

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES INCOME TRUST CHECKLIST

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

To assure that the Income Trust document is acceptable and the trustee has had his/her responsibilities explained, please make sure the following was done.

Monthly gross income to go into trust account exceeds Medicaid Cap.

No other assets, other than income, are included in the trust account.

Applicant is listed as "principal" beneficiary and "Settlor."

Month, day, and year income trust established listed on income trust agreement.

Name of the income trust is the same as the applicant.

Appointed "trustee's" name is listed on trust agreement.

Power of attorney in file for person (s) completing application on behalf of client.

The single state Medicaid agency is listed as "secondary" beneficiary of the trust.

Maintenance of the Trust (Section 5.04) lists the sum of \$10 per month to be retained in the trust. It states also that the "secondary beneficiary" may authorize more than \$10 per month, if warranted.

All signatures relative to trust document (principal beneficiary, trustee, witnesses, and notary) are intact.

A completed "Schedule A" listing income to go into trust is attached to trust document.

All allowable deductions given (personal needs, family maintenance allowance/spousal allocation, home maintenance allowance, health insurance premiums, other allowable deductions) as applicable.

The trustee brochure was explained and given to trustee.

Medicaid Worker: \_\_\_\_\_

County: \_\_\_\_\_

Telephone Number: \_\_\_\_\_