

# About...

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Middle Name or Initial)

\_\_\_\_\_  
(Last Name)

Prepared on: \_\_\_\_\_  
(Date Last Revised)

Prepared by: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Day Telephone: \_\_\_\_\_  
Evening Telephone: \_\_\_\_\_  
Emergency Cell Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_

To our fellow families of children with special needs and to our other children, the siblings of that child:

This document is being shared as a suggested "form" for what is commonly referred to as a "Letter of Intent", or guidance to future care providers, Guardians, Trustees, etc.

We suggest that you use the form as a guide, and prepare your own document on your computer. That way, annually, or even more often, you can revise, or modify, the document. Save the document, possibly as a "PDF", and forward it to your child's team, or "future" team.

Not all of the sections in this form may be relevant to your child or sibling. That is what the delete button on your key board is for.

If you have suggestions on how we may be able to improve upon this form, please be so kind to share them with us.

Finally, in addition to this document, please prepare a one or two page list of "bullet points", or what someone needs to know, immediately, to care for your child... say for the 24 to 48 hours, after they become responsible, possibly when you pass away. Next to some of the bullet points you should note, or reference, that there is more information on that "point", or to see page "X", of the full document. Remember that staff at an agency that may know your child very well, do get sick, do go on vacation, do retire, do quit... so these bullet points for "fill-in" or new staff is very, very important, as it is for your other family members and friends who will be responsible or who will be "stepping into our shoes".

*Brian Rubin*



I remember and/or learn best by:

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## Chapter Two: What Describes Me?

I am most often (i.e. happy, talkative, friendly, playful, shy, quiet, withdrawn, assertive, passive, easily influenced, etc.):

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I might become upset if the following happens:

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When I become upset, this is what I look like:

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Some of the things that help me to calm down (or comfort me) are:

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Some things others can do to help me when I am upset (help me to calm down):

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Things that make me happy are:

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Things that make me sad are:

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Things that scare me are:

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**Ways to help me prepare for scheduled events:**

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**Things that help me to deal with a loss (loss of family member(s), loss of a staff - whether if different job or death, loss of a friend) are:**

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**Some things that help me prepare for and deal with change:**

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**Things that motivate me (help get me going):**

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**After I've accomplished a task, or done something well:**

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**To let me know I've done something well, I like it when:**

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**If I should make a mistake or fail at something, I like it if:**

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**I own the following:**

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I would be "lost" without these possessions:

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Habits and/or routines I have are:

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### Chapter Three: My Interests

I like to do the following, on my own:

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With others, I like to do the following:

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When I'm at home, I like to:

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When out in the community, I like to:

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When I'm at home, I don't like to:

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When out in the community, I don't like to:

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When out in the community I need help with:

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Some of my favorite recreation and/or leisure activities are:

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Some recreation and/or leisure activities I don't like are:

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Recreation and/or leisure activities I need assistance with:

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My favorite places to visit are:

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The people I like to go places with are:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone #/Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone #/Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone #/Email: \_\_\_\_\_

*Some of my favorite vacations were:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*My dream vacation is:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Activities that are good for exercise, that I like include:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I belong to a library:                    YES                    NO**

*If yes, the name and location of the library are:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I belong to the following clubs:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Hobbies I enjoy are:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Chapter Four: Household Tasks

I am able to do the following household tasks:

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I enjoy doing the following household tasks:

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I will need some assistance with the following household tasks:

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I prefer not to do the following household tasks:

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When it comes to food preparation and clean up I can:

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I need assistance with the following:

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I would like to learn how to:

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## Chapter Five: Food Interests

I like to eat the following foods:

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I don't like the following foods:

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I like eat at the following restaurants:

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I am on a "special" diet.                      Yes                      No

If "yes", that diet consists of:

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Additional information regarding my diet:

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**My family celebrates the following events (birthdays, holidays, anniversaries):**

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**There is a history of certain medical conditions in my family. Specifically:**

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**I would like to increase my participation in the following ethnic, cultural, and/or religious celebrations:**

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**I would like to continue participating in the following ethnic, cultural, and/or religious celebrations:**

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**My close friends include:**

Name	Address	Phone/Email	Know From	Comments
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<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

**Other important people in my life are:**

Name	Address	Phone/Email	Know From	Comments
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Chapter Seven: Home

I currently live at:

\_\_\_\_\_

\_\_\_\_\_

My phone number is: \_\_\_\_\_

I live with:

\_\_\_\_\_

\_\_\_\_\_

I share a room.            YES            NO

*If yes, I share my room with:* \_\_\_\_\_

I have the following pets:

\_\_\_\_\_

\_\_\_\_\_

Comments about my current living situation:

\_\_\_\_\_

\_\_\_\_\_

People I like to visit with:

\_\_\_\_\_

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**In the future, I would like to live:**

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**In the future, I would like to live with:**

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**In the future, I would NOT like to live with (reason):**

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**Feature my home should have, to meet my needs include:**

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**I need to live near (include reason):**

## Chapter EIGHT: Educational Background

School Name (current & past)	Address	Dates Attended	Contact Info. Email	Program Description/ Comments
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I plan to stay in Special Education up to the age of 22:	Yes	No
An IEP it is attached (if applicable).	Yes	No
A transition plan it is attached (if applicable).	Yes	No
My last Psychological Evaluation is attached (if applicable).	Yes	No
My last IQ or comparable test is attached (if applicable).	Yes	No

I learn best when/by:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My future educational needs include:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

People who know me the best at school:

Name	Phone Number
_____	_____
_____	_____
_____	_____

Additional information regarding my educational experience:

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### Chapter Nine: A Typical Day

I have a job. YES NO

If yes: Competitive Employment: YES NO

Supported Employment: YES NO

Regular Work (Sheltered/Workshop): YES NO

I go to a day (D.T.) program. YES NO

I am a volunteer: YES NO

Information on those responded "YES" to above:

Name	Address	Phone Number/Email
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<hr/>	<hr/>	<hr/>
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In the future, I would like the following type of employment, volunteer work and/or day program:

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Past experiences with employment, volunteer work and/or day programming that you should be aware of are:

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### Chapter Ten: Religion/Spiritual

I worship/pray at:

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Contact Information for the above (Name/Address/Phone/Email):

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I participate by:

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### Chapter Eleven: Health Care History, Needs & Current Services

My diagnosis is:

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Other medical conditions include:

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**Primary doctor(s) information:**

Name (Doctor)	Address	Phone/Email	Years (seen by this doctor)	Comments
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
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<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
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**My past experience with my doctor(s) that I wish to share can be described by:**

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**Eye doctor information:**

Name (Doctor)	Address	Phone/Email	Years (seen by this doctor)	Comments
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

**My past experience with my eye doctor can be described by:**

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**Dentist information:**

Name (Doctor)	Address	Phone/Email	Years (seen by this doctor)	Comments
_____	_____	_____	_____	_____

My past experience with my dentist can be described by:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other doctors I see include (gynecologist, podiatrist, psychiatrist, neurologist, cardiologist, orthopedist, etc.):

Name (Doctor)	Address	Phone/Email	Services Received (by this doctor)	Comments
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other health care service providers I see (*have seen*) include (physical therapist, occupational therapist, speech therapist, counselor/therapist, social worker, etc.):

Name	Address	Phone/Email	Services Received	Comments
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____


The Medications I currently take are:

Medication Name	Dosage & when taken (time of day)	Prescribed for?	Physician prescribed by?	Effects (on me)

In the past, I have been prescribed the following medications:

Medication Name	Dosage & when taken (time of day)	Prescribed for?	Physician prescribed by?	Effects (on me) and when <b>STARTED</b> & <b>STOPPED!</b>

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**Medications I would like to or must avoid and why:**

<b>Medication Name</b>	<b>Reason for Avoiding</b>	<b>Prescribing Doctor</b>
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**The pharmacy I prefer using is:**

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**I never want to use the following doctors or health care service providers:**

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**My allergies include:**

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**I use the following equipment to help with my vision, hearing and/or other needs:**

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**Regarding caring for my special equipment, I need help to:**

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**I have a history of seizures.                                 YES                         NO**

*If "YES", my seizures are best described as follows*

**Frequency:** \_\_\_\_\_

**Type:** \_\_\_\_\_

**Description:**

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**Before I have a seizure I:**

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**After I have a seizure I:**

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Operations/conditions I have had in the past include:

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My sleeping habits:

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Other important medical information (genetic testing, immunizations, birth control, etc.):

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## Chapter Twelve: Personal Care

Height	Weight (date as of)	Clothing Size - TOP	Clothing Size - BOTTOM	Shoe Size
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I appreciate being assisted with the following personal care needs:

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I can independently do the following personal care tasks:

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**It helps if someone reminds me to do the following personal care tasks:**

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**I am used to using the following personal care items:**

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**Typically, my personal care routine includes:**

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**My favorite clothes (including hats, shoes, etc.) to wear include:**

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## **Chapter Thirteen: Financial Information**

**My Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_



My Social Security Card is attached (a copy). Yes No

The Representative Payee (name, address and phone) is:

Name Address Phone Number

\_\_\_\_\_

I receive SSI	YES	NO	Amount: \$ _____
I receive SSDI (own record)	YES	NO	Amount: \$ _____
I receive SSDI (DAC/Parent record)	YES	NO	Amount: \$ _____

Medicaid Number: \_\_\_\_\_

My Medicaid Information is attached (a copy). YES NO

Medicare Number: \_\_\_\_\_

My Medicare Card is attached (a copy). YES NO

I have the following private insurance (i.e. health, dental, life, other):

Type of Insurance	ID #	Name of Company
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional income and/or assistance(s) information is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following are bank accounts I have in my own name NOT Special Needs Trust, but including the Representative Payee Account that receives my SSI and/or SSDI:

Type of Account (i.e. checking, savings, etc.)	Name on Account	Account #	Bank Name	Bank Location & Phone Number
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**My personal investment and earned/working income is from:**

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**My average paycheck amount is:** \_\_\_\_\_

**I use my earned paychecks for:**

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I do my own banking. YES NO

I am able to "make change". YES NO

I understand the *value* of *money*. YES NO

I am able to use my own money wisely. YES NO

**I need the help with the following:**

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**Supplemental Funds - What to spend it on?**

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**How often?**

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**How much?**

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**My tax information:**

**Accountant's Name**

**Accountant's Address**

**Accountant's Phone  
#/Email**

\_\_\_\_\_

**I can do my own taxes:**

**Yes**

**No**

**Chapter FIFTEEN: People Who Can Assist Me**

**I have the following Case Manager:**

**Agency's Name**

**Agency's Address**

**Agency's Phone # & Email**

\_\_\_\_\_

**I have a 3<sup>RD</sup> Party Special Needs Trust:**

**Yes**

**No**

**My Trustee is:**

**Trustee's Name**

**Trustee's Address**

**Trustee's Phone # & Email**

\_\_\_\_\_

**I have a 1<sup>ST</sup> (SELF Settled) Special Needs Trust:**

**Yes**

**No**

**My Trustee is:**

**Trustee's Name**

**Trustee's Address**

**Trustee's Phone # & Email**

\_\_\_\_\_

**I am the beneficiary of  
other estate plan  
documents (Will(s) &/or  
Trust(s)), Insurance  
Policies, IRAs, 401ks,  
Pensions, etc.:**

**Yes**

**No**

**Information/Explanation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**My Attorney(s) whom you may contact regarding my Special Needs Trust(s):**

**Attorney's Name**

**Attorney's Address**

**Attorney's Phone # & Email**

\_\_\_\_\_

\_\_\_\_\_

I am my OWN Guardian:                      YES                      NO

My Guardian is (guardianship papers should be attached):

Guardian's Name	Guardian's Address	Guardian's Phone # & Email
_____	_____	_____
_____	_____	_____

Type of guardianship:    Person                      Estate  
   Limited                      Plenary (Full)

If Limited, explain what limited to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State/County of guardianship: \_\_\_\_\_

**(Remember to attach a copy of the Court Order AND a copy of the most recent Annual Report.)**

My Successor Guardian(s) is(are):

Successor Guardian's Name	Successor Guardian's Address	Successor Guardian's Phone/Email
_____	_____	_____
_____	_____	_____

My Agent for my Power of Attorney for Property is:

Agent's Name ( <i>Power of Attorney - Property</i> )	Agent's Address ( <i>Power of Attorney - Property</i> )	Agent's Phone #/Email ( <i>Power of Attorney - Property</i> )
_____	_____	_____
_____	_____	_____

My Successor Agent for my Power of Attorney for Property is:

Successor Agent's Name ( <i>Power of Attorney - Property</i> )	Successor Agent's Address ( <i>Power of Attorney - Property</i> )	Successor Agent's Phone #/Email ( <i>Power of Attorney - Property</i> )
_____	_____	_____
_____	_____	_____

**My Agent for my Power of Attorney for Health Care is:**

<b>Agent's Name</b> <i>(Power of Attorney - Property)</i>	<b>Agent's Address</b> <i>(Power of Attorney - Property)</i>	<b>Agent's Phone/Email</b> <i>(Power of Attorney - Property)</i>
_____	_____	_____
_____	_____	_____

**My Successor Agent for my Power of Attorney for Health Care is:**

<b>Successor Agent's Name</b> <i>(Power of Attorney - Health)</i>	<b>Successor Agent's Address</b> <i>(Power of Attorney - Health)</i>	<b>Successor Agent's Phone/Email</b> <i>(Power of Attorney - Health)</i>
_____	_____	_____
_____	_____	_____

**(Remember to attach a copy of both the Powers of Attorney for Property & for Health Care)**

I have a Living Will.                      YES                      NO

*If yes, you can find the original at:* \_\_\_\_\_

**(Remember to attach a copy of the Living Will)**

I have a Will.                              YES                      NO

*If yes, you can find the original at:* \_\_\_\_\_

**(Remember to attach a copy of the Will)**

**I have made the following funeral arrangements (burial, cemetery plot, cremation , financial plan, type of service) and/or I have the following preferences:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Chapter SIXTEEN: Some Final Thoughts

Other information about me:

One thing I would like you to know about me, it is:

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Things my parents/guardians would like you to know:

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Some of my future hopes and dreams include the following:

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Some of my parents/guardians hopes & dreams for me include the following:

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## Attorneys & Staff

**Brian Rubin**, a former IRS Agent and former IRS Estate Tax Attorney, has been a practicing attorney in private practice since 1978. He is the parent of three children, one of whom, Mitchell, has Autism. Brian's law practice, since 1982, when Mitchell was one year old, has been dedicated to serving the legal and future planning needs of his fellow families of children and adults with intellectual disabilities, developmental disabilities, and/or mental illness. Brian has been elected as a Fellow of the American College of Trust and Estate Counsel (ACTEC), and has received the Martindale-Hubbell AV® Preeminent™ Rating. He is President-Elect of the Special Needs Alliance, the national, non-profit, association of experienced special needs planning attorneys (membership is by invitation only), served on the Special Needs Law Section Steering Committee, of the National Academy of Elder Law Attorneys, was a Charter Member of the Academy of Special Needs Planners, and is a Faculty Member and Text Book Author for the Illinois Institute for Continuing Legal Education (IICLE) on the topic of special needs legal and future planning. Brian is a Past Chairman of the State of Illinois Statewide Advisory Council on Developmental Disabilities, Immediate Past Chairman of the State of Illinois Autism Task Force (2005-2015) established by the Illinois Legislature in 2005, serves as a member of the State of Illinois Guardianship & Advocacy Commission, served on the State of Illinois Department of Human Services Office of Inspector General Quality Care Board, among many other State of Illinois Committees and Commissions. Brian is the Immediate Past President of The Arc of Illinois; has been a member of the Board of Directors of Clearbrook (an organization serving more than 8,000 individuals with intellectual and/or developmental disabilities, including his son, Mitchell) since 1990, is Immediate Past Chairman of the Board of Directors of the Special Leisure Services Foundation, the foundation supporting the Northwest Suburban Special Recreation Association (NWSRA), served as the founding Chairman of the Board of Directors of the Foundation of The Special Education District of Lake County (SEDOL Foundation), served on the Board of Directors of KESHET (Jewish Parents of Children with Special Needs), serves on the Advisory Council of Encompass (Encompass in partnership with Jewish Child & Family Services, Jewish United Fund, JVS Chicago, JCC Chicago, Keshet, and The Center for Enriched Living and Center for Independent Futures, seeks to provide adults with I/DD a full array of financially sustainable, community-based services and supports), served on the Board of Directors of Pact, Inc., now known as DayOne Pact, the Independent Service Coordination Agent for individuals with intellectual and/or developmental disabilities living in DuPage, Kane and Kendall Counties Illinois, as well as serves as Trustee of Special Needs Trusts, and serves as Guardian, and served on the Board of Directors of Northpointe Resources, also an agency serving individuals with intellectual and/or developmental disabilities. Brian feels the tremendous responsibility of not only being the parent of a child with special needs, but also as an attorney with the knowledge and ability to assist others in special needs future planning... needed to secure the future of children and adults with special needs.

**Benjamin (Benji) Rubin**, Brian's youngest son, Mitchell's "little/big" brother, graduated from the University of Illinois College of Law, Magna Cum Laude, received his undergraduate degree from Northwestern University, and currently is pursuing his Graduate Law Degree, an LLM (Tax), at Northwestern University. Benji, a partner in the law firm, joined the practice in 2010. Benji is a member of the Academy of Special Needs Planners, a member of the Special Needs Alliance, is Vice Chairman of the American Bar Association Special Needs Planning Committee, serves as the President of SIBS (Supporting Illinois Brothers and Sisters), the Illinois chapter of the national Sibling Leadership Network, is a member of the Board of Directors of The Arc of Illinois, is a member of the Clearbrook Associate Board, and serves on the Advisory Council of Encompass (Encompass in partnership with Jewish Child & Family Services, Jewish United Fund, JVS Chicago, JCC Chicago, Keshet, and The Center for Enriched Living and Center for Independent Futures, seeks to provide adults with I/DD a full array of financially sustainable, community-based services and supports), and is a member of the Board of Directors of the SEDOL (Special Education District of Lake

County) Foundation. Benji is also a Faculty Member for the Illinois Institute for Continuing Legal Education (IICLE). Having Mitchell as a brother profoundly shaped who Benji is today, and thus the type of law he chose to practice. His personal experiences as a sibling offer a unique perspective into the responsibilities that come with caring for a sibling with special needs. Now, as an adult, those sometimes present and future responsibilities he will share with his older sister regarding his brother's care are a concern that he shares with all brothers and sisters of individuals with special needs.

**Judith L. Smith** - Attorney Judie Smith has been licensed to practice law in the State of Illinois since 1985. She has been an associate attorney with Brian Rubin since 1996. Judie's practice, since 1996, has been limited to special needs estate planning and administration for families of individuals with special needs. Judie has handled countless adult guardianship matters for clients in Cook, Lake, McHenry, DuPage and Kane Counties. Her courtroom experience includes preparation and court approval of Medicaid "Pay Back" Trusts (also referred to as "OBRA '93 Trusts" and/or "d4A Trusts", preparation and court approval of trust and estate budgets, as well as preparation and approval of trust and estate annual accountings and annual reports. Judie is a member of the Special Needs Alliance. Judie is also a Faculty Member for the Illinois Institute for Continuing Legal Education (IICLE).

**Melanie B. Hoffman** – Attorney Melanie Hoffman has been licensed to practice law in the State of Illinois since 1993. She began her career with the Office of the Cook County Public Guardian, working on behalf of abused and neglected children, and subsequently working in the Disabled Adult Division, responsible for estate administration and guardianship matters. Melanie left the Office of the Cook County Public Guardian to become an associate of Brian Rubin in 1995. Melanie's practice was limited to estate planning, estate administration and guardianship for families of individuals with special needs. After a period spent raising her family, she renewed her affiliation with Brian Rubin in 2012. Melanie is an affiliate member of the Special Needs Alliance. Melanie is also a Faculty Member for the Illinois Institute for Continuing Legal Education (IICLE).

**Nicole Rosenthal** - Brian Rubin's daughter, and Benjamin's and Mitchell's "big sister" (and assistant mother) joined Rubin Law as office manager and legal assistant in 2001. Nicole's undergraduate degree is in nursing and is a Registered Nurse (RN/BSN). Nicole, as an older sibling, brings an unparalleled understanding of the day-to-day obstacles, and successes that her fellow families of individuals with special needs endure.

**Karen Muschkat** - Karen joined Rubin Law as a legal assistant in 2007. Karen has more than 20 years of extensive experience in the areas of estate planning & estate administration.

**Linda Rubin** - Brian Rubin's wife, joined Rubin Law as a legal assistant in 2001. Linda, as Mitch's Mom, offers an experienced point of view as someone who has lived through all the trials & tribulations that fellow families of individuals with special needs weather.

**Carmen Cuzmanko** – Carmen joined Rubin Law in 2015 as a legal assistant. Carmen is a parent of child with autism.

**Mitchell Rubin** - Brian Rubin's son, who has autism among other diagnosed special needs, also works at Rubin Law on Mondays, shredding documents and greeting clients, among other assigned tasks.