



**Berkshire County Arc Master Special Needs Pooled Trust
Individual Enrollment Information**

Trust Applicant Information:

Name _____

Age _____ Date of Birth _____

Address _____

Phone _____ SS# _____

Next of Kin _____

Address _____

Phone _____

Residential Information:

Current living situation:

Apartment Home Group home Nursing home Other _____

Does the applicant own real property? Yes No

Address: _____

Does the applicant have a life estate in any real property? Yes No

If yes, please provide a copy of the life estate documents.

Is the property occupied by someone other than the applicant

Is the property being rented

Is the property vacant and being sold

If the applicant is living in an institution such as a nursing home is he/she planning on returning home? Yes No

Has the applicant ever resided in another state? Yes No

If yes, please provide state of residence and dates:

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Does the Trust Applicant have a legal representative such as a:

Power of Attorney Guardian/Conservator Rep Payee Other _____

Name of legal rep _____

Address _____

*A copy of Power of Attorney or Guardianship/Conservator Decree, Petition to Establish an Estate Plan and the Court Order must be submitted with this form.

1. Is the legal rep signing the Joinder Agreement? Yes No
2. Is the Trust Applicant legally competent to sign documents? Yes No

Does the Trust Applicant have a Service Coordinator at DDS? If so:

Service Coordinator _____

Address _____

Phone _____

Trust Applicant Disability Information:

Please describe the Applicant's Medical Diagnosis/Disability:

Intellectual _____

Physical _____

Mental Health _____

Other _____

A disability determination is required to join a pooled trust. Has a determination been made by Social security? Yes No

Has a MassHealth LTC disability determination been made or is one pending Yes No

Trust Applicant Benefit/Income Information:

Social Security Disability Income (SSDI) Monthly amount \$ _____

Supplemental Security Income (SSI) Monthly amount \$ _____

Social Security Retirement Income Monthly amount \$ _____

Annuity Monthly amount \$ _____

Wages Monthly amount \$ _____

Other Monthly amount \$ _____

**Please attach proof of income such as Social Security Benefit Statement*

Does the trust applicant have any of the following insurances:

Mass Health Medicare Other _____

Does the Applicant have a pre-paid funeral? Yes No

Does the Applicant have a Will? Yes No

**We strongly encourage all applicant's to have a pre-paid funeral in place. Permission from MassHealth must be obtained to pay any funeral expenses post death. Attach copy of will if available.*

Disbursement Information: Please note that all disbursements must be for the sole benefit of the Trust Applicant.

Ability of Applicant to request funds: Independent Needs assistance

If applicant is unable to make independent requests, list the person and contact information who is designated and empowered to request funds on the applicant's behalf:

Please list what type of expenses the applicant will access the trust for:

Funding Information:

Pooled Trust Deposit _____

Source of Monies _____

IE: savings, lawsuit settlement, inheritance, other

Remainderperson Information:

Trust Remainder Beneficiaries are person(s) and/or entity(ies) who would receive any funds remaining after the applicant's death after final closing costs, after the Trust's remainder share (5% Applicant dies within first 2 years) or (20% Applicant dies more than 2 years after joining) is paid to Berkshire County Arc and after Medicaid have been satisfied. Please provide below the persons or entities who should receive any balance remaining.

Primary Beneficiary: If more than one please attach page with additional names and addresses.

Name: _____

Address: _____

Relationship to Trust Member _____

Percentage: _____

**Specify what should happen with this share if he/she doesn't survive the applicant.*

Secondary Beneficiary:

Name: _____

Address: _____

Relationship to Trust Member _____

Percentage: _____

**Specify what should happen with this share if he/she doesn't survive the applicant*

Reporting information:

When a pooled trust account is funded there is a legal obligation to report it to the appropriate government agency, either Social Security Administration or Medicaid (MassHealth). The Berkshire County Arc Master Special Needs Pooled Trust attorney can submit the reporting documentation or if you prefer to have your own attorney address this we can provide supporting documentation directly to your attorney. The fee for the legal work to complete your legal duty to report your account can be deducted directly from your trust account. Please indicate below your preference:

I prefer to have the Berkshire County Arc trust attorney complete the reporting requirements for me.

I prefer to have my attorney complete the reporting requirements for me.

By signing below I acknowledge that I understand that this is an irrevocable trust account and I have read and understand the Schedule of Fees. Berkshire County Arc, as Manager of the Special Needs Pooled Trust, is the only person that can authorize a payment be made from a Trust Members account. At no time can a check be issued payable to the Trust Member directly and all disbursements are for the sole benefit of the Trust Member only. I further understand, that upon the death of the Trust Member, no further disbursements other than costs associated with closing the account may be made. This includes funeral related costs, which requires permission from MassHealth to reimburse. Under Massachusetts law, please note that potential creditors of a deceased person have one year from the date of death to bring a claim against assets held in a self-settled trust. For that reason, Berkshire County Arc, Inc.'s policy is to wait until the anniversary of a deceased trust member's death has passed before making any distributions to any named remainder person's.

It is the responsibility of the contact person to notify the Berkshire County Arc Inc, Master Special Needs Pooled Trust of any changes in the trust member's living arrangement, health status, or financial profile and needs. The Berkshire County Arc Inc., Master Special Needs Pooled Trust must also be notified prior to a change in the trust member's contact person.

Signature of person completing form

Relationship to Trust Member

Print name

Please submit this application and any attachments along with the required one time enrollment fee of either \$500 if the trust applicant signs his/her own Joinder Agreement –or- \$600 if a fiduciary agent signs the Joinder Agreement to: *Berkshire County Arc, Po Box 2, Pittsfield, Ma 01202*. The application will be reviewed and if appropriate the Berkshire County Arc Trust attorney will draft a Joinder Agreement for signature.