

**Georgia Department of Human Services
Division of Family and Children Services
Qualified Income Trust Review Letter**

_____ Date _____
_____ Case # _____

Dear _____ :

A requirement of the Qualified Income Trust (QIT) is that a review of the activity in the trust be completed every six months. Please provide the items listed below. These items can be submitted by uploading them into your Gateway account, FAX, or submission to your local office.

_____ Copies of all pages of QIT bank statements for the following months: _____

_____ Copies of all checks written from the account reflected in the above statements.

_____ Provide an accounting of any deposits into the account and any deductions from the account not covered by checks. Explain any variations in deposits and/or deductions.

_____ Other _____

Thank you for your assistance in completing this review. If you need help or have questions, you can reach us at:

_____ Case Worker Name

_____ Case Worker Phone #

_____ Case Worker FAX #