



Thomas P. Kroehle, Jr., AIF
Mike Deguchi
Blake N. Martino
Hillary Kent, CFP®

ofc (972) 964-3444
fax (972) 964-3443
3939 Belt Line Rd St 310
Addison, TX 75001
www.txlifepanning.com

LIFE PLANNING FOR FAMILIES OF SPECIAL NEEDS

Family Data Form

Securities and Investment Advisory Services offered through NFP Advisor Services, LLC (NFPAS), Member FINRA/SIPC. NFPAS is not affiliated with Income by Design, LP or Life Planning for Families of Special Needs, Inc

**TO BE COMPLETED (AS MUCH AS POSSIBLE) BY CLIENT
PRIOR TO THE INITIAL MEETING**

8/26/2014
12/216

General Information		
Item	Father	Mother
Full Legal Name		
Date of Birth and Place		
Social Security Number		
Marital Status		
Driver's License # and Expiration	Exp.	Exp.
Address		
City, State, Zip		
County/Parish		
Home Phone		
Email Address		
Cell Phone		
Occupation		
Employer		
Employer Address		
City, State, Zip		
Work Phone		
Annual Income		
Smoker		
Do you have a will? Dated?		
Do you have a Family Living Trust?		
Do you have a Special Needs Trust?		
If the person with a disability is over 18, are you the guardian?		
If so, when did the court make the appointment?		
Have you made arrangements for your own long term care?		
Have you written a letter of intent?		

List All Children			
Full Legal Name	Sex	Date of Birth	Social Security Number

Person(s) With Disabilities		
Item	First	Second
Full Legal Name		
Date of Birth and Place		
Social Security Number		
Address		
City, State, Zip		
Home Phone		
Occupation		
Average monthly income		
Employer		
Is this a shelter workshop program?		
If so, who operates the program?		
Is Person enrolled in PASS program?		
Type of Disability		
If this person lives with you, do you charge for room and board? How much per month?		
Do you have any of the Government benefits below? If so what amount?		
Supplemental Security Income (SSI)		
Social Security Disability Income		
Social Security		
Medicaid		
Medicare		
State Assistance Program		
Total government check per month		
Carried on family Insurance?		
Trust account? How much is received each month from the trust?		
Receiving military pension? Will they receive more in the future? Amount?		
Family saves each month for the future of this individual? Amount?		
Individual save each month? Current Savings?		
Burial life service plan? If so, amount, cost per month, company?		
inheritance or other gifts? Amount and from whom?		
Please list other major assets that have been declared to SSI.		

General Comments: _____

IN ORDER TO PLAN FOR THE FUTURE, THE FINANCIAL LIFE PLANNER AND ATTORNEY WILL LOOK AT THE FAMILIES RESOURCES AND THEN LOOK FOR WAYS TO HELP REALLOCATE THEM SO THE PERSON WITH THE DISABILITY MAY HAVE ADEQUATE FUNDS. IT IS IMPORTANT TO INSURE OTHER FAMILY MEMBERS WILL RECEIVE A FAIR INHERITANCE

Expenses, Assets and Liabilities

Expenses

Marginal tax rate (% taxes you pay annually) _____
 Average monthly household expenses for your family _____

Residence

Appraised or Fair Market Value _____
 1st Mortgage _____ Term _____ years Interest Rate _____
 2nd Mortgage _____ Term _____ years Interest Rate _____

Other Real Estate

Fair Market/ Appraised Value	Amount Owed	Monthly Payment	Interest Rate	Description of Property

Banking (CD, checking, savings)

Owner	Type	Financial Institution	Value

Non-Retirement Accounts (Stocks and Securities)

Owner	Type	Financial Institution	Value

Business Interest Do you own or have an interest in a private Company? Y N
 If yes: What is your share? _____ What is the current Value? _____
 Describe business _____

Liabilities

Credit Cards or Other Loans:

Owner	Card or Loan	Balance	Monthly Payment	Interest Rate

Vehicles:

Owner	Make/Model	Fair Market/ Appraised Value	Balance	Monthly Payment	Interest Rate

Personal Retirement Accounts: Traditional IRA, Roth IRA, Annuity

Owner	Type	Financial Institution	Value

401Ks, 403Bs, 401As, 457s, TSP

Owner	Company Sponsor	Financial Institution	Your Contribution	Company Contribution	Current Value

Pensions, TRS

Owner	Company or ISD Sponsor	Planned Retirement Age	Payment at Retirement	Current Monthly Payment	Current Value

Other Company Benefits (ex. ESOP, other defined benefits)

Do you have any potential Inheritances? Y N

Description _____

Life Insurance

Insured	Owner	Amount	Company	Beneficiary	Date Issued	Premium	Cash Value