



**Berkshire County ARC, Inc. Family Special Needs Pooled Trust  
Enrollment Questionnaire**

**1. Donor Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Home: \_\_\_\_\_ Work/cell: \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Relationship to Beneficiary \_\_\_\_\_

**2. Beneficiary Personal Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Home: \_\_\_\_\_ Work/cell: \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Please describe the beneficiary's medical diagnosis/disability \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe current living situation (living with parents, renting etc):

---

---

---

In the future what type of living situation do you envision for the trust beneficiary?

---

Will the beneficiary be requesting funds independently? \_\_\_\_\_

If not, please list the person (and contact information) you plan to designate as Primary Representative of the beneficiary, who will be empowered to request funds on his or her behalf:

---

---

---

Note: It is the responsibility of the Personal Representative to notify the Berkshire County Arc, Inc. Family Special Needs Pooled Trust of changes in the beneficiary's living arrangement, health status, or financial profile and needs. Also, please note that any change in the Personal Representative will become effective only upon receipt by Berkshire County Arc, Inc. of a properly signed Designation of Personal Representative form.

Does the beneficiary have a legal representative such as a power of attorney, guardian/conservator, Social Security "rep payee" or other?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Next of Kin \_\_\_\_\_

Address \_\_\_\_\_

---

Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone (day) \_\_\_\_\_ (eve/cell) \_\_\_\_\_

Service Coordinator/Caseworker \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Does the beneficiary have a Will, a DNR Instruction or Health Care Proxy? \_\_\_\_\_

\_\_\_\_\_

**3. Beneficiary Financial and Public Benefits Information**

a) Income

Yearly Earnings \_\_\_\_\_ Gross \_\_\_\_\_ Net \_\_\_\_\_

SSI \_\_\_\_\_ SSDI \_\_\_\_\_ Pension \_\_\_\_\_

Other Income \_\_\_\_\_

b) Assets

Savings/Checking \_\_\_\_\_ Stocks/Bonds \_\_\_\_\_

Real Estate \_\_\_\_\_ Other \_\_\_\_\_

c): Health Insurance

Mass Health # \_\_\_\_\_ Medicare # \_\_\_\_\_

Additional Medical Insurance (name and number) \_\_\_\_\_

\_\_\_\_\_

**4. Distribution of Trust Remainder upon Death of Beneficiary**

a) Trust's Remainder Share

If you wish, you may designate a share of the remaining trust assets to go to Berkshire County ARC, Inc. in furtherance of its charitable mission. Funds designated for this charitable purpose are used to assist other needy disabled persons as well as to defray the ongoing administrative expenses of operating the Berkshire County ARC, Inc. Family Special Needs Pooled Trust.

Please note what percentage (if any) of the remaining trust assets you choose to go to Berkshire County ARC, Inc.

50% \_\_\_\_\_ 25% \_\_\_\_\_ Other \_\_\_\_\_

b) Designated Remainder Beneficiaries

1) Name:

Address:

Relationship to Beneficiary or Donor:

Percentage of remainder

2) Name:

Address:

Relationship to Beneficiary or Donor:

Percentage of remainder

3) Name:

Address:

Relationship to Beneficiary or Donor:

Percentage of remainder

4) Name:

Address:

Relationship to Beneficiary or Donor:

Percentage of remainder

Note: If you wish to designate a charitable entity as a remainder-person, rather than an individual, you must give us the precise legal name of the charitable entity as well as a current business address for it.

**5. Acknowledgment of Enrollment Questionnaire Preparer**

I hereby submit this Enrollment Questionnaire for evaluation by Berkshire County Arc, Inc. as to whether it will be able to undertake the responsibility of acting as Personal Trustee for the proposed beneficiary, given his/her particular needs and individual family situation, and I hereby affirm the accuracy of the information I have submitted. I understand that no trust is presently established by the submission of this Enrollment Questionnaire.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print name:

*Enrollment Questionnaire revised 7/20/11*