



## Trust Clearance Request Form

\* Indicates a Required Field

Fill out a separate B-6.2 form for each trust identified in the case file. If requesting an annuity clearance, please complete a B-6.1 form.

* Case Name:		* Worker Name:	
* Case Number:		Phone Number:	
Date of Request:		Supervisor:	

Please list where the document(s) needing to be reviewed can be located in ImageNow.

* ImageNow Doc Type	* Date	* Pages

Please complete all of the following fields and questions as thoroughly as possible. This will aid the policy unit in making a determination as quickly as possible.

Name of Trust	
* Grantor(s)	
* Trustee(s)	
Beneficiary	
Remainder Beneficiary	

1. Is this a special needs trust created for the benefit of a disabled individual? Yes  No
2. Describe the approximate value of assets in the trust. \_\_\_\_\_
3. Who owned the assets before they were in the trust and/or what was the source of the funding?  
\_\_\_\_\_
4. If the person who funded the trust is not the applicant/recipient, how is that person related to the applicant/recipient? \_\_\_\_\_
5. If it is not apparent from the face of the trust, how are the trustee and the other beneficiaries related to the applicant/recipient? \_\_\_\_\_
6. If the trust derives from a will (a "testamentary trust"), when did the testator die? \_\_\_\_\_
7. Has the applicant recently transferred away any other assets? Yes  No

### Trusts require a complete copy of the trust including all schedules.

**If the consumer provides some but not all information, create a task for the information to be reviewed by KDHE Policy prior to denying for failure to provide. In some situations, the information provided may be used to complete clearance.**

If the request is urgent, the Task Priority in KEES must be marked as Urgent Need

*KDHE Eligibility staff decides what effect, if any, there is on eligibility; however, Policy may ask the KDHE Legal Division for advice and interpretation. Do not disclose any Legal Division advice or comments in any communication with or to the applicant, recipient, medical representative, family members, attorneys, or during any fair hearing.*