

Ohio Department of Medicaid
QUALIFIED INCOME TRUST VERIFICATION

INDIVIDUAL INFORMATION		
Individual Name <i>(Last, First, MI)</i>		Date of Birth <i>(mm/dd/yyyy)</i>
Medicaid ID Number <i>(12 digits)</i>		Case Number
Individual Street Address		Apt/Unit Number
City	Zip Code	County
TRUST INFORMATION		
Name of Trustee <i>(Last, First, MI)</i>		Date Trust Established <i>(mm/dd/yyyy)</i>
Name of Location where Trust Account Established		
Street Address		Building/Unit Number
City	State	Zip Code
Account Name		Account Number
Account Contact Name		Account Contact Phone Number
Source of Income <i>(select all that apply)</i> <input type="checkbox"/> Social Security <i>Amount:</i> <input type="checkbox"/> Veteran Benefit (VA Pension) <i>Amount:</i> <input type="checkbox"/> Railroad Retirement <i>Amount:</i> <input type="checkbox"/> Company Retirement <i>Company Name:</i> <i>Amount:</i> <input type="checkbox"/> Other <i>(specify source):</i> <i>Amount:</i>		
Amount to be Deposited into Trust	Effective Date of Deposit <i>(mm/dd/yyyy)</i>	Monthly Account Maintenance Fee
Trustee Signature		Date <i>(mm/dd/yyyy)</i>

Completed document should be submitted to the local county department of job and family services (CDJFS). Contact information for the CDJFS can be found at http://jfs.ohio.gov/County/County_Directory.pdf

If the monthly account maintenance fee is higher than the approved amount, please submit this form to QIT@medicaid.ohio.gov.

FOR ODM USE ONLY:	
Has an exception to allow the higher account maintenance fee been approved by ODM?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Approved By	Date Exception Approved <i>(mm/dd/yyyy)</i>