



THE DISABILITY FOUNDATION

1401 S. Main Street, Suite 100, Dayton, OH, 45409 | Phone (937) 225-9939
www.disability-foundation.org

Beneficiary Profile

Please complete and return to the above office by mail or email.

1. KeyBank Account No. _____

2. Personal Representative Contact Information

Preferred Title Mr. Mrs. Ms. Other _____ Name _____
Phone _____
Address _____ City _____
State _____ Zip _____

Is this a new address? No Yes

Email address: _____

3. Beneficiary Contact Information (Report where the Beneficiary sleeps even if mailing address is different)

Preferred Title Mr. Mrs. Ms. Other _____ Name _____
Phone _____ Date of Birth _____
Address _____ City _____
State _____ Zip _____

4. Is this a new address? No Yes

Type of Residence	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Group Home
<input type="checkbox"/> ICF/ID	<input type="checkbox"/> Apartment	<input type="checkbox"/> Subsidized Housing (HUD, Section 8, etc.)	
<input type="checkbox"/> House Owned by Beneficiary	<input type="checkbox"/> House Owned by Family/Friend		
<input type="checkbox"/> Other	_____		

5. Beneficiary's Income Sources (Attach a Benefit Verification Letter if Beneficiary receives any type of Social Security benefit) **Check this box if the Beneficiary is not entitled to income from any source**

Wages	<input type="checkbox"/> Does Not Receive	<input type="checkbox"/> Receives per month \$
Social Security Retirement	<input type="checkbox"/> Does Not Receive	<input type="checkbox"/> Receives per month \$
Social Security Disability Insurance (SSDI)	<input type="checkbox"/> Does Not Receive	<input type="checkbox"/> Receives per month \$
Childhood Disability Benefit <small>(Adult child disabled prior to age 22 receives parent's SS benefit)</small>	<input type="checkbox"/> Does Not Receive	<input type="checkbox"/> Receives per month \$
Supplemental Security Income (SSI)	<input type="checkbox"/> Does Not Receive	<input type="checkbox"/> Receives per month \$
VA Benefits/Type: _____	<input type="checkbox"/> Does Not Receive	<input type="checkbox"/> Receives per month \$
Railroad Retirement Benefit	<input type="checkbox"/> Does Not Receive	<input type="checkbox"/> Receives per month \$

Child Support	<input type="checkbox"/> Does Not Receive	<input type="checkbox"/> Receives per month \$ _____
Pension	<input type="checkbox"/> Does Not Receive	<input type="checkbox"/> Receives per month \$ _____
Other _____	<input type="checkbox"/> Does Not Receive	<input type="checkbox"/> Receives per month \$ _____
Check For Above Made Payable To	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Other _____

6. Does the Beneficiary have any government benefit applications pending? No Yes
 If yes, type of application _____ Date filed: _____
7. Is the Beneficiary in a period of Medicaid restricted eligibility or penalty period? No Yes
 If yes, date penalty period ends _____
8. Has the Beneficiary been denied government benefits or have benefits been terminated?
 No Yes – Explain: _____
9. Medical Coverage

Medicaid	<input type="checkbox"/> Does Not Receive	<input type="checkbox"/> Receives (Check type below)
Type:	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> RSS
	<input type="checkbox"/> Healthy Start	<input type="checkbox"/> Healthy Families
	<input type="checkbox"/> Other	<input type="checkbox"/> MAGI
		<input type="checkbox"/> Aged, Blind, or Disabled (ABD)
Waiver	<input type="checkbox"/> Does Not Receive	<input type="checkbox"/> Receives (Check type below)
Type:	<input type="checkbox"/> Passport	<input type="checkbox"/> Home Care
	<input type="checkbox"/> Level One	<input type="checkbox"/> SELF
	<input type="checkbox"/> MyCare Ohio	<input type="checkbox"/> Transitions
		<input type="checkbox"/> Individual Options (I/O)
		<input type="checkbox"/> Assisted Living
		<input type="checkbox"/> Other _____

Does the Beneficiary Have a Qualified Income Trust / Miller Trust?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Medicare	<input type="checkbox"/> Does Not Receive	<input type="checkbox"/> Receives
Marketplace Health Insurance	<input type="checkbox"/> Does Not Receive	<input type="checkbox"/> Receives / Mo. Premium \$ _____
Private Health Insurance	<input type="checkbox"/> Does Not Receive	<input type="checkbox"/> Receives / Mo. Premium \$ _____
Other Health Insurance _____	<input type="checkbox"/> Does Not Receive	<input type="checkbox"/> Receives / Mo. Premium \$ _____

10. Other Benefits

Food Assistance	<input type="checkbox"/> Does Not Receive	<input type="checkbox"/> Receives per month \$ _____
Medicare Premium Assistance	<input type="checkbox"/> Does Not Receive	<input type="checkbox"/> Receives
Other		
Irrevocable Preneed Burial	<input type="checkbox"/> Does Not Have	<input type="checkbox"/> Has Purchased

I declare that the information provided on this form is accurate and current.

 Printed Name of Personal Representative

 Date

 Signature of Personal Representative

Instructions:

1. KeyBank Account no.

This is the participant ID number assigned by KeyBank when the account is opened. You will not have this number when initially opening an account.

2. Personal Representative Contact Information

Self-explanatory

3. Beneficiary Contact Information

This is the person with the disability for whom the trust account was opened.

Type of residence:

What kind of home does the beneficiary live in?

4. Beneficiary's Income; This is very important. Depending on the source of income, the trust can be used for different purposes. Please provide a copy the verification (award) letter if you can and give us the monthly amount of each benefit.

5. Does the Beneficiary have any government benefit applications pending?

Call us if confused.

6. Is the Beneficiary in a period of Medicaid restricted eligibility or penalty period?

Call us if confused.

7. Has the Beneficiary been denied government benefits or have benefits been terminated?

Call us if confused.

8. Medical Coverage

Please answer as many of the questions as you can. Again- this is very important. A Miller Trust / QIT is not common. However, it is a mechanism to reduce income when the beneficiary cannot meet Medicaid income standards.

9. Other Benefits

Self-explanatory