

Disability Trust Discussion Topics

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1. Who is the trust for?

Beneficiary Information: Name _____ SS# _____

Address: _____

Date of Birth: _____

Medical/Disability Problems: _____

How old was the beneficiary when the problems began? _____ (i.e. at birth, age 12 years, etc.)

Current Health Coverage: _____

(If Veterans or through employment, attach copy of card)

2. Source of the funds to be placed in the trust

_____ (i.e. immediate gift, transfer at death, injury settlement, life insurance, etc.)

3. Proposed Trustee:

(If you have no proposed trustee, then do you need suggestions? _____ Yes/No)

Trustee Information: Name _____ SS# _____

Address: _____

Background of trustee, and connection (if any) with family of beneficiary:

4. What public benefits, if any, is the beneficiary receiving? Please check below and attach verification of the benefit if available.

_____ SS retirement - Amount: \$_____/month

_____ SS disability - Amount: \$_____/month

\$____ on parent's account as a disabled child before age 22? (DAC – children's SSB OAR 461-135-0830)

\$____ on beneficiary's own work quarters (work history of child)

_____ Pickle Amendment – SSB cost of living raises takes out of SSI

_____ SSI (up to \$552/month in 2003)

_____ Medicare

_____ Medicaid - long term care program? Mental health? Other?

_____ Oregon Health Plan (not regular Medicaid)
_____ Long term care services - nursing, foster, group homes
_____ Mental Health Services - where?
State Hospital? _____ Statutory Claim Amount: \$ _____
Psychiatric Security Review Board Ordered? _____
Community Mental Health Provider? _____

5. What will the funds be used for? What are the needs of the beneficiary?

6. How will the funds be invested?

7. Who will watch over the trustee to reduce the risk that the funds are not misappropriated?
8. Are there any likely predators, who might take or misuse the trust funds? _____
9. When will the funds for the trust be available (the trust must be ready during that calendar month)? _____
10. What state(s) and county will (or might) the disabled person live in after the trust begins?

11. Who will sign the petition to establish the trust (if court order required)?
_____ (Parent, grandparent, guardian or ????)
_____)
12. What is the address of the public agency providing services so that the documents can be sent to it for notice (documents are also sent to Salem medicaid office if Medicaid is involved)
: _____

13. Who are the closest relatives of the disabled beneficiary, who must be sent the documents for notice (crisis trust) or should watch over what happens while trust is operating? (Parents, siblings....close friend or other closest relative)
Name: _____ Name: _____
Address: _____ Address: _____

Relationship: _____ Relationship: _____

ATTACH OTHER NAMES AND ADDRESSES, AND SEND MEDICAL DOCUMENTS AND SOCIAL SECURITY DISABILITY DETERMINATION IF AVAILABLE.

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