

DATE: _____ RE: POOLED TRUSTS FOR DISABLED TO: District _____ Legal Counsel THRU: Region _____ or Circuit _____ (ACCESS) FROM: Unit _____, ES Name: _____	DATE: _____ AFTER DLC REVIEW, RETURN TO REGION OR CIRCUIT PROGRAM OFFICE (ACCESS)
1. Name of disabled individual: <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; width: 90%;"> First M.I. Last </div>	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 non-profit association that established the pooled trust: <div style="border-bottom: 1px solid black; width: 90%;"></div> <div style="border-bottom: 1px solid black; width: 90%;"></div> <div style="border-bottom: 1px solid black; width: 90%;"></div>	District Legal Counsel: 2. _____ Concur (non-profit status) _____ Do not concur <div style="text-align: right;">Review: Master Declaration of Trust</div>
3. The account in the trust was established by the <div style="display: flex; justify-content: space-between;"> <div> _____ Individual _____ Individual's guardian _____ Court </div> <div> _____ Individual's parent _____ Individual's grandparent </div> </div>	3. _____ Concur _____ Do not concur <div style="text-align: right;">Review: Pooled Trust Joinder Agreement</div>
4. Will the individual's assets be maintained in a separate account, although the funds are pooled for investment and management? <div style="text-align: center;">_____yes _____no</div>	4. _____ Concur _____ Do not concur <div style="text-align: right;">Review: Pooled Trust Joinder Agreement Master Declaration of Trust</div>
5. Does the trust account contain the assets and/or income of only the disabled individual? <div style="text-align: center;">_____yes _____no</div>	5. _____ Concur _____ Do not concur <div style="text-align: right;">Review: Pooled Trust Joinder Agreement</div>
6. Was the account established solely for the benefit of the disabled individual? <div style="text-align: center;">_____yes _____no</div>	6. _____ Concur _____ Do not concur <div style="text-align: right;">Review: Pooled Trust Joinder Agreement</div>
7. Are both the trust and the document establishing the individual's account irrevocable? <div style="text-align: center;">_____yes _____no</div>	7. _____ Concur _____ Do not concur <div style="text-align: right;">Review: Pooled Trust Joinder Agreement Master Declaration of Trust</div>
8. Will the state receive all of the funds not retained by the trust and 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)? <div style="text-align: center;">_____yes _____no</div>	8. _____ Concur _____ Do not concur <div style="text-align: right;">Review: Pooled Trust Joinder Agreement Master Declaration of Trust</div>
	<div style="border-top: 1px solid black; display: flex; justify-content: space-between;"> District Legal Counsel Signature Date </div>