

DATE: _____
 RE: POOLED TRUSTS FOR DISABLED
 TO: District _____ Legal Counsel
 THRU: District _____ Economic Self-Sufficiency Services
 FROM: Unit _____, ESS Name: _____

DATE: _____

AFTER DLC REVIEW, RETURN TO DISTRICT PROGRAM OFFICE (ECONOMIC SELF-SUFFICIENCY SERVICES)

1. Name of Disabled Individual:

 First M.I. Last

The written legal opinion of district legal counsel shown in this memorandum is subject to the "OBRA 93 Medicaid Trust Opinion Statement." This opinion is furnished solely to advise Department staff of legal issues related to certain trusts in connection with an individual's application for or receipt of benefits under the Medicaid program in Florida. It may not be relied upon by any other person(s) without the prior written consent of the district legal counsel.

2. Name, address and telephone number of **non-profit association** that established the pooled trust:

District Legal Counsel:
 2. _____ Concur (non-profit status)
 _____ Do not concur
 Review: Master Declaration of Trust

3. The account in the trust was established by the
 _____ Individual _____ Individual's parent
 _____ Individual's guardian _____ Individual's grandparent
 _____ Court

3. _____ Concur
 _____ Do not concur
 Review: Pooled Trust Joinder Agreement

4. Will the individual's assets be maintained in a separate account, although the funds are pooled for investment and management?
 _____yes _____no

4. _____ Concur
 _____ Do not concur
 Review: Pooled Trust Joinder Agreement
 Master Declaration of Trust

5. Does the trust account contain the assets and/or income of only the disabled individual?
 _____yes _____no

5. _____ Concur
 _____ Do not concur
 Review: Pooled Trust Joinder Agreement

6. Was the account established solely for the benefit of the disabled individual?
 _____yes _____no

6. _____ Concur
 _____ Do not concur
 Review: Pooled Trust Joinder Agreement

7. Are both the trust and the document establishing the individual's account irrevocable?
 _____yes _____no

7. _____ Concur
 _____ Do not concur
 Review: Pooled Trust Joinder Agreement
 Master Declaration of Trust

8. Will the state receive all of the funds not retained by the trust and remaining in the trust at the time of the Individual's death (up to the amount of Medicaid benefits paid on behalf of the individual)?
 _____yes _____no

8. _____ Concur
 _____ Do not concur
 Review: Pooled Trust Joinder Agreement
 Master Declaration of Trust

District Legal Counsel Signature **Date**