



SR Number :

DATE (YYYY MM DD) \_\_\_\_\_

SDSI-MCFD Legislation and Litigation Branch

Attention: Litigation Section PO Box 9743 STN PROV GOVT
Officer 079 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:

Table with 4 columns: Worker Signature, Please Print, Office Code, Worker's Direct Telephone Number

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.