



DATE (YYYY MM DD) _____

SDSI-MCFD Legislation and Litigation Branch

Attention: **Litigation Section
Officer 079**

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Victoria BC V8W 9S3
Phone: 250 356-8762
HRTrusts@gov.bc.ca

The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*.

Please find attached documents for review to advise whether the trust is discretionary or non-discretionary.

The name of the recipient / applicant is _____

Case # _____ SR # _____

DOB (YYYY MMM DD): _____

Gender: Male Female

Has the recipient / applicant been deemed or designated a Person with Disabilities (PWD)? YES NO

Is the recipient / applicant a resident within a special care facility? YES NO

Current Value of Trust Property: \$ _____

Total Value of All Contributions to Trust: \$ _____

Please provide documents to verify this value

If you have other questions you wish to have addressed by legal counsel in regard to the trust, please write them here: (please use additional paper if necessary)

Until you have received the trust opinion, please do NOT make a new eligibility decision regarding the trust.

Please include worker's full name and phone number below:

Worker Signature	Please Print	Office Code	Worker's Direct Telephone Number
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Please do not send original documentation -- only a clear and legible copy of the document setting up the trust and any other background information on the trust necessary to advise whether the trust is discretionary or non-discretionary is required.

Thank you.