



Objectives for the First-Party Pooled Special Needs Trust

The following information will be helpful in understanding how the trust will meet the needs of the Beneficiary. Please complete and return this form to CCT as soon as possible. If needed, additional information can be included on a separate sheet of paper.

Name of Beneficiary: _____ **CCT Account #:** _____

Name of Advocate: _____

Note: Approval of disbursement requests is subject to the terms of the document or order creating the Beneficiary’s trust fund and to the federal and state laws and regulations pertaining to public benefits received, such as Supplemental Security Income (SSI) and Medicaid.

Commonwealth Community Trust’s (CCT) objective in meeting the needs of the Beneficiary is to provide a fiduciary service that will ensure the following:

- Client funds are managed prudently
- Terms of the governing documents are met
- Funds are disbursed for the sole benefit of the Beneficiary

Please describe the primary goals for the trust:

How long do you anticipate the trust will last? _____

Check the items for which you anticipate requesting disbursements from the trust:

- | | |
|--|---|
| <input type="checkbox"/> Medical services, equipment, and medication not covered by Medicaid or Medicare | <input type="checkbox"/> Pre-paid funeral/burial expenses |
| <input type="checkbox"/> Special educational needs | <input type="checkbox"/> Modifications to home and/or vehicle to accommodate disability |
| <input type="checkbox"/> Home Care Assistance | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Electronic Equipment (computer, television, etc.) | _____ |
| <input type="checkbox"/> Clothing | _____ |
| <input type="checkbox"/> Vehicle | _____ |

Signature of Advocate: _____ **Date:** _____

Signature of Beneficiary: _____ **Date:** _____