



Legal and Financial:

This form is intended to help parents organize and record important financial and legal information that relates to their child's future care and well-being. It is crucial to keep this document updated and easily accessible to ensure a smooth transition of care in case of unexpected circumstances. Please consult with legal and financial professionals to ensure accuracy and compliance with relevant laws and regulations.

Will:

Name of Executor:	
Guardianship Provisions for the Child:	
Special Instructions for Care and Support:	
Power of Attorney (POA):	
Name of Agent/Attorney-in-Fact:	
Powers Granted: (legal/Financial/Medical)	
Effective Date and Expiration Date:	

Guardianship:

Guardianship Designation:	
Name of Legal Guardian(s):	
Contact information of Legal Guardian:	
Guardian's Relationship to the Child:	
Alternate Guardianship Designation:	
Contact Information for Alternate Guardian:	

Supported Decision Making Agreement:

Date of Agreement:	
Name of Supporter:	
Contact information of Supporter:	
Name of Supporter:	
Contact Information for Supporter:	

Programs and systems change often. It is important to ensure that you are using the most current information. This document was created August 2023. Please check <https://www.inf2f.org/fact-sheets.html> for the most recent edition. This document was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$89,140 with 87 % percent financed with non-governmental sources. The contents are those of INF2F and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.



Special Needs Trust:

Trustee(s) Name and Contact Information:	
Beneficiary of the Trust (Child's Name):	
Trust Purpose and Specific Instructions:	

ABLE Account:

ABLE Account Holder's Name:	
ABLE Account Holder's Phone Number:	
Account Number and Contact Information:	
Intended Use of ABLE Funds:	

Life Insurance:

Policy Holder's Name:	
Beneficiary Designation (Trust/Individual):	
Beneficiary Contact Information:	
Coverage Amount and Policy Number:	

Supplemental Security Income (SSI/SSDI):

Child's SSI/SSDI Number:	
Contact Information for Local Social Security Office:	

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Medicaid:

Child's Medicaid Identification Number (RID):	
Managed Care Organization (if applicable):	
Managed Care Organization Contact Information:	
Contact Information for Local Medicaid Office:	

Medicare:

Medicare Plan Name:	
Medicare Plan Number (if applicable):	
Medicare Contact Information:	

Social Security Disability Insurance (SSI/SSDI):

Child's SSI/SSDI Number:	
Contact Information for SSI/SSDI Office:	

Authorized Representatives:

Authorized Representative:	
Name:	
Relationship to Child:	
Contact Information:	

Authorized Representative:	
Name:	
Relationship to Child:	
Contact Information:	

**Note: Remember to review and update this document periodically to reflect any changes in your child's needs, legal regulations, or your own circumstances. It's recommended to share a copy with trusted family members or guardians and store a physical and digital copy in a secure, easily accessible location. INF2F holds no legal authority or ability to advise on any legal or financial matters. Always seek professional advice when making financial and legal decisions for your child's future.*

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