

Future Planning Funding Application

Are you the parent or caregiver of a person with an Intellectual Developmental Disability and/or mental health condition and concerned about their future?

Trillium Health Resources' **Future Planning** initiative provides education/outreach and financial assistance to members/parents/family members/caregivers with regard to planning for long term support. In these situations it is important to plan ahead to ensure the individual has adequate financial resources when the family member/care giver is no longer available to support the individual.

- Without the correct financial planning, your loved one can potentially be subject to repayment of Medicaid benefits. They may also lose government assets may count against them in qualifying for future Medicaid and SSI benefits **AND** they can lose government benefits they currently receive (Medicaid, SSI, Food Stamps, Section 8).
- Planning ahead enables you to ensure the financial assets you want to leave for your loved one is used for their care and does not interfere with receiving government benefits.
- In addition, members who are interested in working and maintaining their government benefits may benefit from learning about options to protect their financial resources for their future.

Trillium has funding available for eligible individuals to **assist with paying attorney fees** for the completion of **Special Needs Trusts or ABLE** accounts.

Eligibility for Future Planning financial assistance:

- Individuals 3 years of age and older;
- who have an Intellectual/Developmental Disabilities (I/DD) and/or mental health condition that requires long term care/support, and

All requests must be directly related to the individual meeting this eligibility.

To request **Future Planning** financial assistance, please complete the attached application and submit to Trillium at the address listed below. Applications will be reviewed in the order they are received. Once approved you will be contacted to discuss next steps.

If you have any questions about the application, or at any time during the application process, please contact the Trillium Call Center at 1-866-998-2597 and ask for Sarah Beaver or email FuturePlanning@TrilliumNC.org.

MAIL COMPLETED APPLICATION TO:

Trillium Health Resources

Attn: Future Planning

201 West First St.

Greenville, NC 27858-1132

Or email to: FuturePlanning@TrilliumNC.org

Application Begins On Next Page.

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Please complete the entire form; incomplete form requests will not be processed.

| | | | |
|---|--------|------|--|
| Full Name | | | |
| Date of Birth | | | |
| Mailing Address | | | |
| | Street | City | Sate Zip Code |
| Contact Person | | | Telephone Number for Contact Person |
| Email Address | | | |
| Type of Insurance (if any) | | | |
| Insurance ID #(s) | | | |
| | | | |
| | | | |
| Please indicate below what you are requesting (Funding for Special Needs Trust attorney fees, ABLE account attorney fees) | | | |
| <input type="checkbox"/> Special Needs Trust Attorney Fees <input type="checkbox"/> ABLE Account Fees | | | |

By signing this application, I understand approval may be subject to availability of funding and acceptance of this application does not guarantee request will be granted.

Printed Name _____ Signature _____
 Date _____
 (mm/dd/yyyy)

Mail completed application and required documentation to:
 Trillium Health Resources
 Attn: Future Planning
 201 West First St.
 Greenville, NC 27858-1132