

FUTURE CARE: FIRST PARTY POOLED TRUST

SUBMISSION CHECKLIST

As part of your application, please be sure you have completed everything on the checklist below. Return this checklist with your application. Please do NOT enclose requests for disbursements, bills, etc.

- The Sponsor Agreement is signed and notarized by the appropriate individual. *If signed by Guardian or POA, a copy of the legal document granting authority, including court order if applicable is enclosed.*
- The Beneficiary Profile is completed and signed. It does not need to be notarized.
- A money order or bank check payable to "Future Care Trust". Please make a note: FBO: (Beneficiary's name) in the memo line.
- A copy of your Medicaid card.
- A copy of your Medicare card.
- A copy of your Social Security card and Social Security Award Letter.
- A copy of your Disability Determination from the Social Security Administration or Department of Human Services (DHS) Medicaid Office.
- A copy of your DHS Medicaid letter identifying Spend Down amount if applicable.
- Photo Identification: NYS driver license or NYS issued non-driver ID

**ALLOW a MINIMUM of 45 DAYS FOR PROCESSING
INCOMPLETE SPONSOR AGREEMENTS WILL BE RETURNED**

By signing below you acknowledge and agree you have read the Information and Procedures, as well as the Questions and Answers, and have completed the Trust Application Sponsor Agreement and Beneficiary Profile.

SIGNATURE of SPONSOR/GUARDIAN

RELATIONSHIP TO BENEFICIARY

DATE _____