| Date of Birth | Case Number | |
|--|--|--|
| County | Telephone Number | |
| Ongoing Case | Date Review is Needed | |
| | | |
| Medicaid Nursing Care Medicaid Non-Nursing Care ACA Medicaid Expansion SNAP | | |
| LIHEAP Other (specify): | | |
| Information below is not needed for SNAP | | |
| If Spousal, Name of Applicant/Reci | pient's Spouse | |
| If Spousal, Date Applicant/Recipien | t Entered Nursing Home or HCBS | |
| | | |
| | | |
| Trustor (individual who established the trust)? | | |
| Trustee (individual who manages the trust)? | | |
| Beneficiary (recipient of the income or assets of the trust)? | | |
| Is this a possible disqualifying transfer? | | |
| | | |
| Attach the following: | | |
| A copy of the entire trust document (signed, dated, and notarized) | | |
| All attachments, including the Schedule or Exhibit listing the trust property | | |
| ☐Deeds transferring property to or from the trust (if applicable) | | |
| Other relevant documents relating to trust assets, which indicate the following information: | | |
| What assets were transferred to the trust When the asset was transferred to the trust Who transferred the asset to the trust Whether any assets were removed from a revocable trust | | |
| | County Ongoing Case ACA Medicaid Expansion If Spousal, Name of Applicant/Recipien If Spousal, Date Applicant/Recipien Yes No Yes No Yes No Yes No Otarized) he trust property ole) Indicate the following information: | |

If any of the information requested above is missing, it may result in delays in the Legal Advisory Unit's ability to complete your request.

Send information to:

Department of Human Services Legal Advisory Unit State Capitol - Judicial Wing 600 E Boulevard Ave - Dept 325 Bismarck ND 58505-0250