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KTS Application Instructions

Please use this as a guide to help you complete the beneficiary profile sheet and the joinder agreement properly.

Your application must be signed by the applicant or by a power of attorney on pages 6 and 11. On page 11 you will need your signature notarized, with the notary and signature dates matching.

Beneficiary Profile Sheet:

- 1: Name, address, phone number, and social security number of the applicant.
- 2: Name, address, phone number, and social security number of the applicant.
- 3: Complete with the applicant's information to the best of your ability.
- 4: Answer no, unless there is a court ordered guardianship.
- 5: Answer yes, and indicate your monthly spend-down deposit.
- 6: Indicate the source of your monthly income and fill in the amount. If you already have Medicaid, please indicate with your Medicaid number.
- 7: Indicate living arrangement of the applicant.
- 8: Indicate other services the applicant receives, for example MLTC, homecare, or social adult day care.
- 9: Answer no, unless there is a court appointed guardian signing the application.
- 10: Answer "self". The donor and beneficiary are both the applicant.
- 11: Indicate yes to receive an emailed monthly statement.

12: Indicate who should receive the welcome packet and add the information for the authorized representative who will be the primary point of contact for the account.

13: Indicate the agency, attorney, or consultant that will be filing the trust with Medicaid.

14: Select yes if you have a funeral arrangement and complete information requested.

15: Select yes if you have a life insurance policy and complete information requested.

Joinder Agreement

1: Name, address, phone number, date of birth, and social security number of the applicant.

2: Name, address, phone number, date of birth, and social security number of the applicant.