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25 CRITICAL QUESTIONS TO ASK YOURSELF ABOUT YOUR SPECIAL NEEDS PLAN

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These questions examine the five crucial areas of comprehensive Special Needs Planning – Vision, Life, Resource, Financial, and Legal. For each question, indicate your answer by checking either “Yes” or “No.” Each “Yes” answer you give will add one point to your score. Each “No” answer is worth zero points. At the end of each section, be sure to total your score before moving onto the next section.

VISION

1. Have you and your family sat down together and intentionally discussed what a GREAT life for your child with special needs should look when he or she is a child – AND – when he or she is an adult? YES ___ NO ___
2. Do you have a clear vision of the level of independence you picture for your child? YES ___ NO ___
3. Do you have a written description of your vision for your child’s future life, including level of independence, social life, spiritual life, job or vocation, home environment, etc.? YES ___ NO ___
4. Do you regularly (at least once per year) review and revise your written plan for child’s GREAT life? YES ___ NO ___
5. Have you included your son or daughter in your discussions and allowed him or her to contribute to the vision of a GREAT life? YES ___ NO ___

VISION PLAN SCORE: _____

LIFE

1. Do you have a “guidebook” that describes all of the relevant details about your child with special needs, including his or her diagnoses, daily routines, likes and dislikes, key relationships, service providers, medications, etc.? YES ___ NO ___
2. Have you documented all of the details about your son or daughter’s government benefits (e.g., SSI, SSDI, Medicaid Waiver) including details like which services they’re currently receiving/have applied to receive, amounts of benefits, frequency of benefits, contact information for benefits and services, etc.? YES ___ NO ___
3. Is all of the information from #1 and #2 above stored in a centralized location where you can easily update all of the essential details as things change? YES ___ NO ___
4. Do you have a written ICE (“In Case of Emergency”) document that clearly explains how to care for your child in an emergency situation where you are unable to care for him or her? YES ___ NO ___
5. Have you created a Transition Plan for the future that would fully prepare and equip a potential new caregiver and/or guardian to care for your child, if you’re no longer able to do so? YES ___ NO ___

LIFE PLAN SCORE: _____

RESOURCE

1. Are you currently providing all of the appropriate and available therapies (e.g., speech, physical, occupational) for your child with special needs so that he or she can continue developing his or her abilities? YES ___ NO ___
2. Is your child currently receiving all of the appropriate and available government benefits (e.g., SSI, SSDI, Medicaid Waiver)? YES ___ NO ___
3. Are you connected and engaged with all of the key professionals in your area (e.g., doctors, advisors, attorneys) who can help you plan for and build a GREAT future for your child? YES ___ NO ___
4. Does your child participate in any unique or innovative therapies (e.g., music, art, equine, aquatic) to help enhance his or her self-esteem and confidence? YES ___ NO ___
5. Depending on your child’s stage of life, does he or she have an Individualized Education Program (IEP), tutors, a job coach, a life coach, etc. to assist you child with developing important cognitive, vocational, and interpersonal skills? YES ___ NO ___

RESOURCE PLAN SCORE: _____

FINANCIAL

1. Have you calculated the amount of money (literal dollar value) required for your child with special needs to have the quality of life you envision for him or her—throughout his or her entire life? YES ___ NO ___
2. Do you have a plan in place to provide financially for your child if something happened to you (and your spouse)? YES ___ NO ___
3. Does your family’s financial plan (including retirement plans) align with and complement the choices you’ve made through your special needs planning process, so that both plans will succeed, no matter what happens? YES ___ NO ___
4. Are you confident that the financial plan you’ve designed is aligned with all government policies, so that your son or daughter will never be disqualified from receiving his or her government benefits? YES ___ NO ___
5. Does your child have an ABLE account? YES ___ NO ___

FINANCIAL PLAN SCORE: _____

LEGAL

1. Have you created a Special Needs Trust for your child? YES ___ NO ___
2. Have you selected and designated a trustee for your Special Needs Trust? YES ___ NO ___
3. Have you selected and designated a future guardian and/or care-giver for your child? YES ___ NO ___
4. Do you (and your spouse) have up-to-date Wills, Powers of Attorney, and other necessary legal documents? YES ___ NO ___
5. Have you thoroughly discussed all of the other planning you have done for your child with his or her future guardian and/or care giver to ensure that everyone is on the same page and shares your vision for your child’s GREAT life? YES ___ NO ___

LEGAL PLAN SCORE: _____

IDENTIFY YOUR STRENGTHS AND WEAKNESSES

Use your scores from each area to fill in the bar graph below. This will show you which areas of your Special Needs Plan need improvement. These are the threats to enabling your family, including your child with special needs, to live purposeful, impactful lives. It will also show you which areas of your special needs plan are strong. These are the strengths you can capitalize on.

The goal is to eventually have a perfect score (5) in each area of your Special Needs Plan. This means that you have done a fantastic job planning for your child.



FOR MORE INFORMATION

If you have questions and would like to speak with our team, email us at: info@ENABLEsnp.com

Check us out online at: www.ENABLEsnp.com

Follow us on social media (Facebook, Instagram, Twitter, Pinterest): [@ENABLEsnp](https://www.instagram.com/ENABLEsnp)