



State of Rhode Island
Rhode Island Department of Human Services
Long Term Services and Supports

[DATE]

[ATTORNEY NAME], Esq.
[LAW FIRM NAME]
[LAW FIRM STREET]
[CITY/TOWN, STATE ZIP]

RE: Special Needs Trust Review Request and Information Form for [CLIENT NAME]
[CASE FILE ID]

Dear Counselor:

When submitting a special needs trust to Long Term Services and Supports (LTSS) for review, the attorney who prepared the trust should fill out the enclosed Special Needs Trust Information Form (the "Form") completely and return to the Rhode Island Department of Human Services along with a copy of the trust document. The enclosed Form must be included with an executed copy of the complete trust document before the trust will be reviewed as part of the applicant/recipient's eligibility determination for R.I. Medical Assistance benefits ("Medicaid").

Please return the enclosed form and attachments to:
State of Rhode Island | Department of Human Services (DHS)
Mailing: P.O. Box 8709, Cranston, RI, 02920
Email: dhs.ltss@dhs.ri.gov or Fax: 401-574-9915,

Please note that this Form applies only to trusts created pursuant to 42 U.S.C. §1396p(d)(4)(A). If the trust document conforms to the statute and applicable regulations and is approved by the State of Rhode Island, assets in the trust will not count as an available resource during determination of the applicant/recipient's financial eligibility for Medicaid benefits. **If you handwrite any part of the Form, please be sure to write clearly and legibly. Failure to do so may delay the applicant/recipient's Medicaid eligibility determination.** Thank you for your attention to this matter.

Sincerely,

Long Term Services and Supports
RI Department of Human Services

Enclosure

SPECIAL NEEDS TRUST INFORMATION FORM

Part I. General Information

- (a) Name of Beneficiary: _____
- (b) Beneficiary's Social Security Number: _____
- (c) Beneficiary's Date of Birth: _____
- (d) Is beneficiary currently receiving Medicaid? _____
If beneficiary is not currently receiving Medicaid, will a Medicaid application be submitted? _____

If beneficiary is not currently receiving Medicaid, has a Medicaid application been submitted? (If yes, date of submission) _____

- (e) Names and Addresses of Trustees:

- (f) Who established the trust? (check appropriate box)

- Self
- Competent Beneficiary
- Parent or Grandparent
- Court
- Guardian

If established by a court, please provide a copy of court order. If established by a guardian, please provide copy of probate court decree authorizing establishment of trust.

- (g) What is source of assets that will fund the trust initially? _____

- (h) Will funds be added to the trust after the initial funding? _____

Part II. Trust Provisions

Please answer yes or no to the following questions and provide page and paragraph reference to the Trust:

		Y/N	Page and Paragraph Reference
1	Is the trust irrevocable?		
2	Does the trust contain assets of the beneficiary?		
3	Is the beneficiary the sole beneficiary of the trust during his or her lifetime?		
4	Does the beneficiary have a disability as defined by the SSI program of the Social Security Act		
5	Does the trust provide specific language to reimburse any State(s) for medical assistance paid upon the beneficiary's death		
6	Are additions to the trust after the beneficiary attains age 65 prohibited?		
7	Does the trust contain an early termination provision?		
8	Is the beneficiary prohibited from revoking or terminating the trust?		
9	Does the trust prohibit the beneficiary from requiring use of trust principal for the beneficiary's support or maintenance or any other purpose?		
10	Is the trust funded by an annuity?		
11	Does the trust contain a statement that distributions to the trust beneficiary are to supplement and not supplant governmental benefits?		
12	Does the trust state that it will not be funded by annuities or any other funding source which would prohibit the State from a full recovery upon the death of the beneficiary?		
13	Does the trust provide for mandatory distributions of income or principal to the beneficiary?		
14	Does the trust allow payment of any expenses and taxes upon the beneficiary's death or early termination of the trust, prior to reimbursement to any State(s) for medical assistance paid? If so, what payments and expenses?		

Part III. Comments and Signature

COMMENTS:

Attorney Signature

Date

Print Name: _____