

CHECKLIST FOR PERSON WITH A DISABILITY

CHECKLIST FOR THE PERSON WITH A DISABILITY'S PLAN

PERSONAL INFORMATION

The Person	
Person	Name: _____
	Address: _____
	Date of birth: _____
	Disability: _____
	Marital status: _____
	Occupation: _____
	SS# _____
Person's Spouse	Name: _____
	Address: _____
	Date of birth: _____
	Health status: _____
	Occupation: _____
	SS#: _____
Children/Ages	_____

Person's Advisors	Name	City
Attorney	_____	_____
Bank	_____	_____
Doctors	_____	_____
Guardian	_____	_____
Authorized representative .	_____	_____
Representative payee	_____	_____
Insurance agents	_____	_____
Religious leader	_____	_____
Other: _____	_____	_____

CURRENT BENEFITS (check applicable benefits)

Public Benefits	Person	Spouse	Children
Financial Assistance	_____	_____	_____
Medicaid	_____	_____	_____
SSI.	_____	_____	_____
Food Stamps	_____	_____	_____
Other Benefits	Person	Spouse	Children
Social Security Insurance.	_____	_____	_____
Medicare	_____	_____	_____
Private health insurance	_____	_____	_____
Trust	_____	_____	_____
Other: _____	_____	_____	_____

FINANCIAL INFORMATION - RESOURCES

Cash	Person	Spouse	Joint	
Checking accounts	\$	\$	\$	
Savings accounts.	\$	\$	\$	
Certificates of deposit.	\$	\$	\$	
Money market accounts	\$	\$	\$	
Totals	\$	\$	\$	
Stocks and Bonds	Person	Spouse	Joint	
Stocks	\$	\$	\$	
Bonds	\$	\$	\$	
Mutual funds	\$	\$	\$	
Totals	\$	\$	\$	
Personal Property	Person	Spouse	Joint	
Furniture/household goods . . .	\$	\$	\$	
Motor vehicles	\$	\$	\$	Model/year:
	\$	\$	\$	Model/year:
Other vehicles (boats, RV, etc.)	\$	\$	\$	
Collections (art, coin, etc.) . . .	\$	\$	\$	
Clothes and personal items. . .	\$	\$	\$	
Other: _____	\$	\$	\$	
Totals	\$	\$	\$	
Real Estate (approximate value)	Person	Spouse	Joint	Mortgage/Home Equity Loan
Residence	\$	\$	\$	\$
Income-Producing Property . . .	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Totals	\$	\$	\$	\$
Other Benefits	Person	Spouse		
Pension plan	\$	\$		
Keogh Plan (contractual)	\$	\$		
Keogh Plan (non-contractual). .	\$	\$		
Profit-sharing plan	\$	\$		
I.R.A.	\$	\$		
Union benefits	\$	\$		
Veterans benefits	\$	\$		
Other: _____	\$	\$		
Totals	\$	\$		
Trusts	Person	Spouse		
Trust, self-settled	\$	\$		
Trust, third-party	\$	\$		
Totals	\$	\$		
Insurance and Annuities	Person	Spouse		
Life insurance				
Face value	\$	\$		
Cash surrender value	\$	\$		
Other: _____	\$	\$		
Totals	\$	\$	\$	

FINANCIAL INFORMATION – RESOURCES, continued

Other	Person	Spouse	Joint
Burial Fund	\$	\$	No. of Burial Plots Owned:
Other: _____	\$	\$	\$
	_____	_____	_____
Totals	\$	\$	\$

FINANCIAL INFORMATION – INCOME (Monthly)

Earned Income – Source:	Person	Spouse	Examples of Earned Income:
	\$	\$	Wages, salaries, tips and commissions
	\$	\$	Federal work and training programs income
	\$	\$	Income in-kind for work performed
	\$	\$	Lump sum or contract income for work performed
	\$	\$	Rental income
	\$	\$	Self-employment income
	\$	\$	
Totals	\$	\$	
Unearned Income – Source:	Person	Spouse	Examples of Unearned Income :
	\$	\$	Alimony
	\$	\$	Benefits - annuities; disability; insurance; pension;
	\$	\$	retirement; trust disbursements;
	\$	\$	unemployment or worker’s compensation
	\$	\$	Interest or dividends
	\$	\$	Social Security benefits
	\$	\$	Boarder income
	\$	\$	
Totals	\$	\$	

CURRENT MONTHLY EXPENSES

(Pro-rate annual costs to monthly costs by dividing annual costs by 12.)

Expenses	Person	Spouse	
Rent/Mortgage	\$	\$	
Electricity	\$	\$	
Heat	\$	\$	
Telephone	\$	\$	
Cable	\$	\$	
Groceries	\$	\$	
Gasoline	\$	\$	
Hair care	\$	\$	
Clothing	\$	\$	
Vehicle insurance	\$	\$	
Vehicle maintenance	\$	\$	
Vehicle registration	\$	\$	
Home insurance	\$	\$	
Property taxes	\$	\$	
Water	\$	\$	
Work-related expenses . . .	\$	\$	Costs for items and services that a person with a disability needs in order to work
Medical expenses	\$	\$	Out-of-pocket medical costs including: - health insurance premiums (including Medicare Part B), coinsurance payments, and deductibles; - cost of care not covered by insurance; and - cost of care not covered by Medicaid.
Alimony payment	\$	\$	Court-ordered alimony payment.
Child support payment . . .	\$	\$	Court-ordered child support payment.
Child care expenses	\$	\$	Day care costs
Training expenses	\$	\$	Monthly costs of training that include: - Regular attendance on at least a half-time basis; - Structured training toward gainful employment; - Sponsored by the government, or offered by private schools for a particular trade; and - No outside reimbursement of cost.
Entertainment	\$	\$	Movies, theatre, sports. etc.
Magazines, newspapers	\$	\$	
Club memberships	\$	\$	
Spending money	\$	\$	
Other: _____	\$	\$	
_____	\$	\$	
_____	\$	\$	
Totals	\$	\$	

DOCUMENTS

Current Planning Position

Does the person currently have a:

Will? Yes No Execution Date: _____
 Durable power of attorney for health care? Yes No Execution Date: _____
 Living will? Yes No Execution Date: _____
 Durable power of attorney? Yes No Execution Date: _____

ASSISTANCE IN DECISION-MAKING

Assistance:	Current (Name, if applicable.)	Expected need (Name of nominee)
Advisor	_____	_____
Advocate	_____	_____
Representative Payee (Social Security)	_____	_____
Authorized Representative (N.H. public benefits)	_____	_____
Guardian	_____	_____
of the person	_____	_____
of the estate	_____	_____
of the person & estate	_____	_____