

FUTURE PLANNING: A GUIDE FOR FAMILIES

PART 5: FINANCING MY FUTURE ABOUT ME

Who is responsible for my f	inances?			
☐ I am responsible for handling my money and finances				
☐ I am responsible for	\square I am responsible for handling my money and finances, but may need advice from others			
☐ I am responsible for	☐ I am responsible for handling some of my finances, but need help to manage them			
☐ I need someone to	☐ I need someone to handle my finances			
Financial Resource Name:				
Type of Account:				
□ Bank Account				
☐ Life Insurance Policy	/			
□ Stock/Bond				
☐ Other (describe):				
Person helping manage reso	ources:	Phone:		
Government Resources Received:				
Supplementary Security Ins	urance <u>Amount:</u>	Frequency:	-	
Social Security Disabled Adu	ılt Child <u>Amount:</u>	Frequency:		
Scoial Seciryty Disability Ins	urance <u>Amount:</u>	Frequency:	-	
State Disability Benefits:	Amount:	Frequency:		
Veteran's Benefits:	Amount:	Frequency:	-	
Medicade				
Medicare				
EBT Cash/Food Benefits	Amount:	Frequency:		
Emplyment Benefits	Amount:	Frequency:		
Other (describe):	Amount:	Frequency:		



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ABOUT MY DISABILITY SERVICES				
Services Used:				
Medicaid Waiver Services	Contact:	Phone:		
School-Provided Services	Contact:	Phone:		
Private Services	Contact:	Phone:		
Other services (describe):				
	Contact:	Phone:		
Am I on waiting list for services	?			
□ Yes				
□ No				
What is the status of the applic	ation?			



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PART 5: FINANCING MY FUTURE ABOUT MY FINANCES I have... A trust □ Yes □ No What type of trust is it? ☐ 1st party – funded with my money ☐ 3rd Party – funded with someone else's money ☐ Pooled Trust Account □ Other (describe): <u>Trustee/Administrator:</u> Phone: Back-up name: Phone: A representative payee? □ Yes □ No Phone: Representative payee: Back-up name: Phone: A financial power of attorney? Yes No Power of attorney: Phone: Phone: Back-up name: Additional information: