

**Georgia Department of Human Services  
Division Of Family and Children Services  
Special Needs Trust Review Routing Form**

**EMAIL:** gatrunit@gainwelltechnologies.com  
**MAIL:** Georgia Department of Community Health, Attn: Trust Review Unit  
100 Crescent Centre Pkwy, Suite 1000 Tucker, GA 30084

**Date Sent** \_\_\_\_\_

**Client Information**

Client's Name (Beneficiary of trust) \_\_\_\_\_

Client ID \_\_\_\_\_

Case # \_\_\_\_\_

**Case Worker Information**

Case Worker Name \_\_\_\_\_

Case Worker Direct Telephone # \_\_\_\_\_

Case Worker Email \_\_\_\_\_

Request Type \_\_\_\_\_ Application \_\_\_\_\_ Annual Review

Comments:

**FOR DCH LEGAL SERVICES USE ONLY**

\_\_\_\_\_ Trust Approved                      \_\_\_\_\_ Trust **NOT** Approved

Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title