



## Special Needs Inventory: Planning for Your Loved Ones

Client Information	
First name:	
Last name:	
Beneficiary name:	Beneficiary birthday:
	Years of care required:
Inflation rate (used to index income streams):	%
After-tax growth rate of assets:	%

Expenses		Annual Amount
	Living Expenses	
	Rent/mortgage (today's estimated housing dollars)	\$
	Utilities (gas, electric, phone, etc.)	\$
	Transportation (car payment/service, insurance, etc.)	\$
	Personal needs (clothing, food, etc.)	\$
	Recreational needs (activities of leisure)	\$
	Health and Care Expenses	
Yo	Custodial care (non-medical care, to provide daily living activities such as eating and dressing)	\$
	Respite care (short-term care or alternative care)	\$
	Nursing Services (in-home skilled nursing or nursing home cost)	\$
	Other (home monitoring, etc.)	\$
	Health insurance	\$
	Physical, speech and/or occupational therapy	\$
	Education and Job Training	
	Tutoring/job coaching/job assistance	\$
	Tuition/fees	\$
	Books/supplies	\$
	Other employment/educational expenses	\$
•\$•	Other Expenses	
	Emergency fund	\$
	Lump Sum	\$
Sources of Income		
	Current assets set aside for beneficiary's support	\$
	Beneficiary's annual income	\$

Other Important Notes/Comments:

The following information is requested in order to provide you with an accurate analysis representative of your present circumstances. New York Life Insurance Company, its agents and its employees do not give legal, accounting or tax advice. Everyone should seek the advice of his or her own professional advisors before taking any action in regard to this material.

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