



Community Fund Ohio
17900 Jefferson Park, Suite 102 • Middleburg Heights, OH 44130
Phone: 216.736.4540 • Fax: 216.867.9783
www.communityfundohio.org

Designated Advocate Instructions

Welcome to Community Fund Management Foundation dba Community Fund Ohio. This starter kit is meant to assist Designated Advocates in understanding the distribution process and the responsibilities of a Designated Advocate.

The attached Distribution Request and Beneficiary Resource Record (BRR) forms may be printed from our website (www.communityfundohio.org). Please call our office if you need us to mail the forms to you.

Responsibilities of the Designated Advocate

1. Submit and sign distribution requests in the best interest of the beneficiary.
2. Know the benefits, income, and medical insurance received by the beneficiary and be able to accurately complete and submit the Beneficiary Resource Record.
3. Receive tax documents issued by the Trustee.
4. Notify Community Fund of any address changes for the grantor, designated advocate, and beneficiary in writing.
5. Receive paper or electronic statements.
6. Contact Community Fund if any third-party, including a government agency or attorney, requests information regarding the trust and provide consent for Community Fund to disclose information.
7. Notify Community Fund of the beneficiary's death and, if needed, assist Community Fund in closing the trust.

Distribution Process

The distribution process takes approximately 2 – 4 weeks from the first business day that Community Fund receives the Distribution Request to the date the check is mailed.

1. The Designated Advocate must mail or fax a Distribution Request form to Community Fund's Administrative Office to initiate the distribution process. We do not accept Distribution Requests by email. The Distribution Request may be submitted at any time; there is no need to wait until the beginning of the month.
2. The Designated Advocate must also submit a Beneficiary Resource Record (BRR) with the Distribution Request if: (1) it is the first Distribution Request; (2) any information has changed since the last BRR was submitted to Community Fund; or (3) more than 12 months have passed since the last BRR was submitted to Community Fund.
3. Upon Community Fund's receipt by mail or fax, the Distribution Request will be processed and a receipt letter will be sent to the Designated Advocate by mail to the address on file.



4. The Distribution Request and BRR are sent to the Review Committee for approval.
5. Community Fund will send an outcome letter to the Designated Advocate after the Review Committee makes a decision.
6. Community Fund will direct the Trustee to issue and mail a check for all approved distributions pursuant to the information on the Distribution Request.

Helpful Tips for Successful Distribution Requests

Designated Advocates can help Community Fund process the distribution requests efficiently by:

1. Submitting clear, legible, and complete Distribution Request forms.
2. Attaching supporting documentation, such as invoices, receipts, and quotes.
3. Ensuring all forms and documentation are on 8 ½" x 11" paper and there are no staples, tape, or sticky notes.
4. Confirming a current BRR is on file with Community Fund.
5. Identifying on the Distribution Request whether the request is a direct payment, reimbursement, or advance.

Common Questions

Q: What do all of these terms mean?

A: Community Fund is the nonprofit **Trust Advisor**. We are the main contact for the Designated Advocate. We handle the daily administration of the trusts and our responsibilities are included in the Trust Agreement. Our primary focus is reviewing and either approving or denying all distribution requests. The Huntington National Bank Trust is the **Trustee**. It is responsible for many things also identified in the Trust Agreement, including issuing checks for approved distribution requests and account statements.

The **Beneficiary** is the person with a disability who benefits from the trust. The **Designated Advocate** is selected by the person who established the trust and communicates with Community Fund and the Trustee on behalf of the Beneficiary; the Beneficiary may serve as his or her own Designated Advocate if he or she is a competent adult who can adhere to Community Fund's procedures. The **Grantor** is the person who establishes the third-party Master Trust.

Q: I am not clear on how to complete the forms. Where do I start?

A: Please call our office and talk to a member of our Distribution Department. While we cannot provide you with advice, we are happy to explain the terminology and provide recommendations on how to complete the forms.



Q: Where can I find the Agreement Number? Is that different from the Account Number?

The Agreement Number is assigned by Community Fund and is comprised of 1-2 letters and 8 numbers. For example, P13-13-1229 or JP21-19-3587. The Agreement Number is located on the first page of the approved Joinder Application, on correspondence from Community Fund, and on the quarterly statements issued by Huntington. While our former trustees used separate account numbers, both Huntington and Community Fund only use our Agreement Number.

Q: Will Community Fund accept a distribution request by phone or email?

A: Community Fund will not consider a verbal distribution request, nor will Community Fund complete a distribution request form for you. All distribution requests must be submitted in writing by fax or mail on the Community Fund Distribution Request form. We do not accept email submissions.

Q: Where can I find more forms?

A: You can download all of our forms, including the Distribution Request form and BRR, directly from our website at www.communityfundohio.org. Designated Advocates may also request hard copies by calling our office at 216.736.4540.

Q: Is there a minimum or maximum I can request from the Trust?

A: No. Community Fund will not approve a distribution if it exceeds the balance in the sub-trust for the beneficiary, but otherwise there is no minimum or maximum dollar amount.

Q: Huntington is the Trustee. Can I visit my local Huntington bank to request a distribution or make a deposit?

A: No. All communication, forms, and deposits must be submitted to Community Fund as Trust Advisor. Huntington's retail bank branches are not affiliated with Community Fund or our trusts.

Q: Where do I send the completed Distribution Request form or BRR?

A: You may submit by mail or fax to our Administrative Office: Community Fund, 17900 Jefferson Park, Suite 102, Middleburg Heights, OH 44130; Fax: 216.867.9783.

Q: Why did I receive an outcome letter that said the distribution was not approved?

A: If it only shows not approved and no other notes are attached to that same line, then the request is not back from the Review Committee or you sent a second request before the first request was approved. You will receive further outcome correspondence after the Review Committee submits its decision.



Q: What do I do if I received a receipt letter requesting a different payee?

A: Please call a member of our Distribution Department at 216.736.4540 and provide us with the payee's information. Community Fund will not issue checks to the beneficiary in most situations.

Q: I thought I requested recurring monthly payments, but it was processed as a one-time payment. What do I do?

A: Please call a member of our Distribution Department at 216.736.4540. Please make sure that you check the "monthly" box on the Distribution Request form and include a start and end month when requesting ongoing payments. (Example: To start January 2022 and end in June 2022.)

Q: Why was the Distribution Request form was returned to me?

A: If Community Fund is unable to process a Distribution Request form because it is incomplete and illegible, Community Fund will attempt to reach the Designated Advocate by phone. If there is no response within a reasonable amount of time, Community Fund will return the Distribution Request with a denial letter. Please correct the information and send back for processing.

Q: Why was the Distribution Request Form I submitted denied?

A: Community Fund and the Review Committee will approve or deny distributions based on current laws, regulations, and policies. There is no guarantee that a distribution request will be approved.

Q: I no longer need the distribution check I received. What do I do?

A: Please return the check to Community Fund and we will return the funds to the Beneficiary's sub-account. The Trustee may charge a fee for voided checks.

Q: I lost the distribution check I received. What do I do?

A: Please call a member of our Distribution Department at 216.736.4540 and we will notify the Trustee to issue a stop payment and, if needed, re-issue the check. Our Trustee may charge a fee for issuing a stop payment and/or re-issuing the check.



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About Community Fund Management Foundation Pooled Trusts

Community Fund Management Foundation Pooled Trusts are designed to safeguard eligibility for most means-tested government benefits, such as Medicaid and perhaps Supplemental Security Income (SSI). Community Fund Management Foundation dba Community Fund Ohio is the Trust Advisor and Huntington National Bank is the Trustee.

Funds held in the Trust Accounts should not be counted as an available resource for the Ohio resident with a disability, also known as the Beneficiary. Because the investments in the Trust Accounts are “pooled,” a separate ledger is maintained for each Beneficiary and financial information is reported on a quarterly statement.

Community Fund Ohio administers two types of Pooled Trusts: the Pooled Medicaid Payback Trust and the third-party Master Trust.

Our **Pooled Medicaid Payback Trust** is irrevocable. The most recent Trust Agreement has been approved by the Social Security Administration and is drafted to comply with:

- 42 U.S.C. 1396p(d)(4)(C)
- 42 U.S.C. 1382b(e)
- Ohio R.C. 5163.21(F)(3)(a)
- Ohio Adm. Code 5160:1-3-05.2(C)(3)(c)
- POMS SI 01120.203

Our **Master Trust** may be revocable or irrevocable at the time it is established. It automatically becomes irrevocable at the death of the grantor (or the death of the last surviving grantor if there is more than one grantor). The **Master Trust** is drafted to comply with:

- Ohio R.C. 5163.21(G)
- Ohio Adm. Code 5160:1-3-05.2(C)(4)
- POMS SI 01120.200



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COMMON DISTRIBUTION CATEGORIES

Pooled Trusts administered by Community Fund Ohio are discretionary trusts, meaning that Community Fund Ohio as Trust Advisor has the sole authority to approve or deny a distribution request. The laws and policies that govern Community Fund Ohio and government benefit eligibility can change at any time and without notice. Designated Advocates are welcome to contact Community Fund Ohio's Distribution Department to seek guidance on what may or may not be approved by Community Fund Ohio.

Examples of common distribution requests that may be approved:

- Medical expenses and equipment not covered by insurance including home health aides (subject to our caregiver policies)
- Housecleaning
- Clothing
- Home furnishings and electronics such as furniture, television, cell phone, and computer
- Housecleaning and household supplies such as paper towels, tissues, and detergent
- Education expenses that are not the responsibility of a parent or guardian
- Travel and vacations (including the travel expenses for one companion if the Distribution Request includes a doctor's statement that such assistance is medically necessary)
- Transportation expenses, including auto insurance, gasoline, and vehicle maintenance
- Technology expenses such as cable, internet, and cellular phone service
- Expenses related to hobbies, sports, recreational activities, pets, and entertainment
- Legal fees, court costs, and income taxes
- Subscriptions to magazines and newspapers
- Membership dues including gym, recreational center, and book clubs
- Attendance at seminars, concerts, movies, and cultural events
- Irrevocable burial expenses
- Personal grooming, such as salon or barbershop services

Examples of distribution requests that are likely to be denied:

- Gifts for third parties regardless of cost or value
- Medical expenses that are covered by insurance such as Medicare or Medicaid
- In-Kind Income,¹ such as food,² shelter,³ or something which can be used to purchase food or shelter (such as gift cards)

¹ See Ohio Admin. Code 5160:1-3-03.1(B)(2).

² "Food" includes grocery store purchases and restaurant dining.

³ "Shelter" includes room, rent, mortgage payments, real property taxes, heating fuel, gas, electricity, water, sewerage, and garbage collection services, as well as homeowner's insurance if required by mortgagee. See 20 C.F.R. 416.1130(b), POMS SI 00835.465, and Ohio Admin. Code 5160:1-3-03.8(B)(10).



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Deposit Instructions

Please make the deposit check payable to “Community Fund” and include the Beneficiary’s full name and Agreement Number on the memo line. Please mail the deposit to Community Fund Ohio, Attn: Deposits, 17900 Jefferson Park, Suite 102, Middleburg Heights, OH 44130.

Community Fund Ohio strongly recommends that time sensitive deposits be submitted by cashier’s check or money order instead of a personal check to ensure the funds are withdrawn from the sender’s account within the expected timeframe. Community Fund Ohio does not make daily deposits.

Deposits will be reflected on the account statement and by your canceled check. Community Fund Ohio can also provide a receipt if requested. We recommend including our deposit slip with all check deposits. Our deposit slip is at the bottom of this handout and on our website.

Please contact one of our Trust Development Coordinators at 216.736.4540 or joinderanddeposit@communityfundohio.org if you have questions about our deposit process.

Community Fund Ohio Deposit Slip

Please complete and remit with the deposit check to:

Community Fund Ohio, Attn: Deposits, 17900 Jefferson Park, Suite 102, Middleburg Heights, OH 44130

Deposits cannot be made directly to the Trustee. All deposits must be made payable to and mailed to Community Fund.

Community Fund Agreement No.: _____

Beneficiary’s Full Name: _____

Check Number: _____

Check Date: _____

Check Amount: _____

Deposit Type: (choose one) Return of unused distribution Check Deposit

NOTE: Assets owned by a beneficiary should not be deposited in a Master Trust

Receipt Request: (choose one) No Receipt required

Email Receipt to: _____

Mail Receipt to: _____

*******FOR COMMUNITY FUND OHIO USE ONLY*******

Date Check Received: _____

Date of Deposit: _____

Date Optional Receipt Was Sent: _____

Processed By: _____



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Are you reporting a
 new address for the
 Designated
 Advocate?
 ___ YES ___ NO

DISTRIBUTION REQUEST

Please submit the completed form and supporting documentation to Community Fund via mail or fax.

1. Agreement Number (consists of 1-2 letters and 8 numbers): _____

2. Designated Advocate's (DA) Name: _____

Preferred Title: Mr. Mrs. Ms. Dr. _____

Address: _____

Is this a new address? No Yes

Phone Number: _____ Email Address: _____

3. Beneficiary's Name: _____

4. Please attach a completed Beneficiary Resource Record (BRR) if: (1) this is the first Distribution Request submitted for the Beneficiary; (2) it has been 12 months or more since the last BRR was submitted; or (3) the information on the BRR has changed since it was last submitted.

5. Documentation must be submitted with this form depending on the type of distribution requested. There is no guarantee that a Distribution Request will be approved.

a. A **Direct Payment** is when the distribution check is made payable directly to a vendor. A copy of the invoice, quote, or website printout that includes the itemized cost and the name of the vendor must be submitted with this form. Community Fund cannot issue a check to a beneficiary in most situations.

b. An **Advance** is when the distribution check is made payable to the DA or a third party to advance money so the third party can pay for goods or services for the beneficiary. A copy of the invoice, quote, or website printout that includes the itemized cost and the name of the vendor must be submitted with this form. If an advance is approved, the DA must submit receipts to Community Fund within three months. Community Fund cannot issue a check to a beneficiary in most situations.

c. A **Reimbursement** is when the distribution check is made payable to a third party to reimburse that party for the goods or services already purchased for the beneficiary. A copy of the receipt that includes the itemized cost and the name of the vendor must be submitted with this form. Additionally, documentation showing who advanced the funds and how the payment was made must be submitted (e.g., copy of credit card statement or canceled check). Community Fund will only approve a reimbursement to the person who advanced the funds. Community Fund cannot reimburse a beneficiary in most situations.

6. If this Distribution Request is to pay for expenses related to a home, vehicle, or anything with a title, please include a copy of the current deed or title.

I declare that the information provided on this form is accurate and the requested distributions are in the best interest of the trust beneficiary and will only be used for the trust beneficiary.

 Printed Name of Designated Advocate

 Date

 Signature of Designated Advocate



All sections must be completed. The required supporting documentation must be submitted on 8½” x 11” paper including receipts. Please do not submit anything that can become stuck in a scanner or copy machine, such as staples, tape, or sticky notes. We are unable to process Incomplete or illegible forms.

	Item #1	Item #2	Item #3
Type of Request	<input type="checkbox"/> Direct Payment <input type="checkbox"/> Advance <input type="checkbox"/> Reimbursement	<input type="checkbox"/> Direct Payment <input type="checkbox"/> Advance <input type="checkbox"/> Reimbursement	<input type="checkbox"/> Direct Payment <input type="checkbox"/> Advance <input type="checkbox"/> Reimbursement
Supporting Documentation (See reverse side for required documentation)	<input type="checkbox"/> Proof of Payment <input type="checkbox"/> Estimate/Quote <input type="checkbox"/> Vendor Receipt <input type="checkbox"/> Invoice <input type="checkbox"/> Other:	<input type="checkbox"/> Proof of Payment <input type="checkbox"/> Estimate/Quote <input type="checkbox"/> Vendor Receipt <input type="checkbox"/> Invoice <input type="checkbox"/> Other:	<input type="checkbox"/> Proof of Payment <input type="checkbox"/> Estimate/Quote <input type="checkbox"/> Vendor Receipt <input type="checkbox"/> Invoice <input type="checkbox"/> Other:
Brief Description of Request (e.g., clothing, medication, vacation)			
Frequency We will approve a single payment or monthly payments for up to 6 months in a row	<input type="checkbox"/> One-time <input type="checkbox"/> Monthly Starting: _____ (mo/yr) Ending: _____ (mo/yr)	<input type="checkbox"/> One-time <input type="checkbox"/> Monthly Starting: _____ (mo/yr) Ending: _____ (mo/yr)	<input type="checkbox"/> One-time <input type="checkbox"/> Monthly Starting: _____ (mo/yr) Ending: _____ (mo/yr)
Amount	\$	\$	\$
Payee The check will be made payable to the person or business identified here			
	Account No. (optional)	Account No. (optional)	Account No. (optional)
	Other Memo (optional)	Other Memo (optional)	Other Memo (optional)
Recipient Information The check will be mailed to the person or business identified at the address listed here	Name	Name	Name
	Address	Address	Address
	City	City	City
	State/Zip	State/Zip	State/Zip
TOTAL AMOUNT REQUESTED			\$

Please check this box if the beneficiary is deceased and provide the date of death: _____



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Beneficiary Resource Record (BRR)

Please submit the completed form and supporting documentation to Community Fund via mail or fax.

1. Agreement Number (consists of 1-2 letters and 8 numbers): _____

2. Designated Advocate's (DA) Name: _____

Phone Number: _____ Email Address: _____

Address: _____

Is this a new address? No Yes

Beneficiary's Name: _____

Phone Number (we will not contact the Beneficiary except as a matter of last resort): _____

Address: _____

Is this a new address? No Yes

What is the type of residence for the Beneficiary?

Owned by Beneficiary* Group Home Subsidized Housing (HUD)

Rented by Beneficiary No Rent Charged Nursing Home**

Assisted Living** ICF/ID**

Private Pay Period Until: _____ Other: _____

*Please include a copy of the deed if any requests to pay housing-related expenses will be submitted for a home owned by the Beneficiary, even if the Beneficiary resides elsewhere.

**Please attach the JFS Notice of Action showing the Beneficiary's Patient Liability charges.

3. Beneficiary's Income

Wages Does not receive Receives \$_____/month

Social Security Retirement (SSA)*** Does not receive Receives \$_____/month

Social Security Disability Insurance (SSDI)*** Does not receive Receives \$_____/month

Childhood Disability Benefit***
(Adult child disabled prior to age 22 who receives parent's SS benefit) Does not receive Receives \$_____/month

Supplemental Security Income (SSI)*** Does not receive Receives \$_____/month

VA Benefits/Type: _____ Does not receive Receives \$_____/month

Railroad Retirement Benefit Does not receive Receives \$_____/month

Child Support Does not receive Receives \$_____/month

Pension Does not receive Receives \$_____/month

Food Stamps/SNAP Does not receive Receives \$_____/month

Other: _____ Does not receive Receives \$_____/month

Check this box if the Beneficiary does not receive any income from any source

***Please attach a benefit verification letter if the Beneficiary receives any type of Social Security benefit



4. Does the Beneficiary have any pending government benefit applications? Yes No
If yes, what type of application is pending? _____ Date filed: _____
5. Is the Beneficiary in a period of Medicaid restricted eligibility or other penalty? Yes No
If yes, when will the penalty end? _____
If yes, does the Beneficiary receive Medicaid health insurance (MyCare Ohio) during the penalty period? Yes No
6. Has the Beneficiary been denied government benefits or have benefits ended? Yes No
If yes, please explain: _____
7. Medical Coverage/Health Insurance
- a. Does the Beneficiary receive Medicaid? Yes No
 Long-Term Care Medicaid eligible but in Restricted Coverage Period until _____
If yes, what type of Medicaid? (check one)
- Nursing Home Healthy Families MAGI RSS
 Healthy Start Aged, Blind, or Disabled (ABD) Other: _____
- b. Does the Beneficiary receive a Waiver? Yes No
If yes, what type of Waiver? (check one)
- PASSPORT Individual Options (I/O) Home Care
 SELF MyCare Ohio Transitions
 Level One Assisted Living Other: _____
- c. Does the Beneficiary receive Medicare? Yes No
- d. Does the Beneficiary receive Medicare Premium Assistance? Yes No
- e. Does the Beneficiary have private or marketplace health insurance? Yes No
8. Does the Beneficiary have a Qualified Income or Miller Trust (QIT)? Yes No
9. Does the Beneficiary have an Irrevocable Preneed Funeral and/or Burial Plot? Yes No

I declare that the information provided on this form is accurate and current.

Printed Name of Designated Advocate

Date

Signature of Designated Advocate

Community Fund strongly recommends purchasing a preneed funeral or other arrangements for the Beneficiary. The procedure for distributions after the Beneficiary's death is not the same as the procedure during the Beneficiary's lifetime and payment for funeral or other expenses after the Beneficiary's death may not be approved.

Please check this box if the Beneficiary is deceased and provide the date of death: _____



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Receipt Log for Advances

Please submit the completed form and receipts to Community Fund via mail or fax. The receipts must be on 8½" x 11" paper and should not contain staples or tape.

Agreement Number (consists of 1-2 letters and 8 numbers): _____

Beneficiary's Name: _____

Distribution Amount Previously Approved and Advanced \$ _____

Minus: Total Value of Receipts Attached (List below) \$ _____

Date	Description	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Equals: Total Value of Receipts Still Due to Community Fund \$ _____

I declare that the information provided on this form is accurate and current.

 Printed Name of Designated Advocate

 Date

 Signature of Designated Advocate



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Opt-Out of Paper Statements

(Return completed form to address or fax number above)

Huntington National Bank, Trustee, will automatically mail quarterly paper statements. If you prefer electronic access instead of receiving paper statements, please complete the information below and return to Community Fund Ohio. You will receive log-in information from Huntington at the email address you provide. You will be able to review daily account activity and view and print current and historical statements with the log-in credentials. Please call our office if you have questions about this form or our process.

This form must be completed by the party who receives statements as identified on the following chart:

Type of Sub-Account	Party Who Must Complete This Form
Master Trust – revocable and has never reached \$15,000	All Living Grantors
Master Trust – revocable and has reached \$15,000 or more	Designated Advocate
Master Trust – irrevocable	Designated Advocate
Pooled Medicaid Payback Trust	Designated Advocate
Roll-In Pooled Medicaid Payback Trust	Designated Advocate

You may revoke this election at any time by submitting a written notice by mail or fax to Community Fund Ohio. Your revocation may take up to 30 days to process.

_____ Signature #1	_____ Signature #2 (if Second Grantor)
_____ Printed Name	_____ Printed Name
_____ Email Address	_____ Email Address
_____ Phone Number	_____ Phone Number
_____ Beneficiary's Name	_____ Agreement Number (consisting of 1-2 letters and 8 numbers)

.....
 FOR COMMUNITY FUND OHIO USE ONLY:

Approved / Employee Initials and Date:

Submitted to Huntington for Processing / Employee Initials and Date:

Denied / Employee Initials and Date:
 Reason for Denial:

Trust Account Comparison Table (Effective 06/01/2022)
Community Fund Management Foundation Trusts

	Master Trust	Pooled Medicaid Payback Trust and Roll-In Pooled Medicaid Payback Trust
Established By	The Grantor, which can be anyone other than the Beneficiary	Ohio resident with a disability or parent, grandparent, guardian, or a court
Minimum Initial Deposit	\$0	Pooled: \$5,000 or more Roll-In: \$0
When Trust Becomes Distributable	Balance reaches \$15,000 or more at least once (Not a minimum balance requirement)	Balance reaches \$5,000 or more at least once (Not a minimum balance requirement)
Maximum Balance	None	None
Source of Funds	Assets not owned by or available to the Beneficiary	Assets owned by the Beneficiary
Revocability	May be revocable or irrevocable but becomes irrevocable at the last Grantor's death	Irrevocable (cannot be revoked)
Setup Fees (One-time)	Opened with \$15,000 or more: \$1,000 Opened with \$14,999 or less: \$750 initially and \$750 when the balance reaches \$15,000	Pooled: \$1,000 Roll-In: \$750 initially and \$500 when the balance reaches \$5,000
Trust Advisor Fee (Annual) Not charged until Trust is distributable and not charged if a beneficiary is deceased	Balance of \$50,000 or less: \$250 Balance of greater than \$50,000: \$250 plus .25% of market value over \$50,000	Balance of \$50,000 or less: \$250 Balance of greater than \$50,000: \$250 plus .25% of market value over \$50,000
Trustee Fee (Deducted Monthly) Not charged if a beneficiary is deceased	89 Basis Points Annually Calculated using the market value and debited monthly in arrears	89 Basis Points Annually Calculated using the market value and debited monthly in arrears
Distribution At Beneficiary's Death	Pursuant to options checked in the Joinder Agreement	Pursuant to options checked in the Joinder Agreement which include retention by nonprofit or repayment to Medicaid
Trustee Closing Fee (One-time) Deducted when a beneficiary is deceased	Equivalent to 5 months of the Trustee Fee using an average market value for the sub-account	Equivalent to 5 months of the Trustee Fee using an average market value for the sub-account
Trust Advisor Closing Fee (One-time) Deducted when a beneficiary is deceased	\$1,000	\$1,000



Tax Information for Community Fund Management Foundation Pooled Trusts

Community Fund Management Foundation Pooled Trusts report tax information on a calendar year basis. Tax documents will be mailed by March 15 for any pooled trust that had a balance at any point during the prior calendar year.

Tax documents will not be prepared for sub-accounts that had a zero balance during the entire prior calendar year. This means that sub-accounts that paid a setup fee but have had no other deposits will not receive a tax document (e.g., unfunded Master Trusts).

Pooled Trust Type	Tax Document Prepared	Mailed To	Reported on Income Tax Return For *
Pooled Medicaid Payback Trust or Roll-In	Grantor Letter	Designated Advocate	Beneficiary
Irrevocable Master Trust	K-1	Designated Advocate	Beneficiary
Revocable Master Trust	Grantor Letter	Grantor	Grantor

This handout applies to sub-accounts that have been funded and are administered for a living beneficiary. Our trustee, Huntington National Bank, may need to prepare a different tax document if a beneficiary or grantor has died. A person that receives a distribution check from the trust after the death of the beneficiary (known as a remainder distributee) can expect to receive a K-1. The K-1 may be issued in the same year that the remainder distributee received the distribution check although it is more likely the K-1 will be issued the following calendar year. Please notify Community Fund if a beneficiary, designated advocate, grantor, or remainder distributee moves or dies to ensure the correct tax documents are prepared and mailed to the appropriate party.

For questions about the tax document you received from the trustee or if you have not received your tax document for the prior year by March 31, please contact Huntington National Bank's Specialty Trust Department at 866.737.4590.

For all other questions related to a Community Fund Management Foundation Pooled Trust, please contact Community Fund Ohio at 216.736.4540.

*If you have questions about how to report information on your income tax return or to discuss whether you are required to file an income tax return or pay taxes, please talk with your tax preparer. Unfortunately, Huntington and Community Fund cannot answer tax questions and this handout is not intended to provide tax or legal advice.



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Authorization to Release Information

I authorize Community Fund to disclose the following information: (check one)

_____ Any information that could be provided to the Designated Advocate, such as a copy of the Joinder Agreement, account balance, and tax information

_____ Other: _____

to the following person or organization:

Name of Person: _____

Name of Organization: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email: _____

This authorization will expire: (check one)

_____ When Community Fund receives my written revocation of this Authorization.

_____ Date: _____

You may revoke this Authorization at any time by submitting a written notice by mail or fax to Community Fund Ohio. Your revocation may take up to 30 days to process.

 Signature of Grantor of Master Trust or Designated Advocate

 Signature of Second Grantor (if applicable)

 Printed Name

 Printed Name

 Beneficiary's Name

 Agreement Number
 (consisting of 1-2 letters and 8 numbers)



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Change of Address Notification

(Return completed form to address or fax number above)

The contact information for the party identified below should be updated as follows:

<input type="checkbox"/> Grantor	<input type="checkbox"/> Beneficiary
<input type="checkbox"/> Designated Advocate	<input type="checkbox"/> Successor Designated Advocate
<input type="checkbox"/> Attorney of Record	<input type="checkbox"/> Other: _____

New Information:

Printed Name _____

Address _____

City, State, Zip _____

Phone Number(s) _____

Email Address _____

Other _____

Prior Information:

Printed Name _____

Address _____

City, State, Zip _____

Phone Number(s) _____

Email Address _____

Other _____

_____ Signature of Grantor or Designated Advocate	_____ Signature of Second Grantor (if applicable)
_____ Printed Name	_____ Printed Name
_____ Date	_____ Date
_____ Beneficiary's Name	_____ Agreement Number (consisting of 1-2 letters and 8 numbers)