ZACHARIA FREY
ESTATE PLANNING | ELDER LAW | ASSET PROTECTION

Qualified Income Trust

Family information form

Florida Medicaid will not pay for long-term care when a person's gross monthly income is over the income cap, unless the income over the cap goes into a qualified income trust (QIT) every month. The trust is a legal document an attorney drafts. The bank account and the monthly deposit are what keep Medicaid in place.

Complete what you can and return this form to Zacharia Frey PLLC. We will call within one business day about a QIT Review. For $250, the firm reviews the information and documents you provide and prepares a personalized report like the sample that came with this form: how much goes into the trust each month, what is owed toward care, and what the trustee does each month. The $250 fee can be applied toward other legal services you engage the firm to provide, including creation of the Qualified Income Trust.

Please do not write Social Security numbers or bank account numbers on this form. We collect those directly, later, when the trust is being prepared.

1. The person who needs the trust

Full legal name

Date of birth

Current address (street, city, state, ZIP)

Phone

Email, if any

Marital status ◯ Single ◯ Married ◯ Separated ◯ Divorced ◯ Widowed

A veteran, or the surviving spouse of a veteran? ◯ Yes ◯ No ◯ Not sure

2. Care and the Medicaid application

Where care is, or will be, provided

◯ Nursing home ◯ Assisted living or memory care ◯ At home ◯ PACE ◯ Not sure yet

Facility, agency, or program name

Admission or start date

The Medicaid application

◯ Has been filed ◯ Is being prepared ◯ Not started ◯ Not sure

DCF case number, if any

DCF caseworker

Caseworker phone

Facility business office contact

Phone

Email

3. Who is completing this form

Your name

Relationship to the applicant

Phone

Email

Best way to reach you ◯ Phone call ◯ Text ◯ Email

Best days and times to call

4. Power of attorney, and who will sign the trust

The trust is signed by the applicant, or by the agent under a durable power of attorney when the applicant can no longer sign. Under Florida law the power of attorney must specifically authorize the agent to create a trust, so we will ask for a copy of the document.

Does the applicant have a durable power of attorney? ◯ Yes ◯ No ◯ Not sure

Agent's name

Relationship

Agent's phone | **Agent's email** | **Date signed**

Who will sign the trust?

◯ The applicant ◯ The agent under the power of attorney ◯ A court-appointed guardian ◯ Not sure

If there is a guardian: county, case number, and the guardian's name

5. The trustee and the successor trustees

The trustee opens the trust's bank account, makes the monthly deposit, pays the facility or care provider from the trust, and sends DCF the statements it asks for. It is usually an adult child or the spouse. The applicant cannot be the trustee. Name a first and a second successor in case the trustee cannot serve.

Trustee

Full name | **Relationship to the applicant**

Phone | **Email** | **City and state**

First successor trustee

Full name | **Relationship to the applicant**

Phone | **Email** | **City and state**

Second successor trustee

Full name | **Relationship to the applicant**

Phone | **Email** | **City and state**

6. The applicant's monthly income, gross

Write each source of income on its line: the gross monthly amount, and who pays it. Gross means before anything is taken out, including the Medicare Part B premium; use the award letter, not the bank deposit. An IRA paid yearly or quarterly: divide by 12. Leave blank what does not apply.

		Gross monthly	Paid by
Social Security and retirement			
Social Security (gross)	$		
Pension or retirement	$		
Second pension or retirement	$		
Annuity payment	$		
IRA or 401(k) distribution (monthly)	$		
VA benefits (use the award letter)			
VA pension, basic part	$		
VA aid and attendance or housebound part	$		
VA medical expense allowance	$		
VA DIC (survivor compensation)	$		
VA disability compensation	$		
VA $90 nursing home pension	$		
Other income			
Rental income	$		
Long-term care insurance benefit (monthly)	$		
Other income	$		

Long-term care insurance: only a policy that pays a set amount whatever the charges. The monthly amount is the daily benefit times 30.

7. Health insurance premiums

Is the Part B premium taken out of the Social Security check? ◯ Yes ◯ No ◯ Not sure

		Monthly premium	Insurance company
Medicare Part B	$		
Medigap or Medicare Advantage	$		
Part D drug plan	$		
Dental or vision policy	$		
Retiree or other health plan	$		
Long-term care insurance premium	$		

8. The spouse, if the applicant is married or separated

Skip this section if the applicant is single, divorced, or widowed (marital status is in section 1). Medicaid may allow part of the applicant's income to go to a spouse at home, which lowers what is owed toward care; the spouse's own income and the housing costs in section 9 decide how much.

Spouse's full name

Date of birth

The spouse

◯ Lives at home or in the community ◯ Is also in a facility ◯ Is also applying for Medicaid
◯ Is already on Medicaid

		Gross monthly	Paid by
Spouse's Social Security (gross)	$		
Spouse's pension or retirement	$		
Spouse's annuity	$		
Spouse's IRA or 401(k) distributions	$		
Spouse's other income (wages, rent, interest)	$		

Spouse allowance on a DCF notice, if one has been issued

Date of that notice

9. Monthly housing costs

For the home the applicant lives in, or the spouse lives in if the applicant is in a facility. A yearly bill (property taxes, insurance, a yearly HOA fee): divide by 12.

		Monthly amount	Paid to
Rent or mortgage payment	$		
Property taxes	$		
Homeowners or renters insurance	$		
HOA, condo, or homeowners association fees	$		
Electric, water, gas, trash	$		

10. If a trust was already set up and is not working

Most families skip this section. It is for a trust that was set up earlier and is not doing its job: the deposit is short, money is piling up in the trust while the facility goes unpaid, or DCF has not accepted it. We review and repair an existing trust the same way we set up a new one.

Was a qualified income trust already set up for the applicant? ◯ Yes ◯ No ◯ Not sure

Bank

Date opened

Balance today

Monthly deposit being made

Current trustee

Has DCF accepted the trust? ◯ Yes ◯ No ◯ Pending ◯ Not sure

What is going wrong, and anything else we should know: denials, DCF notices, deadlines

11. Accounts and other regular bills

Approximate figures are fine. The checking balance on the first of the month, before that month's income arrives, is what the plan works from; the bills tell us what the allowance has to cover.

Checking and savings on the 1st of the month, approximately

Other countable assets, approximately

Does the applicant own a home? ◯ Yes ◯ No

		Monthly amount	Paid to, or notes
Assisted living room and board (monthly rate)	$		
Private caregivers beyond what the program covers	$		
Prescriptions and medical costs not covered	$		
Phone, internet, TV	$		
Clothing, toiletries, personal needs	$		
Other regular bills	$		

12. Questions and notes

Anything you want us to know, or questions you want answered on the call

13. Consent, and where to send this form

By returning this form I ask Zacharia Frey PLLC to contact me about a qualified income trust for the person named in section 1. I understand that returning the form does not create an attorney-client relationship and does not obligate me to hire the firm; that the firm keeps this information confidential; and that the facility or organization that gave me this form is not paid by the firm, does not give legal advice, and makes no recommendation about whether to hire it.

Signature

Date

Return this form

Save this form after filling it in, so your answers are kept, then send the saved copy.

Email: intake@zacfreylaw.com Phone: (239) 345-4545

Online: the same questions can be answered at zacfreylaw.com/tools/qit-guide/request

Mail: Zacharia Frey PLLC, 26811 South Bay Drive, Suite 270, Bonita Springs, FL 34134