



www.ktstrust.org

3011 AVENUE K
BROOKLYN, NY 11210

P 718.475.5000
F 718.475.5010
E info@ktstrust.org

KTS Joinder Agreement Instructions

- 1: Name and personal information of the applicant. Include any medical diagnoses for the applicant on the “Qualified Disabilities” section.
- 2: Indicate who should be the primary point of contact for the account and add the information for any authorized representative(s) or emergency contact(s)
- 3: Medicaid status, ID Number and Spenddown/Surplus amount. Indicate name of spouse (if it is a combined Medicaid case) and any MLTC or homecare agency providing you with services.
- 4: Indicate the source of your monthly income and fill in the amount.
- 5: Select NO, unless there is a Power of Attorney signing the application.
- 6: Select NO, unless there is a Court Appointed Guardian signing the application.
- 7: Indicate if the applicant has any funeral arrangements in place.
- 8: Indicate if the applicant has a Life Insurance Policy.
- 9: Select the type of Medicare plan the applicant receives, and enter information for any other third-party Health Insurance the applicant has besides Medicare and Medicaid.
- 10: Indicate the agency, attorney, or consultant that will be filing the trust with Medicaid.
- 11: *Terms of the Pooled Trust Agreement*
- 12: Signature of applicant or Power of Attorney / Court Appointed Guardian signing on behalf of the applicant
- 13: (a) Signature of Notary or (b): Signature of Two Witnesses
- 14: *Do Not Complete this Section*