

## **Instructions for 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 their authorized representative. One copy is retained by the Family Support Division.

**RETENTION:** Permanent

**REFERENCE:** FSD Policy Manual [10.3.2 Non-Liquid Resources](#)

### **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