

YOUR LEGACY OF CARE SELF-ASSESSMENT

Housing and Transportation

Do you have a clear vision of how you wish for your child/dependent to live when you are no longer around?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you know what housing options are available to your child/dependent in your state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child/dependent able to drive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your child/dependent is unable to drive, are you aware of the transportation options available to you in your state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education

When your child/dependent with special needs is 18, will he/she be able to function independently as an adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, would you apply for partial or full guardianship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your child/dependent is over 18, have you applied for guardianship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will your child's siblings be responsible for his/her care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Government Benefits

Does your child/dependent own assets with a value greater than \$2,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a complete understanding of the government benefits that your child/dependent is entitled to now and in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child/dependent have a representative payee appointed by Social Security?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Legal

Have you prepared a special needs or other trust for your child/dependent with special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child/dependent have a guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a successor guardian named for your child/dependent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Financial

Have you determined who will be financially responsible for your child/dependent with special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you know what your child/dependent's monthly costs of living are?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made any decisions on how to fund your child/dependent's trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you determined your retirement income needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you determined the lifetime income needs of your child/dependent with special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment/Recreation

Does your child/dependent currently work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, would you like to understand the employment resources available to your child/dependent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have an active social life with his/her peers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you content with your child/dependent's social life?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No