

**RAINEY & RAINEY, ATTORNEYS AT LAW L.P.
SPECIAL NEEDS PLANNING**

Today's Date _____

Full Name of Person with Special Needs _____			
Full Name of Spouse (If Applicable) _____			
Address _____	City _____	State _____	Zip _____
Telephone Number _____			
Date of Birth _____		Marital Status _____	
Driver's License # _____		Social Security # _____	
Benefits Individual is Currently Receiving:			
<input type="checkbox"/> SSDI	<input type="checkbox"/> SSI	<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Unknown	Other: _____		
Benefits for Which Individual Would Like to Apply:			
<input type="checkbox"/> SSDI	<input type="checkbox"/> SSI	<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Unknown	Other: _____		

CONTACT PERSON

Full Name of Contact Person _____
Full Address _____
Cell Phone _____ Secondary Phone _____
E-mail _____

HOW DID YOU LOCATE OUR OFFICES? (Please check each that applies and let us know who referred you to our firm. We like to thank those who recommend us.)

- Previously used our services: _____
- Referred by another client: _____
- Referred by a professional: _____
- General Reputation Website Internet Advertising
- Yellow Pages Waco Today Other: _____

