DATE: FLORIDA CASE #: RE: TRUSTS FOR THE DISABLED TO: District Legal Counsel THRU: Region or Circuit (ACCESS) FROM: Unit, ESS Name:		DATE: AFTER DLC REVIEW, RETURN TO REGION OR CIRCUIT PROGRAM OFFICE (ACCESS)
1.	Name of Individual: First M.I. Last Under age 65Disabled per SSA criteria	The written legal opinion of District Legal Counsel shown in this memorandum is subject to the "OBRA 93 Medicaid Trust Opinion Statement." This opinion is furnished solely to advise Department staff of legal issues related to certain trusts in connection with an individual's application for or receipt of benefits under the Medicaid Program in Florida. It may not be relied upon by any other person(s) without the prior written consent of the District Legal Counsel.
2.	Name, address and telephone number of attorney or other individual who prepared the trust:	District Legal Counsel: ConcurDo not concur
	The trust was established by: Individual (on or after 12/13/16) Parent Grandparent Individual's legal guardian (Attach documentation) Court or administrative body with legal authority to act on behalf of the individual (Attach documentation)yesno	
3.	The trust is comprised of: The individual's income (and accumulated income) Assets (Specify)	District Legal Counsel: ConcurDo not concur
4.	Is the trust for the sole benefit of the individual?yesno	3. District Legal Counsel: ConcurDo not concur
5.	Is the trust irrevocable?yesno	4. District Legal Counsel: ConcurDo not concur
6.	Will the state receive all of the funds remaining in the trust at the time of the individual's death (up to the amount of Medicaid benefits paid on behalf of the individual)? yesno	5. District Legal Counsel: ConcurDo not concur
		District Legal Counsel Signature Date

September 2018