

ENROLLMENT CHECKLIST



Empowering individuals with disabilities to live their fullest life. John 10:10

BENEFICIARY NAME:		ACCOUNT NUMBER:	
--------------------------	--	------------------------	--

Please complete the checklist, sign, and return to FLC with the required information.

- Complete the Joinder Agreement. Return original, signed by the Grantor(s).
- Complete and sign the Attorney Acknowledgement
- Complete a W-9 for the Beneficiary
- Review and sign the Trust Fee Schedule
- Complete the Beneficiary Information Form
- Complete Grantor Objectives and Beneficiary Profile Form
- Review and sign the Duties and Responsibilities of Beneficiary Advocate Form
- Optional: Consent for Release of Information
- Trust deposit checks should be made payable to:
 - 1st Party Trust – FLC Pooled Special Needs Trust F/B/O (Name of Beneficiary)
 - 3rd Party Trust – FLC Discretionary Trust F/B/O (Name of Beneficiary)

Please submit copies of the following, if applicable:

- Beneficiary's State Issued Identification Card and Social Security Card
- Proof of Beneficiary's disability from Social Security, if applicable. If not currently an SSI or SSDI recipient, please provide a Physician's Statement.
- Medicaid Recipients – Medicaid eligibility letter or Medicaid card
- Recipient of any other public benefits program – documentation of eligibility
- Recent Bank Statement showing income received
- Guardianships, Conservatorship and/or Power of Attorney
- Pre-Paid Funeral Contract for Beneficiary

Please contact FLC if you have any questions.

Completed By: _____ Relationship: _____

Date: _____

"My purpose is to give life in all its fullness" – John 10:10

The Full Life Center, Inc.
 349 E. High Ave., New Philadelphia, Ohio 44663
 Phone: (330) 343-0008 Fax: (330) 602-2822 Email: office@thefulllifecenter.org
www.thefulllifecenter.org