

*The Arc of Texas*

**MASTER POOLED**

*trust*

**an investment in you**

*Toolkit*

# trust

an investment in you

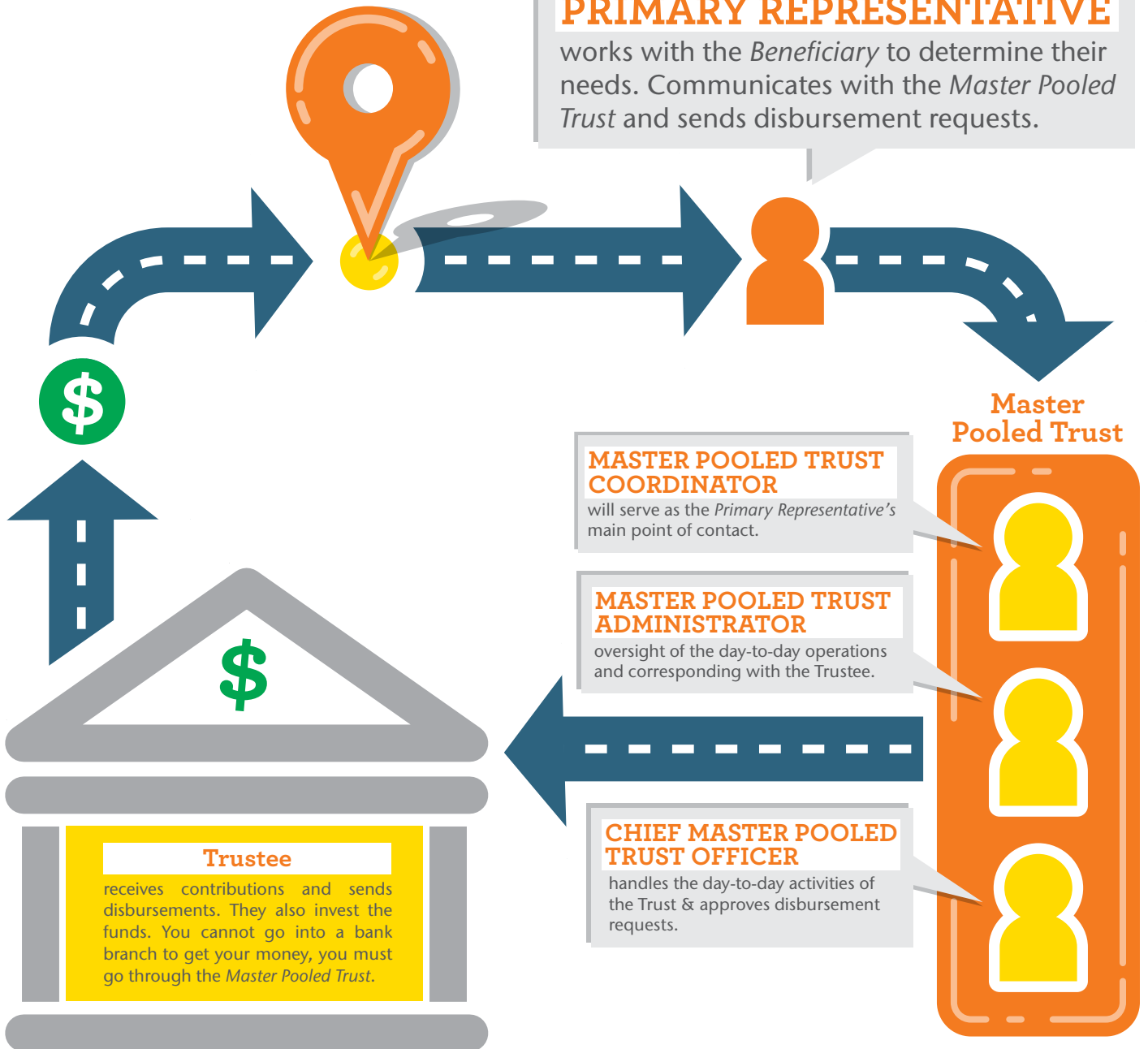
The TRUST starts here.

## BENEFICIARY .....

the person with a disability for which the sub-account has been established.

## PRIMARY REPRESENTATIVE

works with the *Beneficiary* to determine their needs. Communicates with the *Master Pooled Trust* and sends disbursement requests.





## Attention

This toolkit cannot cover every topic, rule, regulation or law concerning Special Needs Trusts. Laws and rules change over time, therefore the requirements of the Trust are subject to change without notice.

The Arc of Texas Master Pooled Trust periodically mails updates to Primary Representatives.

It is important, and the responsibility of the Primary Representative, to read these updates and keep the information with the original Trust document for future reference.

## Glossary

*Below are some words that you will come across in this Toolkit:*

**AUTOMATIC PAYMENT** Disbursements made to the same payee, for the same amount and on the same day each month that may be disbursed from a sub-account. *See the FEES or DISBURSEMENTS SECTION for more information.*

**BENEFICIARY** The person for which the sub-account has been established.

**BENEFITS** Any assistance provided to the Beneficiary or their family through government agencies or other organizations. Some examples include: SSI, SSDI, SSA, SNAP, all forms of Medicaid, etc.

**\*MEANS TESTED BENEFITS** Benefits available only to individuals whose income and/or assets are below a certain level. Means testing is used to determine eligibility for Medicaid, SSI and other benefits.

**BUDGET** An invaluable tool to help prioritize spending and manage money, no matter how much or how little is available. It provides a concrete, organized and easily understood breakdown of how much money is contributed and how much is being disbursed. *See the BUDGETING SECTION for more information.*

**SERVICE PROVIDER** An unpaid or paid person who helps the Beneficiary with his or her activities of daily living. To establish payment for a service provider, contact the Master Pooled Trust.

**CONTRIBUTOR** A person or entity that wishes to put funds into a Beneficiary's sub-account.

**DISBURSEMENT REQUEST FORM** This form must be completed, signed and submitted by the Primary Representative each time funds are requested from the sub-account. For instructions on how to complete a Disbursement Request Form, *see the DISBURSEMENTS SECTION*. For a blank copy of the Disbursement Request Form, *see FORM B*.

**EARNINGS** A positive or negative amount reported on the quarterly statement and mailed to the Primary Representative. This amount represents the sub-account's shared portion of the pooled investment's gains and / or losses for the quarter. *See the sample quarterly statement in the SAMPLES SECTION.*

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Title search: The Arc of Texas Master Pooled Trusts Toolkit

Also available as part of the eCourse

[2018 Special Needs Trusts eConference](#)

First appeared as part of the conference materials for the  
14<sup>th</sup> Annual Changes and Trends Affecting Special Needs Trusts session  
"The Arc of Texas Master Pooled Trusts: Differences and Resources"