

Utah SNAP Fund Instructions for Completing the Enclosed Documents

Please read the entire document package carefully, including all of the exhibits. Some of the exhibits require you to provide the Trustee with specific information. If you submit an Agreement that is incomplete or inaccurate, it may not be approved. Please do not leave any empty spaces; if a question does not apply to you, then please indicate "N/A" in your response. Attach extra sheets of paper to answer any question if the provided space is inadequate. If you have any doubts about your ability to complete this Agreement properly, you should contact an attorney or obtain other assistance.

You are encouraged to seek independent legal counsel if you have any questions about the terms of this Agreement.

1. Included in this packet are the following documents:

Master Pooled Trust agreement as amended and restated as of October 29, 2008;
Joinder Agreement amended and restated as of October 29, 2008;
Exhibit "A" Grantor and Beneficiary Information;
Exhibit "B" Disclaimer Regarding Legal Advice;
Exhibit "C" Internal Revenue form W-9;
Exhibit "D" Proof of Grantor's Status to Establish a Trust on Behalf of the Beneficiary

Other Documents in the Utah SNAP Fund document packet:

Confidentiality Policy
Investment Policies
Trustee Fees
Bank of Utah Fees
Third Party Certification Form
Expenditures Generally Permissible from a Special Needs Fund

2. Please be sure to return a completed and signed original Master Pooled Trust agreement; the Joinder Agreement filled out in it's entirely with signature notarized or witnessed; Exhibits "A", "B", "C"; and proof of your ability to establish a trust on behalf of the beneficiary.
3. After the Agreement is reviewed and accepted you will receive a signed copy of the Master Trust Agreement and the Joinder Agreement.
4. Please remember to enclose a check for the amount you are contributing to the Trust sub-account – the minimum contribution is \$10,000 not including the set-up fee of \$2,000. The check should be made payable to: "The Utah SNAP Fund".

Return the completed, signed and notarized or witnessed Agreement documents, along with your check to:

**Utah SNAP Fund
PO Box 520009
Salt Lake City, Utah 84152**

Phone – 801-281-1100

**Utah SNAP Fund
Return Document Check List**

- Utah SNAP Master Trust Agreement as amended as of June 8, 2007
- Joinder Agreement as amended as of June 8, 2007
- Exhibit “A” Grantor and Beneficiary Information
- Exhibit “B” Disclaimer Regarding Legal Advice
- Exhibit “C” Internal Revenue W-9
- Exhibit “D” Proof of Grantor’s Status to Establish a Trust
 - As Beneficiary – photo ID required
 - As Parent – son or daughter’s birth certificate
 - As Grandparent – son or daughter and grandchild’s birth certificate
 - As Legal Guardian – Letters of Guardianship
 - As directed by a court – copy of the court order directing you to execute the Agreement

Return the completed, signed and notarized or witnessed Agreement documents, along with your check to:

**Utah SNAP Fund
PO Box 520009
Salt Lake City, Utah 84152**

Phone – 801-281-1100

Utah SNAP Fund Confidentiality Policy

Statement of Policy

All Utah SNAP Fund Board of Directors, employees and contract employees will be responsible for safeguarding the confidentiality of client information. Disclosure will be made only within the limits of the informed consent of the parties involved or as required by applicable federal and state laws and regulations. Electronic records as well as hard copy files, facsimile mail and electronic mail are covered by this confidentiality policy.

Procedure

1. Access to Client Information
 - a. Access within the Utah SNAP Fund to client paper and electronic files will be limited to those individuals who need to access the information and have the authority to receive the information.
 - b. Specific passwords will be used to assure only authorized individuals are permitted access to the computerized data system and client information in the system.
 - c. Facsimile machines sending and receiving client information will be located in areas with limited access.
 - d. Facsimile transmission cover sheets will indicate the confidential nature of the information and prohibit against disclosure of information received.
 - e. All files will be maintained in a secure storage area and will only be made available for use by authorized individuals.
 - f. The Utah SNAP Fund board of directors, employees and contract employees will adopt and follow office practices at all times that will guard against inadvertent disclosures of confidential client information. This will be accomplished by:
 - i. Never acknowledging to a telephone caller or visitor whether the in question is a client;
 - ii. Returning calls made to a client by leaving only the callers first name and a return phone number asking the client to return the call;
 - iii. Refraining from using the name of the a client when in the presence of other individuals;
 - iv. Securing all documents and computer screens containing client information;
 - v. Not discussing a client's information except when the discussion is necessary;
 - vi. Not releasing documentation or checks to anyone other than the client's creditors without the consent of the client or legal representative.

2. Authorization for Release of Information

- a. Any specific personal information about a client or financial/medical information obtained regarding the client is considered confidential information and will not be released without the written consent of the client or their legal representative. This release is valid for the length of time that the individual is a client of the Utah SNAP Fund. The client or their legal representative may revoke the release of information at any time.
- b. A valid release of information requires the following:
 - i. The client's name;
 - ii. The requesting person or agency name;
 - iii. The purpose for the disclosure;
 - iv. Limits, if any, for the disclosure;
 - v. The document to be signed and dated by the client or their legal representative.

**If any of the above procedures are not adhered to
the Utah SNAP Fund Program Manager must be e advised immediately
by calling 801-281-1100.**

Utah SNAP Fund Special Needs Trust Distributions at a Glance

Examples of Trust Distributions Which May Reduce SSI/Utah Medicaid Benefits:

- Basic Shelter Expenses – mortgage payments, real property taxes, condo fees, rent
- Certain Utilities – heat, electricity, water, sewage, garbage collection
- Groceries – food for daily meals
- Cash for any purpose

Examples of Impermissible Trust Distributions:

- Paying for services already paid for by another source
- Distributions made to others and not for the benefit of the beneficiary

Permissible Distributions – made to the vendor of service and not to the beneficiary

Accounting Services
Acupuncture/Acupressure
Appliances
Bus Pass/public transportation costs
Camera, film, recorder and tapes, development of film
Clubs and dues
Computer hardware, software, programs, and internet services
Conferences
Course work or classes
Curtains, blinds, drapes and the like
Dental work not covered by Medicaid, including anesthesia
Dry cleaning and/or laundry services
Durable medical equipment
Elective surgery
Fitness equipment
Funeral expenses
Furniture, home furnishings
Gasoline and/or maintenance for automobiles
Haircuts/salon supplies
Hobby supplies
Home alarm and/or monitoring/response systems
Home improvements, repairs, maintenance not covered by Medicaid
House cleaning/maid services

Insurance – health, personal property
Legal fees/advocacy
Linens and towels
Magazines and newspaper subscriptions
Massage
Musical instruments, including lessons
Non-food grocery items
Over the counter medications
Personal assistance services not covered by Medicaid
Pet and pet supplies, veterinary services
Physician specialists if not covered by Medicaid
Private counseling, if not covered by Medicaid
Repair service
Security deposit for shelter rental
Snow removal/landscape/gardening/lawn services
Sporting goods/equipment/uniforms/team pictures
Stationary, stamps, cards, etc.
Taxicabs
Telephone service and equipment, including cell phones and pagers
Therapy – physical, occupational, speech – not covered by Medicaid
Tickets to concerts, sporting events – for beneficiary and accompanying companion, if needed
Utility bills – cable, internet, telephone – not gas, water, electric or garbage
Vacation travel including hotel, motel costs, dining out costs while traveling