THE ARC COMMUNITY TRUST OF PENNSYLVANIA

NEW EDUCATION TRUST INFORMATION

(PLEASE PRINT CLEARLY)

A. Beneficiary (Student)

1. Name _____
2. Address _____

   _____
3. Telephone: Day _____ Evening _____
4. email address: _____
5. Social Security Number _____
6. Date of Birth _____
7. Mother's Name _____ SSN _____
8. Father's Name _____ SSN _____

B. School District

1. Name _____
2. Address _____

   _____
3. Telephone: Day _____ Evening _____
4. EIN of School district (if known) _____

C. How will Trust be funded?

What assets will be deposited to the trust and if all funds won't come in at inception, please indicate the expected dates and amounts of subsequent deposits to the Trust.

_____

_____

D. If the source of funds is a lawsuit or settlement, please identify the Attorney responsible for the resolution of the claim (including firm name, address & telephone no.).

Parent/Student attorney:

School district attorney:

E. If the student does not live with his/her parents, has a legal guardian been appointed?

Y _____ N _____

If so, please identify that person or entity:

F. If the student does not live with his/her parents and no legal guardian has been appointed, who does the student live with and who is primarily responsible for meeting the Student's needs?

G. Who will be primary contact for the Beneficiary: (Person Trust should expect to interact with)

Name(s): _____

Address: _____

_____

Telephone: _____

Email: _____

H. Please indicate whether Beneficiary receives any of the following benefits:

Social Security ____ monthly amount _____

Social Security Disability Insurance (SSDI) ____ monthly amount _____

Supplemental Security Income (SSI) ____ monthly amount _____

Medicaid (Access Card) _____ card number _____

Please list other forms and amounts of government assistance.
(continue on back of page if necessary)

_____

_____

_____

H. Disability

Please provide the following information on the Beneficiary's disability(ies):

1. Nature of the disability(ies)_____
   _____
2. Medical diagnosis, if available _____
3. Prognosis or plans _____
   _____

I. Goals for Fund:

How do you expect the fund to be used? (Please indicate specific expenses you anticipate paying from the fund).

_____

_____

How long do you expect the fund to last to be available to meet those expenses?

_____

_____

When do you expect to begin to use the fund? _____