

**TRUST/DOCUMENT REVIEW REQUEST**

To: Office of Eligibility Services  
Department of Health and Mental Hygiene  
201 W. Preston Street, Room SS-10  
Baltimore, Maryland 21201

Date \_\_\_\_\_

From: Local DSS: \_\_\_\_\_

Case Manager Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

RE:  Trust Documents

Other: \_\_\_\_\_

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Please review the attached documents and respond below:

Does the document represent a countable resource to this A/R?

Does the document represent a disposal of resources for less than fair market value?

Other information requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Response Needed: \_\_\_\_\_

**[To Be Completed By Reviewer]**

Initial OES Reviewer Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Initial Reviewer Response:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information Requested by Reviewer:  Yes  No Date Returned: \_\_\_\_\_

Date Additional Information Requested: \_\_\_\_\_