



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

Trust Applicant Information:

Name _____ Social Security # _____

Age _____ Date of Birth _____ Marital Status _____

Address _____

Email _____ Phone _____

Next of Kin _____

Address _____

Email _____ Phone _____

Residential Information:

Current living situation (circle one):

Home Apartment Assisted living Group home Nursing home
Other

Does the applicant own real property? Yes or No

Address: _____

Does the applicant have a life estate in property? Yes or No ****Attach copy of deed/title****

Is the property occupied by someone other than the applicant? Yes or No

Is the property being rented? Yes or No

Is the property vacant and being sold? Yes or No

If the applicant is living in a nursing home, is he/she planning on returning? Yes or No

All home repairs must directly and solely benefit the trust applicant. The trust cannot pay for home repairs or expenses when an applicant doesn't live in the home, and if anyone else is residing in the home, renting the home, or the applicant has a Life Estate.

Has the applicant ever resided in another state? Yes or No

If yes, please provide state of residence and dates: _____

Does the Trust Applicant have a legal representative such as a (circle applicable):

Power of Attorney Guardian/Conservator Rep-Payee Other _____

Name of legal rep _____

Address _____

Email Address _____ Phone _____

Is the trust applicant legally competent to sign documents? Yes or No

Is the above legal representative signing the Joinder Agreement? Yes or No

A copy of Power of Attorney or Guardianship/Conservator Decree, Petition to Establish an Estate Plan and the Court Order authorizing creating and funding of a pooled trust must be submitted with this application.

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

Name _____

Address _____

Phone _____ Email _____

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 or No

Has a MassHealth LTC disability determination been made? Yes or No

If no, who will be completing a LTC disability determination? _____

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/Pension	Monthly amount	\$ _____
Wages	Monthly amount	\$ _____
Other	Monthly amount	\$ _____

Please attach a copy of SSDI/SSI Social Security Award Letter

Does the trust applicant have any of the following insurances? (circle applicable):

MassHealth Medicare Other _____

Does the applicant have a pre-paid funeral? Yes or No

Does the applicant have a Will? Yes or No

We strongly encourage all applicants 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 applicable.

Disbursement Information:

Ability of applicant to request funds (circle applicable): Independent Needs assistance

If applicant is unable to make independent requests, please list the person (s) who is designated and empowered to request funds on the applicant's behalf.

Name: _____ Name: _____

Address: _____ Address: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Relationship: _____ Relationship: _____

Other information you would like us to know or other comments: _____

Funding Information:

Pooled Trust Deposit

Source of monies _____
e.g.: savings, personal injury settlement, inheritance etc.

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

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, attach page with additional names and addresses.

Name _____

Address _____

Relationship to applicant _____

Percentage: _____

Specify what should happen with this share if he/she predeceases the applicant

Secondary Beneficiary: If more than one attach page with additional names/addresses

Name _____

Address _____

Relationship to applicant _____

Percentage: _____

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 applicant

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.