship of all of your children? _____

What are the family traditions you wish to always be continued? _____

What personal thoughts would you care to share with future caregivers? _____

Medical Information

Overview of Current Medical Information and Concerns

General diagnosis (medical, developmental, psychiatric, physical) _____

Most recent hospitalizations (reason, date, follow-up care, location) _____

Current health concerns _____

Current health treatments _____

Current health precautions and recommendations _____

Please use additional paper if needed.

Insurance, Physicians, and Specialists

Insurance information

Health insurance company and policy number: _____

Subscriber: _____

Dental insurance information and policy number: _____

Insurance coverage through parent/child/guardian/other: _____

Other health insurance information (e.g., Medicaid): _____

Subscriber: _____

Prescription drug coverage information: _____

Vision insurance information and policy number:: _____

Physician information

Name of primary care physician: _____

Telephone: _____

Address: _____
(Address, City, State, ZIP Code)

Approximate frequency of visits: _____

Note any tests and immunizations and their frequency (e.g., flu shots, thyroid testing): _____

Additional information: _____

Dentist information

Name of dentist: _____

Telephone: _____

Address: _____
(Address, City, State, ZIP Code)

Specialty or affiliated hospital: _____

Approximate frequency of visits: _____

Note any tests and their frequency: _____

Additional information: _____

Specialist information

Name of specialist: _____

Telephone: _____

Address: _____

(Address, City, State, ZIP Code)

Specialty or affiliated hospital: _____

Approximate frequency of visits: _____

Note any tests and their frequency: _____

Additional information: _____

Vision information

Name of Optometrist: _____

Telephone: _____

Address: _____

(Address, City, State, ZIP Code)

Specialty or affiliated hospital: _____

Does your child wear glasses or contact: _____

How often do they visit the optometrist:: _____

Additional information: _____

Pharmacy

Name of pharmacy: _____

Telephone: _____

Address: _____

(Address, City, State, ZIP Code)

Preferred Hospital for Emergency Treatment

Name of hospital: _____

Telephone: _____

Address: _____
(Address, City, State, ZIP Code)

Medications, Health, and Related Information

Allergies (e.g., medical, environmental) and required treatments) _____

Medical facilities (include medical record numbers if necessary) _____

Medications—prescription drugs _____

Medications—nonprescription drugs (including vitamin supplements) _____

The best ways to give your child medications are... _____

Other important medical information _____

Personality Traits and Preferences

Describe what living with your child is like. _____

Basic characteristics and personality _____

Abilities and skills in reading and writing _____

Abilities and skills in financial matters (money skills) _____

Abilities and skills in household chores _____

Abilities and skills in other areas _____

Sleeping habits _____

Safety issues _____

Explain any issues your child has in being able to identify an unsafe situation or individual. _____

Sensory issues _____

Provide suggestions to address any sensory issues or challenges. _____

Behavior issues _____

Provide suggestions to address any behavioral challenges. _____

If you have to contact one or two people to help you on the above, who would they be? _____

What is most important to your child about his or her personality? _____

What is most important to you about your child's personality? _____

Preferences

Preferred setting and/or environment (rural or city, large or small house) _____

Favorite places to visit _____

Hobbies and interests _____

Favorite entertainment _____

Recreation _____

Favorite type or brand of clothes _____

Favorite colors and patterns _____

What is most important to your child about his or her preferences? _____

What is most important to you about your child's preferences? _____

Clothing and Shoe Sizes

<u>Article of clothing</u>	<u>Size</u>	<u>Article of clothing</u>	<u>Size</u>
Pants/shorts	_____	Shirt/blouse	_____
Skirt/dress	_____	Shoes	_____
Coat	_____	Hat	_____
Gloves	_____	Underwear	_____
Other: _____	_____		

Personal Care Information

Physical Abilities

Communication skills _____

Physical mobility _____

Hearing ability _____

Eyesight _____

Special equipment _____

What is most important to your child about his or her physical abilities? _____

What is most important to you about your child's physical abilities? _____

Habits and Hygiene

Specific Grooming Routines and Nature of Assistance Required

Shaving _____

Bathing _____

Dental care _____

Dressing _____

Toileting _____

Personal care _____

Male or female personal hygiene care _____

Is your child aware of his or her own issues of sexuality? Are there issues or concerns to be aware of? _____

What is most important to your child about his or her habits and hygiene? _____

What is most important to you about your child's habits and hygiene? _____

Meals and Dietary Requirements

Food allergies (with suggested treatments if required) _____

Food preferences (likes and dislikes) _____

Assistance needed in meal preparation _____

Assistance needed in feeding self _____

Eating habits _____

Mealtime issues or behavior concerns _____

Cleanliness and neatness _____

What is most important to your child about his or her mealtimes and dietary needs? _____

What is most important to you about your child's mealtimes and dietary needs? _____

Important Daily Routines

Times and Preferences

Wake-up time _____

Morning _____

Noon _____

Afternoon _____

Evening _____

Bedtime _____

What is most important to your child about his or her daily routines? _____

What is most important to you about your child’s daily routines? _____

Family and Support Factors

Family Information

Mother's information

Full Name: _____

Home Address: _____
(Address, City, State, ZIP Code)

Home telephone: _____ Cellular telephone: _____

Place of work: _____ Work telephone: _____

E-mail address: _____ Date of birth: _____

Social Security number: _____

Maiden name: _____

Father's information

Full Name: _____

Home Address: _____
(Address, City, State, ZIP Code)

Home telephone: _____ Cellular telephone: _____

Place of work: _____ Work telephone: _____

E-mail address: _____ Date of birth: _____

Social Security number: _____

Sibling information

Full Name: _____

Home Address: _____
(Address, City, State, ZIP Code)

Home telephone: _____ Cellular telephone: _____

Place of work: _____ Work telephone: _____

E-mail address: _____ Date of birth: _____

Social Security number: _____

Current status of relationship: _____

Future status of relationship: _____

Sibling information

Full Name: _____

Home Address: _____
(Address, City, State, ZIP Code)

Home telephone: _____ Cellular telephone: _____

Place of work: _____ Work telephone: _____

E-mail address: _____ Date of birth: _____

Social Security number: _____

Current status of relationship: _____

Future status of relationship: _____

Sibling information

Full Name: _____

Home Address: _____
(Address, City, State, ZIP Code)

Home telephone: _____ Cellular telephone: _____

Place of work: _____ Work telephone: _____

E-mail address: _____ Date of birth: _____

Social Security number: _____

Current status of relationship: _____

Future status of relationship: _____

List any health concerns and or medical conditions of parents, guardians, or siblings. _____

List any medical family history or concerns. _____

Guardian information

Full Name: _____

Home Address: _____
(Address, City, State, ZIP Code)

Home telephone: _____ Cellular telephone: _____

Place of work: _____ Work telephone: _____

E-mail address: _____ Date of birth: _____

Social Security number: _____

Successor guardian information

Full Name: _____

Home Address: _____
(Address, City, State, ZIP Code)

Home telephone: _____ Cellular telephone: _____

Place of work: _____ Work telephone: _____

E-mail address: _____ Date of birth: _____

Social Security number: _____

Professional Support Information

Professional service providers

(e.g., residential, employment, respite, personal care attendant, transportation, education)

Name of service provider: _____

Director: _____ Contact person: _____

Telephone: _____

Address: _____
(Address, City, State, ZIP Code)

Services provided: _____

Social and Recreation Support Information

Social and recreation activities and interests

(e.g., social clubs, hobbies, sports, arts, recreation)

Organization name: _____

Director: _____ Contact person: _____

Telephone: _____

Address: _____
(Address, City, State, ZIP Code)

Why important: _____

Friends and Extended Family Support Information

Name: _____

Telephone: _____

Home Address: _____
(Address, City, State, ZIP Code)

Relationship: _____

Explanation: _____

Other Family and Support Contacts

Individuals who may be in contact with your child but who share different philosophies or who may jeopardize your child's well-being and safety

Name: _____

Telephone: _____

Home Address: _____
(Address, City, State, ZIP Code)

Relationship: _____

Explanation: _____

Financial Factors

List of Advisors

Insurance Agent

Name: _____

Insurance Company: _____

Work Address: _____
(Address, City, State, ZIP Code)

E-mail address: _____ Telephone: _____

Relationship: _____

Attorney

Name: _____

Firm Name: _____

Work Address: _____
(Address, City, State, ZIP Code)

E-mail address: _____ Telephone: _____

Relationship: _____

Accountant or Tax Preparer

Name: _____

Firm Name: _____

Work Address: _____
(Address, City, State, ZIP Code)

E-mail address: _____ Telephone: _____

Relationship: _____

Trustee of Parents' Trusts or Family Trust

Name: _____

Firm Name: _____

Work Address: _____
(Address, City, State, ZIP Code)

E-mail address: _____ Telephone: _____

Relationship: _____

Financial Information About Parents

Summary of Net Worth

Asset	Current estimated market value	Amount allocated to your child’s needs*
Liquid assets (cash, checking, money markets)		
Semi-liquid assets (stocks, bonds, mutual funds)		
Retirement plan assets (401[k], IRA, 403[b])		
Other assets (annuities, other)		
Real estate (residence, rental property, other)		
Business assets		
Personal property (autos, antiques, artwork)		
Total assets		
Liabilities	Current estimated market value	Amount allocated to your child’s needs*
Liabilities (mortgage, credit cards, loans)		
Other liabilities		
Total liabilities		
Net worth (assets less liabilities)	Current estimated market value	Amount allocated to your child’s needs*
Assets total		
Liabilities total		
Total net worth		

*Indicates amount allocated to your child’s needs. This column estimates the approximate amount that would be distributed to the child’s special needs trust if the parents were to die as of the date of the current market values.

Life Insurance, Potential Gifts, and Inheritances

Life insurance on father

Insurance company	Policy number	Type of policy	Death benefit	Owner of policy	Primary beneficiary	Contingent beneficiary

Life insurance on mother

Insurance company	Policy number	Type of policy	Death benefit	Owner of policy	Primary beneficiary	Contingent beneficiary

Life insurance on guardian

Insurance company	Policy number	Type of policy	Death benefit	Owner of policy	Primary beneficiary	Contingent beneficiary

Life insurance on child

Insurance company	Policy number	Type of policy	Death benefit	Owner of policy	Primary beneficiary	Contingent beneficiary

Are you aware of any potential gifts or inheritances that your child will receive? If so, please provide details, including the source (e.g., person, estate, trust), the anticipated amount, and estimated date(s) of gifts or inheritances.

Beneficiary Designations of Assets

Father’s retirement plan assets

Investment company	Account number	Type of plan	Current market value	Potential income benefit	Primary beneficiary	Contingent beneficiary

Mother’s retirement plan assets

Investment company	Account number	Type of plan	Current market value	Potential income benefit	Primary beneficiary	Contingent beneficiary

Financial Information For Child

Current income sources of child

Type	Financial amount	Payable timeframe
Wages	<hr/>	<hr/>
Supplemental Security Income	<hr/>	<hr/>
Rental subsidy	<hr/>	<hr/>
Other sources	<hr/>	<hr/>

Potential income sources from parent

Type	Financial amount	Payable timeframe
Social Security Disability Insurance	<hr/>	<hr/>
Pension—survivor benefits	<hr/>	<hr/>
Other sources	<hr/>	<hr/>

Structured Settlement Income

Details of settlement (e.g., source, judgment, when expected, for how long)

Lump-sum amount

 Monthly income

Name of settlement insurance company

Effective date of contract settlement

Contact information

Your Financial Values

General thoughts on your values about money in making financial decisions.

What is important about money to your child?

What does money mean to your child?

What is important about money to you and to your family?

If there is more than one child, provide an overview of how the trustee should evaluate financial priorities.

Legal Factors

Overview of Estate Distribution

Executor of father's estate: _____ Date father's will signed: _____

Executor of mother's estate: _____ Date mother's will signed: _____

Name of trust: _____ Date of trust: _____

Trustee name: _____ Address: _____

Trustee's home telephone: _____ Trustee's work telephone: _____

Trustee's relationship to child: _____ Is trustee aware of role? _____

Power of attorney for parents: _____ Date of most recent filing: _____

Health care proxy for parents: _____ Date of most recent filing: _____

Location of Important Documents for Parents

Wills _____

Trusts _____

Special needs trust paperwork _____

Life insurance policies _____

Guardianship papers _____

Power of attorney papers _____

Health care proxy papers _____

Mortgage papers _____

Investment paperwork _____

Retirement plans _____

Real estate deeds _____

Property titles _____

Birth certificates _____

Marriage certificates _____

Divorce documents _____

Veterans' benefits _____

Veterans' discharge documents _____

Social Security cards and passports _____

Safe deposit boxes/access information _____

Bank records and tax returns _____

Funeral instructions and related documents _____

Location of Legal Documents Specific to Child

Birth certificate _____

Burial instructions _____

Social Security card and passport _____

Guardianship papers _____

Conservatorship papers _____

Special needs trust paperwork _____

Will _____

Power of attorney _____

Health care proxy _____

Names of those with copies of this Book of Intent _____

Final Arrangements for Child

Details of prepaid arrangements (if any)

Describe your desires for final arrangements you wish for your child in the event that you are not available to make these plans. _____

In the absence of a guardian, the following documents may be considered for the child as alternatives to guardianship.

Executor of child's estate: _____

Date of most recent will: _____

Power of attorney for child: _____

Date of most recent power of attorney: _____

Health care proxy for child: _____

Date of most recent health care proxy: _____

Government Benefit Factors

Current Government Benefits

Income Benefits

Social Security office: _____

Name of contact: _____ Telephone: _____

Address: _____

Monthly amount of Supplemental Security Income: _____

Is Supplemental Security Income directly deposited? _____

Monthly amount of Social Security Disability Insurance: _____

Under whose coverage (e.g., mother, father, child)? _____

Representative Payee

Name: _____ Firm name: _____

Telephone: _____ E-Mail address: _____

Address: _____

(Address, City, State, ZIP Code)

Relationship: _____

Medical Benefits

Medicaid number: _____ Date of effective coverage: _____

Type of coverage: _____ Monthly copay amount: _____

Housing Benefits

Government rental subsidy agency: _____

Telephone: _____

Address: _____

Monthly amount: _____

Potential Government Benefits

Government Benefit Contact Information

Maintaining Supplemental Security Income eligibility: _____

Telephone: _____

Medical coverage and services: _____

Telephone: _____

Housing subsidy or services: _____

Telephone: _____

Adult day program or services: _____

Telephone: _____

Vocational services: _____

Telephone: _____

Public transportation services: _____

Telephone: _____

Private transportation services: _____

Telephone: _____

Disability benefits: _____

Telephone: _____

Hearing impairment assistance: _____

Telephone: _____

Vision assistance: _____

Telephone: _____

Adaptive equipment: _____

Telephone: _____

Adaptive equipment maintenance: _____

Telephone: _____

Adaptive equipment training: _____

Telephone: _____



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Your Life. Your Family. Your Future.

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**To learn more about our
Fraternal Benefits and to join the
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