

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Special Needs Trust Reporting

NAME OF TRUST		NAME OF TRUST BENEFICIARY		BENEFICIARY'S DATE OF BIRTH	
NAME(S) OF TRUSTEE(S)			PHONE NUMBER OF TRUSTEE (DHS may call with questions)		
STREET ADDRESS OF TRUSTEES		CITY		STATE	ZIP CODE

Reporting Period

FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)
AMOUNT IN TRUST AT BEGINNING OF REPORTING PERIOD	AMOUNT IN TRUST AT END OF REPORTING PERIOD

I have attached a bank, annuity or other funds statements showing the assets currently in the trust and the current balance of the trust.

Distributions (Payments) from Trust

Date of distribution	Amount	What were the funds used for? (Describe the purchase. For example: clothing, personal items, car insurance.)	Who were the funds distributed to? (Name[s] of person[s] or business the check was addressed to.)

Were any funds moved out of the trust that are not reported in the table? Yes No

IF YES, PLEASE EXPLAIN

Did the trust make any new investments this year? Yes No

(This includes money moved into new accounts, purchases of stocks, certificates of deposit and purchases of real or personal property owned by the trust, such as cars and houses.)

IF YES, PLEASE EXPLAIN OR ATTACH THE INVESTMENT INFORMATION FROM THE BANK

Additions to Trust

Date of addition to trust	Amount of addition	Source of additional funds

I certify that the information on this form is correct, and that I have attached the supplemental information (such as bank statements) needed to verify my submission.

SIGNATURE	DATE
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Send this form and attachments to one of the following:

Email: dhs.srutrusts@state.mn.us

Mail: Minnesota Department of Human Services
MA Lien Unit – Special Recovery
P.O. Box 64995
St. Paul, MN 55164-0995

651-431-2670 or 800-657-3739

Attention. If you need free help interpreting this document, call the above number.

ያስተውሉ፡ ካለዎንም ክፍያ ይህንን ዶክመንት የሚተረጎምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုတ်ဟ်သးဘတ်တကုာ်. ဝဲန့ဗုာ်လိာ်ဘတ်တကုာ်မၤတၢ်လီၤတၢ်ကၠးထံဝဲဒၣ်လိာ် တီၤလိာ်စိတၢ်အံၤန့ၣ်,ကိးဘတ်လိာ်ဝဲစိနီၣ်ဂံၢ်လၢထးအံၤန့ၣ်တကုာ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB2 (8-16)



For accessible formats of this information or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call 800-366-5411, or use your preferred relay service. ADA1 (2-18)