

### INFORMATION REQUEST FORM

#### DOCUMENTS WILL BE SENT BY EMAIL (select boxes below)

1.  Special Needs Alliance "Special Needs Trust Handbook"
2.  Letters of Intent ("Guidance & Information Form" for "future team")
3.  Impact on Divorce & Child Support on SSI & Medicaid
4.  Keeping your Child on YOUR Health Insurance (past 26)
5.  Guardianship & Alternatives (Powers of Attorney)
6.  Special Needs Trusts & Special Needs Future Planning
7.  Adult Sibling Group & Sib Shop information for younger siblings
8.  Impact of Guardianship on Driver's License
9.  Taxes & Special Needs Trusts
10.  Taxes & Adult HBSS Waiver
11.  ABLE Accounts
12.  Military Pension Benefit (SBP)
13.  Pre-Paid Funeral Arrangements Rules
14.  Please add me/us to your list to receive your newsletters by email

Check appropriate box and complete the needed information.

1.  Do not contact me/us, just please send by email the information requested above.

Email address is: \_\_\_\_\_

2.  Please contact me (us) to schedule an "Initial Consultation".

Day time phone number: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Name(s): \_\_\_\_\_

3.  Please contact me (us) to schedule a presentation to a group, organization, school, or agency.

Day time phone number: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Name(s): \_\_\_\_\_

**NO TRAVEL NEEDED...**

**Consultations and document signing (by request) - via ZOOM.**