Print Form

07-11

Request for Trust/Annuity Clearance

☐ **Cash Assistance or Food Assistance**

Send to:
Cash and/or FA Program Manager, EES, Suite 580 Docking State Office Building, 915 S.W. Harrison Street, Topeka, Kansas 66612

☐ **Medical Assistance**

Send to:
KDHE – DHCF Medical Assistance Manager, Kansas Department of Health and Environment – Division of Health Care Finance, 900 Jackson Street, Room 900-N, Topeka, Kansas 66612-1220

From: _____ Program Administrator or Manager

_____ Supervisor Phone _____ E-Mail _____

_____ Staff Phone _____ E-Mail _____

Applicant or Recipient _____ **(attach CAP1 & CAP2) Disabled?** ☐ Y ☐ N

1. Describe and list approximate value of assets in the trust/annuity.

_____

2. Who owned the assets before they were in the trust/annuity, or what was the source of the funding?

_____

3. If the previous owner is *not* the applicant/recipient, what relation, if any, is the previous owner to the applicant/recipient? _____

4. Name, address & phone of current trustee

_____

If the current trustee is not the applicant/recipient, what relation, if any, is the current trustee to the applicant/recipient? _____

5. If the trust derives from a will (a "testamentary trust"), when did the testator die? _____

6. Has the applicant recently transferred away any other assets? _____

7. If it is not apparent from the face of the trust, how are the trustee and the other beneficiaries related to the applicant/recipient?

_____

8. Is the applicant receiving payments from the trust? ☐ Y ☐ N

If Yes, when and how often? _____

Other information that might help EES/KDHE-DHCF Policy:

_____

Attach a copy of the trust/annuity and any related information or court documents. "Other information" includes information from the applicant or recipient, the medical representative, family members, or attorneys. If the applicant's or recipient's interest in the trust changes upon the death of another person, list whether that person is dead and date of death. If the applicant's or recipient's interest in the trust changes upon the happening of another event, please describe. ***If this request is urgent, note the urgency and the deadline.*** EES or KDHE Policy decides what effect, if any, the trust has on eligibility, although Policy may ask the DCF or KDHE Legal Divisions for advice and interpretation. ***Please do not disclose any Legal Division advice or comments in any communication with or to the applicant, recipient, medical representative, family members, or attorneys, or during any fair hearing.***