

QUALIFIED INCOME TRUST

PURPOSE: To provide a fillable template for participants to create a Qualified Income Trust.

NUMBER OF COPIES AND DISPOSITION: The original is retained by the participant or his/her authorized representative. One copy is retained by the Family Support Division.

RETENTION: Permanent

REFERENCE: Income Maintenance Manual Section [1025.015.04.01.02](#)

INSTRUCTIONS FOR COMPLETION:

Enter the following information.

Opening:

- Name of the Grantor (participant)
- Date the trust is being created
- Name of Grantor (participant)
- Participant's address
- Name of trustee
- Trustee address

Article One:

1.1

- Name of the Grantor (participant)
- Name of the Trustee
- Name of the Grantor (participant)

1.2

- Name of the Grantor (participant)
- Grantor's (participant's) date of birth

Article Four:

4.2

- Name of individuals or instructions for distribution of funds remaining after Missouri is reimbursed for MO HealthNet benefits paid on behalf of the Grantor (participant).

Article Five:

5.1

- Name of Trustee

5.2

- Name of Successor Trustee

Article Six:

6.5

- Signature of Grantor (participant)
- Signature of Trustee
- Notary information for Grantor (participant) signature
- Notary signature
- Notary information for Trustee signature
- Notary signature