



[www.ktstrust.org](http://www.ktstrust.org)

3011 AVENUE K  
BROOKLYN, NY 11210

P 718.475.5000

F 718.475.5010

E [members@ktstrust.org](mailto:members@ktstrust.org)

## Instructions for Filing a Pooled Trust With Medicaid

**Medical Report for Determination of Disability LDSS-486T:** To be completed and signed by the member's doctor.

**Progress Notes:** The doctor should also provide progress notes from the member's most recent visits, preferably within the last 60 days.

**Disability Questionnaire DOH-5139:** To be completed and signed by the member.

**Authorization to Release Medical Information MAP-751E:** To be completed and signed by the member. ("Name of Source" is the doctor completing the LDSS-486T.)

**Authorization for Release of Health Information HIPPA OCA-960:** To be completed and signed by member. (Use sample HIPPA as a reference).

These forms should be submitted to Medicaid with the following documents after the trust has been approved and established.

- Approved Joinder Agreement
- Verification of deposit (VOD)
- Welcome letter