

**Georgia Department of Human Services  
Division of Family and Children Services  
Certification of Department of Community Health Approved Qualified Income Trust**

I certify that the foregoing Qualified Income Trust of \_\_\_\_\_  
is identical in all material respects to a Department of Community Health approved trust  
form. I have made no changes other than names, dates, and other identifying  
information.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
State Bar No

\_\_\_\_\_  
Address