

GUARDIANSHIP TRUST PRE-SCREENING TOOL

922 KAR 5:180. Guardianship Trust Fund: pursuant to KRS 210.290(4)-(6), the Cabinet for Health and Family Services is authorized to establish a guardianship trust fund that may be used for the benefit of individuals under state guardianship who are indigent.

Name of requestor:	
Name of client	
Date of request	
Client appointment date:	
Current Level of care:	
Does the client currently receive any funding?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what is the source and how much?
Financial Benefits status:	<input type="checkbox"/> Lost Benefits <input type="checkbox"/> Awaiting benefits <input type="checkbox"/> Does not qualify If applicable, answer the following questions: When were benefits lost and why? When: Why: Date benefits were applied for if awaiting benefits?
Type of expenses requested:	<input type="checkbox"/> Housing <input type="checkbox"/> Food <input type="checkbox"/> transportation <input type="checkbox"/> clothing <input type="checkbox"/> medical expense <input type="checkbox"/> Other, Explain:
List all alternatives tried. Provide supporting documentation if applicable:	Alternatives attempted: Has document been provided? <input type="checkbox"/> YES <input type="checkbox"/> NO
List any known deadlines, such as eviction dates, due dates, etc.	Eviction Dates: Due Dates: Other? Explain:

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What is the anticipated total cost? Itemize each expense in the chart below.

Please refer below to 922 KAR 5:180 (7) for assistance.

Type of Expense	Cost	Duration of cost	Check made to	Address for check

922 KAR 5:180 Section (7) The following disbursements may be authorized to the extent funds are available in the trust:

- (a) Temporary housing costs not to exceed the cost of housing for two (2) months for an individual under guardianship:
 - 1. With no housing;
 - 2. Who has received an eviction notice; or
 - 3. Who is the victim of abuse, neglect, or exploitation and due to the circumstance is no longer able to safely remain in their current living environment and has no access to alternative living arrangements;
- (b) Medical supplies, medication, or medical transportation that are not covered by Medicaid or another insurance plan;
- (c) Emergency personal needs including clothing or food;
- (d) The reasonable cost of burial or cremation:
 - 1. For an individual under guardianship at least six (6) months prior to death; and
 - 2. Not to exceed \$5,000, for an individual under guardianship who has no:
 - a. Burial plan or life insurance;
 - b. Family able to cover the cost in full; or
 - c. The county of death has no fund for indigent burials; or
- (e) Expenses necessary to ensure the health, safety, and well-being if no other funds are available or accessible in a timely manner.

Attach any pertinent bills or statements to this request.

Attachments? ☐ YES ☐ NO