

Vista Points

FIRST PARTY

Special Needs Trust

Monthly Cash Needs Questionnaire

Vista Points, Inc. is the Trustee of the first party special needs trust established by and for the Beneficiary.

To better serve the beneficiary, it is requested that a monthly budget be developed of how the trust money may be allocated. This budget is to include the monthly cash flow through the beneficiary's checking/savings account.

The Vista Points staff will verify the information submitted in order to process distributions from the special needs trust appropriately and in a timely manner.

Beneficiary's name: _____

Income:

1. The net income received by the beneficiary each month including source and amount.

a. Money received from SSI _____ \$ _____

b. Money received from SSDI _____ \$ _____

c. Money received from _____ \$ _____

d. Money received from _____ \$ _____

TOTAL INCOME \$ _____

Expenses:

Please list each bill that you believe is a qualified expenditure from the trust.

2. Nursing Home Room Differential -

a. Name of Facility _____ \$ _____

3. Assisted Living Facility –

a. Name of Facility _____ \$ _____

4. Other Residential Facility –

a. Name of Facility _____ \$ _____

**5. Medication from a company not covered by insurance or government benefits.
These amounts can include non-covered co-pays on prescriptions.**

a. Name of Company _____ \$ _____

b. Name of Company _____ \$ _____

c. Name of Company _____ \$ _____

5. Non-medical Caregiving Company –

a. Name of Company _____ \$ _____

6. Entertainment –

a. List Recurring event _____ \$ _____

b. List Recurring event _____ \$ _____

7. Please list any special needs, services or items you have identified that may benefit the beneficiary, on a monthly basis.

a. _____ \$ _____

b. _____ \$ _____

8. Do you have any requests for monthly items to be purchased or for any services needed for the beneficiary? If so, please list below.

Please sign and date the completed questionnaire.

Form completed by: _____

Signature of Beneficiary or Advocate

Printed name of Beneficiary or Advocate:

Date completed: _____

All completed documents can be mailed, faxed, or e-mailed to the Vista Points office at:

Vista Points, Inc.

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