

# WELCOME TO NYSARC, INC. TRUST SERVICES

As part of your application, please be sure you have completed everything on the checklist below and return this sheet with your application.

## COMMUNITY TRUST II SUBMISSION CHECKLIST

\_\_\_\_\_ You have read the Information & Procedures and Questions & Answers pertaining to the trust program.

\_\_\_\_\_ The Joinder Agreement is complete with no unanswered questions.

\_\_\_\_\_ You have provided the contact information of the individual knowledgeable in Medicaid law assisting you with your application *(required)*.

\_\_\_\_\_ The Joinder Agreement is signed by the appropriate individual on both pages 6 and 11 . *(If signed by a guardian or POA, you must enclose a copy the of legal document granting authority. POA must grant specific authority to "establish and fund trust").*

\_\_\_\_\_ The Joinder Agreement is notarized on page 11.

\_\_\_\_\_ Guaranteed funds payable to NYSARC, Inc. Community Trust enclosed *(Money order or Cashiers check only. No personal checks).*

\_\_\_\_\_ You have enclosed a copy of your Social Security Card *(No substitutes)*.

\_\_\_\_\_ You have enclosed a copy of your Social Security Award letter, indicating type of benefit received and claim number.

\_\_\_\_\_ NO requests for disbursements, bills, or invoices are enclosed. *(Any disbursement information enclosed will be returned to sender).*

**ALLOW A MINIMUM OF 45 DAYS FOR PROCESSING.**

**INCOMPLETE JOINDER AGREEMENTS WILL BE RETURNED.**

\_\_\_\_\_  
SIGNATURE OF DONOR/GUARDIAN

\_\_\_\_\_  
RELATIONSHIP TO BENEFICIARY

\_\_\_\_\_  
DATE