DATE: _____ FLORIDA CASE #: _____ RE: **TRUSTS FOR THE DISABLED** TO: District _____ Legal Counsel THRU: Region _____or Circuit _____ (ACCESS) FROM: Unit _____, ESS Name: _____	DATE: _____ AFTER DLC REVIEW, RETURN TO REGION OR CIRCUIT PROGRAM OFFICE (ACCESS)
1. Name of Individual: _____ First M.I. Last ___Under age 65 ____Disabled per SSA criteria	The written legal opinion of District Legal Counsel shown in this memorandum is subject to the "OBRA 93 Medicaid Trust Opinion Statement." This opinion is furnished solely to advise Department staff of legal issues related to certain trusts in connection with an individual's application for or receipt of benefits under the Medicaid Program in Florida. It may not be relied upon by any other person(s) without the prior written consent of the District Legal Counsel.
2. Name, address and telephone number of attorney or other individual who prepared the trust: _____ _____ _____ The trust was established by: ___ Individual (on or after 12/13/16) ___Parent ___ Grandparent ___ Individual's legal guardian (Attach documentation) ___ Court or administrative body with legal authority to act on behalf of the individual (Attach documentation) ____yes ____no	1. District Legal Counsel: _____Concur _____Do not concur
3. The trust is comprised of: ___ The individual's income (and accumulated income) ___ Assets (Specify)_____ _____ _____	2. District Legal Counsel: _____Concur _____Do not concur
4. Is the trust for the sole benefit of the individual? ____yes ____no	3. District Legal Counsel: _____Concur _____Do not concur
5. Is the trust irrevocable? ____yes ____no	4. District Legal Counsel: _____Concur _____Do not concur
6. Will the state receive all of the funds remaining in the trust at the time of the individual's death (up to the amount of Medicaid benefits paid on behalf of the individual)? ____yes ____no	5. District Legal Counsel: _____Concur _____Do not concur _____ District Legal Counsel Signature Date

September 2018