

Trust Reporting Form

This form is only to be used by the Division of Public Assistance to notify the Division of Health Care Services when an individual uses a Medicaid Qualifying Trust to qualify for Medicaid benefits. Once the Policy unit has approved the trust document and Medicaid benefits are authorized, the Eligibility Technician sends this completed form and a copy of the trust to dmatpl@alaska.gov.

Type of Medicaid Qualifying Trust

- Qualifying Income Trust (Miller Trust)
- Special Needs Trust
- Pooled Trust

Medicaid Recipient Information

Name: _____ DOB: _____

Case Number: _____ Client ID: _____

Cell Phone Number: _____ Home Phone Number: _____

Physical Address: _____

Mailing Address: _____

Trustee Information

Trustee Name: _____ Relationship to Client: _____

Work Phone Number: _____ Cell Phone Number: _____

Home Phone Number: _____

Trustee Physical Address: _____

Trustee Mailing Address: _____

Trust Account Information

Trust Account Bank: _____

Bank Address: _____

Account Number: _____ Date Trust Registered: _____

Other Trust Information

Attorney Name: _____

Attorney Address: _____

Emergency Contact (other than Trustee): _____

Relationship to Client: _____ Work Phone Number: _____

Cell Phone Number: _____ Home Phone Number: _____

Address: _____

Approval Information

Eligibility Technician Completing Form: _____

DPA Office: _____ Phone: _____ Email: _____

Date Approved by Policy: _____ Approved By: _____