

WISPACT, INC RETAINED FUND BENEFICIARY-DESIGNATION REPORT FORM »

Wispact, Inc., has delegated authority to _____, to designate individuals to be Beneficiaries of Wispact Trust I for the purpose of receiving funding from the Wispact Retained Fund.

_____ designates Beneficiary full to be a Beneficiary of Wispact Trust I for the purpose of receiving funding from the Wispact Retained Fund.

_____ has determined that Beneficiary full has a medically determinable mental or physical impairment that substantially limits one or more of the following major life activities: self-care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living; and economic self-sufficiency.

This determination is based on the following documentation, which is maintained in the files at _____.

- The individual is an ongoing recipient of services from Family Care or the Retained Fund.
- The individual receives Social Security Disability, SSI, Medicaid or Medicare benefits based on a finding of disability.
- A report from a physician or other medical record documenting that Beneficiary full has a medically determinable mental or physical impairment that substantially limits one or more of the following major life activities: self-care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living; and economic self-sufficiency.

Client Profile

First Name: _____ Last Name: _____ Social Security Number: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip Code: _____

Disability Information

Nature of Beneficiary's Disability

____ CI (Cognitive Impairment)

____ DD (Developmental Disability)

____ PD (Physical Disability)

____ MH (Mental Health Disability)

____ SD (Sensory Disability)

____ Other:

Specific Diagnoses: _____

When (approximately) did the Beneficiary's disability begin? _____

Is the Disability expected to be permanent? ____ Yes ____ No

