

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): _____