

**Georgia Department of Human Services
Division Of Family and Children Services
Qualified Income Trust Approved Format Deviation Form**

Date _____

Section 1: Case Worker Information (to be completed by DFCS Case Worker)

Name _____ Phone # _____
Email _____

Section 2: Applicant/Recipient Information – (to be Completed by DFCS Case Worker)

Name _____ Case # _____

Section 3: Description (to be completed by DFCS Case Worker)

Describe how the trust deviates from the DCH approved QIT format, including a list of the page number(s) where the deviation(s) is/are located in the trust.

Section 4: Approval/Denial (to be completed by DCH Legal)

Trust Approval _____ Approved _____ Not Approved _____
Date Returned to DFCS _____

Comments

Signature _____

Date _____

Printed Name _____

Title _____