



Please complete the below questionnaire so we are able to provide the best service possible.

Grantor Information

(Must be one of the following: Parent, Grandparent, Guardian or Court)

Grantor Name: Mr./ Ms. _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone (day) number: _____ Cell number: _____

Email Address: _____

Social Security # _____ Date of Birth: _____

Relationship To Beneficiary: _____

Beneficiary Information

Beneficiary Name: Mr./ Ms. _____

Present Address: _____

City: _____ State: _____ Zip: _____

Telephone (day) number: _____

Social Security # _____

Date of Birth: _____ Place of Birth: _____

Medicaid Number (if any): _____

If the Beneficiary is a Minor, please provide:

Mother's Name: _____ SS# _____

Father's Name: _____ SS# _____

If the Beneficiary has a legal representative (such as a legal guardian, conservator, representative payee, power of attorney or other agent) please provide the following information and a copy of the corresponding documentation (**if same as Grantor, please indicate**):

Name: Mr./ Ms. _____

Address: _____

Telephone: (day) _____ (cell) _____

Email Address: _____

Relationship: _____

What is the Beneficiary's disability? Also, if the Beneficiary's condition has been medically diagnosed, what is the diagnosis?

What is the Beneficiary's current Prognosis?

Your Attorney

Name: Mr./ Ms. _____

Address: _____

Telephone: _____

Email: _____

Government Assistance

Please indicate all forms of government assistance that the Beneficiary receives **or is applying for** and the amounts received per month. If you are **not sure**, please attach a copy of your award notice from Social Security or your State Medicaid agency.

| | | | |
|---|----------------------|----------|--------------------|
| Social Security Retirement..... | Yes _____ | No _____ | Amount \$ _____ |
| Social Security Disability Insurance (SSDI)..... | Yes _____ | No _____ | Amount \$ _____ |
| Disabled Adult Child (DAC) or Childhood Disability Benefits (CDB) | Yes _____ | No _____ | Amount \$ _____ |
| Supplemental Security Income (SSI) | Yes: Amount \$ _____ | No _____ | Applying for _____ |
| Statewide Medicaid Managed Care Program for Long Term Care (SMMC-LTC) (Nursing Home and Long Term Care)..... | Yes _____ | No _____ | Applying for _____ |
| Home or Community Based Medicaid Waiver Programs... | Yes _____ | No _____ | Applying for _____ |
| PACE..... | Yes _____ | No _____ | Applying for _____ |
| Medically Needy Program..... | Yes _____ | No _____ | Applying for _____ |
| Statewide Medicaid Managed Care Managed Medical Assistance (SMMC-MMA)..... | Yes _____ | No _____ | Applying for _____ |
| Optional State Supplementation (OSS)..... | Yes _____ | No _____ | Applying for _____ |
| Home Care for the Elderly and Disabled (HCE/DA)..... | Yes _____ | No _____ | Applying for _____ |
| Food Assistance..... | Yes _____ | No _____ | Applying for _____ |
| Veteran's Benefits (Aid and Attendance)..... | Yes _____ | No _____ | Applying for _____ |
| Qualified Medicare Beneficiaries (QMB), Special Low-Income Medicare Beneficiaries (SLMB) or Qualifying Individuals 1 (QI1)..... | Yes _____ | No _____ | Applying for _____ |

List **any other** government assistance that the Beneficiary receives or has applied for:

List all forms of government assistance (including Medicaid programs in Florida or any other state) which have been denied or discontinued to the Beneficiary, including the approximate dates:

Insurance Information

If the Beneficiary is covered under any policy of health care insurance other than Medicaid, please provide the following:

Insuring Company: _____

Policy Number: _____

If the Beneficiary is covered under any prepaid funeral or burial policy or insurance, please provide the following:

Company: _____

Address: _____

Policy Number: _____

We strongly suggest prepaying for funeral or burial arrangements as the Trust cannot pay for these expenses after the death of the Beneficiary.

DESIRES OF GRANTOR FOR USE OF DISTRIBUTIONS FROM TRUST
DURING LIFE OF BENEFICIARY

Please be as thorough as possible when completing this section.
This information is very important when authorizing requests for distributions.

Please explain how you would like to see assets in the Beneficiary's account used to improve the Beneficiary's quality of life. We may require a budget under certain circumstances. If so, we will let you know. Please note that you will NOT be limited to only those items or services listed here.

Please fill out the questions below to assist in the distribution process.

Do you own a home? **YES** **NO**

If yes, please provide the address:

Do you own a vehicle? **YES** **NO**

Are you married? **YES** **NO**

If yes, please provide your spouse's name:

Do you have children? **YES** **NO**

If yes, please provide their names and date of birth:

If possible, please provide the name and address of anyone who can be consulted if reassessing the Beneficiary's supplemental needs becomes useful or necessary in the future. Examples might include family members, a care manager, or even a care management company. *Please indicate whether you would like for each person to be able to request distributions.*

Name: Mr./ Ms. _____

Address: _____

Telephone: _____

Email: _____ Relationship: _____

Able to request distributions: **YES** **NO**

Name: Mr./ Ms. _____

Address: _____

Telephone: _____

Email: _____ Relationship: _____

Able to request distributions: **YES** **NO**

Name: Mr./ Ms. _____

Address: _____

Telephone: _____

Email: _____ Relationship: _____

Able to request distributions: **YES** **NO**

Proof of Grantor's Status to Establish Trust on Behalf of Beneficiary

Under current law, the Beneficiary's parents, grandparents, legal guardian, or a court may establish the Trust on behalf of the Beneficiary. Please include documents that verify that you fall within one of these permissible categories.

ALL GRANTORS MUST PROVIDE A PHOTOCOPY OF THEIR DRIVER'S LICENSE OR OTHER PHOTO IDENTIFICATION

In addition to the Grantor's and Beneficiary's photo I.D., the list below illustrates the types of documents that must be submitted to establish the Grantor's relationship to the Beneficiary or the status to contribute to the Trust.

- | | |
|--------------------------------|---|
| 1. Parent(s) as Grantors. | Include a copy of your son or daughter's birth certificate. |
| 2. Grandparent(s) as Grantors. | Include a copy of your son or daughter's birth certificate and a copy of your grandchild's birth certificate. |
| 3. Legal Guardian as Grantor. | Include a copy of your Letters of Guardianship and a copy of the Court Order authorizing you to sign the Joinder Agreement. |
| 4. Court as Grantor. | Include a copy of the Court Order requiring (not authorizing) the establishment of the Trust account. |

The documents listed above are examples only. Any document that clearly establishes the Grantor's relationship to the Beneficiary, and the status to establish the Trust on behalf of the Beneficiary, will be sufficient.

Understanding Regarding Legal Advice and Distributions from Trust

BY MY SIGNATURE below, I understand and acknowledge that:

- 1) Neither the Non-Profit Trustee, the Co-Trustees, nor any of their employees or agents, have offered or given me any legal advice regarding the Trust, the suitability of the Trustee as it may apply to my particular circumstances or to the particular circumstances of the Beneficiary;
- 2) I understand there will be limitations on how funds may be utilized, including the fact that no payments may be made directly to a Beneficiary and all distributions must directly benefit only the Beneficiary (no gifting);
- 3) Each request for a distribution must be accompanied by a Distribution Request Form (provided in the Welcome Packet) and a bill or a receipt for the expenditure that solely benefits the Beneficiary;
- 4) No distributions may be made after the death of a Beneficiary, including funeral or cremation expenses and I have been advised to prearrange for these services;
- 5) If the Beneficiary is receiving Supplemental Security Income (SSI) there will be additional restrictions regarding distributions which will be detailed in the Welcome Packet;
- 6) If I request that an individual is to be paid for services rendered to the Beneficiary, and the individual providing these services is not in the routine business of providing such services, then there will likely be specific accounting, tax, employment and reporting requirements associated with such employment pursuant to state and federal law which is the sole responsibility of the Beneficiary;
- 7) I have been encouraged to, and have had a full, complete, and fair opportunity to, seek independent tax and legal counsel.

Dated the ____ day of _____, _____.

Grantor