Special Needs Trust Checklist

Below is the list of documents required to open a Special Needs Trust with The Arc of Northern Virginia and SunTrust Bank. Please return this checklist along with the listed documents to:

The Arc of Northern Virginia
Attn: Trust Program
98 N. Washington St.
Falls Church, VA 22046.

If you have any questions please call the Director of Services at 703-532-3214 ext 115.

- ☐ Joinder Agreement
- ☐ Trust Plan
- ☐ Disbursement Form
- ☐ Payment Options Form for The Arc of Northern Virginia
- ☐ The Arc of Northern Virginia Disclosure Statement
- ☐ W-9 – Tax Identification form

- If the beneficiary is a minor their parent or guardian must sign on their behalf
- If the beneficiary is over the age of 18, and is incompetent, the Guardian, Attorney-in-Fact, or Conservator must sign on behalf of the beneficiary and provide documentation reflecting their appointment or capacity to sign
- If the beneficiary is incompetent and there is no Guardian, Attorney-In-Fact, or Conservator, the family may seek to have one appointed by the court.

- ☐ Accounts Statements Information
- ☐ Ridgeworth Funds Disclosure statement
- ☐ Certification of Disability or Age such as Medicaid card, letter
- ☐ Copy of Current Government issued Photo ID
- ☐ Copies of Account Statements for assets other than cash (if applicable)
- ☐ Power of Attorney, Guardianship/Conservatorship Paperwork, or Law Suit Settlement Paperwork (if applicable)

Payment Options for Personal Support Trust

The Arc of Northern Virginia has four ways that you can pay the trust program enrollment fee. Please check which option you choose to pay and sign at the bottom of the form and return with the Joinder Agreement and the Personal Support Trust Plan to:

The Arc of Northern Virginia
Attn: Trust Program
98 N Washington Street
Falls Church, VA 22046

Please direct all questions to: Tia Marsili, Director of Trusts The Arc of Northern Virginia: 703-532-3214 ext 115 or tmarsili@thearcofnova.org

The initial enrollment fee for your personal trust program is $1050.00.

Options:

☐ 1) **Disburse from trust account**. If you plan to fund the account *upfront*, you can have the above amount disbursed from the trust account when it is established. If you choose this option, please complete the attached disbursement request form.

☐ 2) **Pay by check**. Please return Personal Support Trust Plan, the Joinder Agreement and this Payment Option form, along with your check payable to: The Arc of Northern Virginia for the above amount. Be sure to write "For the benefit of (individual's name)" in the memo section of the check

☐ 3) **Pay by Credit Card**. Please complete the following:

Name as it appears on the card ___________________________

Credit Card # _____________________________

Expiration Date _______________

By signing this you approve The Arc of Northern Virginia to charge your account the amount stated at the top of this form.

Signature of Cardholder __________________________________

☐ 4) **Payment Plan**. Monthly _____ Quarterly ______ Other ____________

Signature ___________________________________ Date _____________

Trust for the benefit of ____

Disclosure Statement

Notification:
Due to the nature of Personal Support Trusts, we strongly encourage you to speak with your benefit workers (Medicaid, Social Security, etc) to ensure that a trust will not negatively affect your current or future benefits. Also, due to the reporting requirements of Medicaid, Social Security, Medicare, and other benefits, it is your responsibility to notify these agencies upon opening and/or funding a trust and/ or any other major changes in your income and expenses.

Investments:
The Arc of Northern Virginia does not assume liability for your investment options. We encourage you to speak with an investment advisor or SunTrust Bank about the option that best meets your financial goals.

Legal and Tax Advice:
The Arc of Northern Virginia offers the trust program as an option available to you. However, each individual has their own circumstances and we strongly advise you to consult with an attorney and/or an accountant to discuss your situation and goals before establishing a trust.

Disbursements

Once the funds are in the account, the primary representatives may request funds from the trust account. To request funds, the primary representative may send The Arc of Northern Virginia a “Disbursement Request Form”. This will be reviewed and approved by both The Arc of Northern Virginia and SunTrust Bank.

Disbursement requests will be processed by The Arc of Northern Virginia on the 1st and 15th of each month. If the 1st or 15th falls on a weekend or the staff is unavailable because of vacation or illness, decisions will be made within 5 business days, or a substitute decision maker will serve. Emergency situations will be addressed individually.

Once the request is sent to SunTrust; the check will be sent to The Arc and forwarded to you in **approximately ten days.**

The Arc
Northern Virginia

New Account Opening Procedures

1. Once the completed documents listed on the checklist have been submitted to The Arc of Northern Virginia they will be forwarded to SunTrust.

2. Upon receipt of the above documentation, along with any supporting documentation, SunTrust Bank will take the following steps in order to establish the new account:

- A New Account Acceptance Package is prepared for review by the SunTrust Bank's New Account Acceptance Committee (the Committee currently meets once a week);
- Once the Committee has reviewed the package, and provided their approval, the package is sent to the Bank's operations area, which will set up the account on the system;
- Once the account has been established, and a new account number has been assigned, the account administrator will review the information on the system and provide his/her approval;
- The new account will then be funded with cash and/or assets, and a confirmation will be provided to The Arc of Northern Virginia.

*Please allow at least 30 days after submitting the New Account Package for the account to be set up with SunTrust Bank. In some cases additional time may be necessary to set up and fund the account. In those circumstances Tia Marsili will be notified regarding any delay.

Acknowledgement

By signing below, I acknowledge that I have read and understood the Disclosure Statements, Disbursement policy, Account Establishment Procedures in the previous pages.

____ ____________________

Signature Date

____

Printed Name

Personal Support Trusts
Disbursement Request Form

The Foundation of The Arc of Northern Virginia
98 N. Washington Street, Falls Church, VA 22046
Fax: 571-641-3222

Beneficiary Name: ___________________________ Sub Account # _______________________

Requesting (Please Mark One) ☐ Check
☐ Money Order ** Additional fees will be added **

Make Payable to: ____

Mail the check to: The Arc of Northern Virginia, 98 N. Washington St, Falls Church, VA 22046______

Payment Amount: $_________ Date Needed: ______________________

Memo on Check (I.e. account number) _____________________________________

Purpose of request: ____

Please enclose copies of bills, statement or receipts if applicable.

NOTE:
Disbursement requests will be processed by the Arc of Northern Virginia on **the 1st and 15th** of each month. If the 1st or 15th falls on a weekend or the staff is unavailable because of vacation or illness, decisions will be made within 5 business days, or a substitute decision maker will serve. Emergency situations will be addressed individually.

Once the request is sent to SunTrust; the check will be sent to the Arc and forwarded to you in **approximately ten days.**

Some Disbursement requests may require additional review or additional documentation; such as receipts. Certain expenses may require prior submission to and denial by a government agency to be considered a legitimate supplementary expense.

Requested by: ____ Date: __________________

Signature: ____

- Approved: Sent to Trustee on ____________________
- Disapproved : Reason ____

Signature: ____________________________ Authorized Date: __________________

Account Statements
Information

Beneficiary____

Please send statements as follows:

_________ **monthly** ________________ **quarterly**

To:

Name ____

Address ____

City____________________ **State**______________ **Zip**_____________

And:

Name ____

Address ____

City____________________ **State**______________ **Zip**_____________

Signature____ **Date**_____________

Additionally, please send quarterly statements to:

The Arc of Northern Virginia
98 N Washington Street
Falls Church, VA 22046

The Arc Northern Virginia

Special Needs Trust Plan

Beneficiary____

Address____

Phone: ____

Date: ________________________________

The purpose of this plan is to assist the Trust Manager in making decision regarding expenditures on behalf of the beneficiary. The trust will not provide, arrange or supervise services that it pays for. It will only be responsible for issuing payments. The Primary representative is considered the primary person or entity responsible for arranging and monitoring services.

Background Information:

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____

Describe Residential

____

____

____

Primary Disability:

____

____

____

Secondary disabilities

____

____

____

Medical / Dietary Needs:

Medications and Pharmacy:

Hospitalizations:

Current Services and/or Programs:

Strengths:

Limitations:

Is the individual his/her own Guardian? If not, who is the guardian?

Does the individual have a representative payee or conservator? If so, who?

Ability of the Beneficiary to manage money and make decisions about money:

General intent or purpose of the Grantor with regard to how trust funds should be spent:

Supplemental needs that should NOT be provided:

Funeral Arrangements:

The Arc of Northern Virginia
98 N Washington St
Falls Church, VA 22046

703-523-3214

The Arc Northern Virginia

Benefit Information:

SSI $_________

SSDI $_________

Annuity $ _______________

Veteran's Benefits $ _________________

Survivor Benefits $ _________________

Employment Income $ __________

Employer's name, address, phone, contact person:

____

____

____

Other monetary supports:

____

____

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____

Food Stamps _________________

Section 8 or housing Assistance ____

Medicaid _________________ Medicaid#_______________________________

Medicare ________________ Medicare # ______________________________

Private health insurance____________________

Company Name, Address, Phone Number, Policy Number

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Other benefits

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Have you purposely decided against applying for benefits for the person on behalf of the beneficiary? If so, please explain why.

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Would you recommend sacrificing benefits to enable the Beneficiary to access more trust funds in certain circumstances? Please explain.

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Please list regular payments that are currently made on behalf of the Beneficiary. Identify vendor, amount, purpose, address. Indicate which ones will be paid for by the Trust on an on-going basis. Use Additional Pages, if necessary.

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