

Financial Assessment - Special Needs Individual

This Assessment has been prepared for completion by a special needs individual or caregiver in advance of our first meeting to consider financial options. It will reduce our time and move discussions and solutions along more quickly.

A. Special Needs Individual (SNI)

- Name _____
- Address _____

- SIN _____
- Date of birth _____
- Is the SNI legally competent _____
- Medical diagnosis _____

- Date of occurrence _____
- Does the SNI have any bank accounts _____
- Is the SNI employed (approximate annual income) _____
- Where does SNI live (with family, apartment, house etc.) _____

- Does the SNI have normal life expectancy? If not what is the expected life span. _____

- Does the SNI (and/or his family) wish to take maximum advantage of social assistance with its substantial restrictions on 1) ownership of assets and 2) annual income? In some cases there may be no choice. _____

- Is the SNI financially independent?
 - Now _____
 - Expected to be for a number of years _____
 - At retirement _____

B. Caregiver

- Name _____
- Address _____

- SIN _____
- Date of birth _____
- Siblings of SNI (Age and home location) _____

 Who will become future caregivers _____

C. SNI Education

Type of school currently attending _____
 Last level of completed education _____
 Future education goals _____

 Details of classroom teachers _____

D. SNI - Legal Relationships

	SIN	Name	Effective Date
<input type="checkbox"/> Parent	_____	_____	_____
<input type="checkbox"/> Legal guardian	_____	_____	_____
<input type="checkbox"/> Committee	_____	_____	_____
<input type="checkbox"/> Power of attorney	_____	_____	_____
<input type="checkbox"/> Trustees	_____	_____	_____

E. Current Living Situation of SNI

With family _____
 Independently _____
 Other (Assisted Living, etc.) _____

F. Future Accommodation Plans of SNI

	When	SNI Age
<input type="checkbox"/> Home (independent living)	_____	_____
<input type="checkbox"/> Group home	_____	_____
<input type="checkbox"/> Other - institution	_____	_____

G. Physical Impairment Details

H. Cognitive Impairment Details

I. Financial Information – SNI

- Monthly income
 - Social Assistance (specify source) _____
 - Employment _____
 - Gifts _____
 - Investment income _____
 - Pensions _____
 - Special needs trust _____
 - RDSP _____
 - Old Age Security _____
 - Canada Pension _____
 - Other _____
- Does the SNI have any loans or other debts _____
- Does the SNI have any credit cards _____
- Description of major assets and value _____

- Monthly Cost of living

Housing _____	Recreation and education _____
Food and household _____	Medications _____
Clothing _____	Other medical _____
Personal _____	Attendant care _____
Transportation _____	Special needs _____
Telephone and internet _____	Other _____

J. Tax Credits (Claimed or transferred)

- | | SNI | Caregiver |
|---|-------|-----------|
| <input type="checkbox"/> Last return filed | _____ | _____ |
| <input type="checkbox"/> Disability tax credit | _____ | _____ |
| <input type="checkbox"/> Disability tax credit for children | _____ | _____ |
| <input type="checkbox"/> Infirm credit | _____ | _____ |
| <input type="checkbox"/> Caregiver credit | _____ | _____ |
| <input type="checkbox"/> Medical expense credit | _____ | _____ |
| <input type="checkbox"/> Child tax credit | _____ | _____ |
| <input type="checkbox"/> Education credit | _____ | _____ |
| <input type="checkbox"/> Other | _____ | _____ |

K. Tax Returns for 3 Years (attach)

- Special needs individual (SNI) _____
- Caregiver _____

L. SNI Tax Plan Enrolments

	Financial Institution	Date	Accumulated Funds
<input type="checkbox"/> RRSP	_____	_____	_____
<input type="checkbox"/> RESP	_____	_____	_____
<input type="checkbox"/> RDSP	_____	_____	_____



- Other _____
- _____

M. Trusts

	Henson	Other	Other
<input type="checkbox"/> Date established	_____	_____	_____
<input type="checkbox"/> Current capital	_____	_____	_____
<input type="checkbox"/> Trustee	_____	_____	_____
<input type="checkbox"/> Beneficiaries	_____	_____	_____
Income	_____	_____	_____
Capital	_____	_____	_____
Residual	_____	_____	_____

N. Estate and Legal

- Does SNI have a will _____
- Has SNI provided a power of attorney to someone _____
- Will the SNI receive future gifts or bequests from anyone _____

O. Financial Plan - SNI

- Has a financial plan been prepared (provide copy) _____
- What period does it cover _____
- Is there any insurance to assist in meeting future costs _____

P. Impairment – Affect on Daily Activities

Describe the affect of the disability as it relates to daily life.

	Minor	Somewhat Restricted	Markedly Restricted
<input type="checkbox"/> Vision	_____	_____	_____
<input type="checkbox"/> Hearing	_____	_____	_____
<input type="checkbox"/> Walking	_____	_____	_____
<input type="checkbox"/> Feeding or dressing oneself	_____	_____	_____
<input type="checkbox"/> Speech	_____	_____	_____
<input type="checkbox"/> Perceiving, thinking or remembering	_____	_____	_____
<input type="checkbox"/> Problem solving, goal setting, judgment	_____	_____	_____
<input type="checkbox"/> Ability to have employment	_____	_____	_____

Q. Ontario Disability Support Program

- Is the SNI receiving ODSP payments
 - General _____
 - Housing _____
 - Other _____
 - Benefits (medical, dental, etc.) _____

- When did such payments start _____
- What is the total amount of monthly ODSP payments _____

R. Goals and Objectives

- Describe the major concerns, goals and objectives for the SNI _____

S. Other Information

- Other information you believe to be relevant _____

Information requested in this questionnaire is highly personal but is necessary to have in order to determine eligibility and appropriate planning for special needs individuals. It is confidential and will be treated as such.

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