

# 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: \_\_\_\_\_

Telephone \_\_\_\_\_

RE:  Trust Documents  
 \_\_\_\_\_

Case Name \_\_\_\_\_

Local DSS \_\_\_\_\_

Case Worker \_\_\_\_\_ Telephone \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

Reply \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reviewer \_\_\_\_\_ Date Returned \_\_\_\_\_

Telephone \_\_\_\_\_