



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, run the figures, and send an estimate like the sample report 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. There is no charge for that call or that estimate.

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

Gross means before anything is taken out, including the Medicare Part B premium. Use the award letters and the latest statements. Leave blank what does not apply. For VA benefits, the award letter shows the basic pension and the aid and attendance or housebound part separately; both matter.

	Monthly amount	Paid by, or notes
Social Security (gross)	\$	
Pension or retirement	\$	
Second pension or retirement	\$	
Annuity payment	\$	
IRA or 401(k) distributions (monthly)	\$	
VA pension, basic part	\$	
VA aid and attendance or housebound	\$	
VA compensation or DIC	\$	
Rental income	\$	
Long-term care insurance (daily benefit)	\$	
Other income	\$	

7. Health insurance premiums

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

	Monthly premium	Insurer, or notes
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. 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 shelter costs 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

	Monthly amount	Paid by, or notes
Spouse's Social Security (gross)	\$	
Spouse's pension or retirement	\$	
Spouse's annuity	\$	
Spouse's IRA or 401(k) distributions	\$	
Spouse's other income	\$	

The spouse's monthly shelter costs

Rent or mortgage payment	\$	
Property taxes (monthly share)	\$	
Homeowners or renters insurance	\$	
HOA or condo fees	\$	

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

Date of that notice

9. 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

10. Accounts and 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	\$	
Rent, mortgage, taxes, insurance, utilities (at home)	\$	
Phone, internet, TV	\$	
Clothing, toiletries, personal needs	\$	
Other regular bills	\$	

11. Questions and notes

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

12. 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