



Over 65 Trust Check List

As part of your application process, please be sure you have completed everything on the checklist below and return this sheet with your application.

- _____ I have read the *Frequently Asked Questions* information relating to Trust.
- _____ The application has been completed
- _____ A copy of the New York State Proof of Disability is enclosed.
- _____ Contact information of the individual knowledgeable in Medicaid law, assisting you with your application, or contractual relationship, is required.
- _____ A Medicaid spenddown letter with spenddown amount included has been provided (if you are depositing monthly income).
- _____ Since this is an Over 65 Trust, I understand that to transfer into the Trust could impact my future long term institutional Medicaid.
- _____ I understand that, since this is an Over-65 Supplemental Needs Trust, I will be discontinued from SSI if I use the Trust.

Signature of Donor/Guardian or POA

Relationship to Beneficiary

Date