

Georgia Department of Human Services
_____ County
Division of Family and Children Services

Qualified Income Trust Review Letter

_____ Date: _____
_____ Re: _____

Dear _____:

A requirement of the Qualified Income Trust (QIT) is that a review of the activity in the trust be completed every six months. Please provide the items listed below to the Medicaid Eligibility Specialist (MES) at _____ County DFCS by _____. These items may be mailed, faxed or delivered to the county office.

- Copies of QIT bank statements for the following months: _____
- Copies of all checks written from the account reflected in the above statements.
- Provide an accounting of any deposits into the account and any deductions from the account not covered by checks. Explain any variations in deposits and/or deductions.
- Other: _____

Thank you for your assistance in completing this review. If you need assistance or have questions, please call me at: _____

_____ Medicaid Eligibility Specialist
_____ Fax number