

Request for Trust/Annuity Clearance

<input type="checkbox"/> Cash Assistance or Food Stamps Send to: Cash and/or FS Program Manager, EES, Suite 580 Docking State Office Building, 915 S.W. Harrison Street, Topeka, Kansas 66612	<input type="checkbox"/> Medical Assistance Send to: KHPA Medical Assistance Manager, Kansas Health Policy Authority, 900 Jackson Street, Room 900-N, Topeka, Kansas 66612-1220
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From: _____, Program Administrator/Manager
 _____, Supervisor Phone () _____ E-mail _____
 _____, Staff Phone () _____ E-mail _____

Applicant/Recipient: _____ (attach CAP1 & CAP2) Disabled? Y or 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 trustee is a bank, court, or attorney, identify)

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 or N If Yes, when and how often?

Other information that might help EES/KHPA 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 KHPA Policy decides what effect, if any, the trust has on eligibility, although Policy may ask the SRS or KHPA 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.***