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Instructions for Filing a Pooled Trust with Medicaid

Disability Determination Request MAP-3177: Complete member's information and signed by member and/or authorized representative.

Medical Report for Determination of Disability DOH-5143: 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. ("Source" is the doctor completing the LDSS-486T.)

Authorization for Release of Health Information HIPPA DOH5173: 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