

**PLAN of CT**  
**Planned Lifetime Assistance Network of Connecticut, Inc.**  
**P.O. Box 4280, Hartford, CT 06147**  
**860-523-4951**

**3<sup>rd</sup> Party Trust Checklist**

1. Trust Adoption Agreement (Choices A-C) \_\_\_\_\_  
- Please ensure that the TAA is initialed where indicated  
- Date the document when it is signed by the Grantor
  
2. Personal Care Plan (PCP) \_\_\_\_\_  
-13 page document
  
3. Initial Contract and Contract for Services \_\_\_\_\_
  
4. Power of Attorney or Designation of Agent form for beneficiary \_\_\_\_\_
  
5. \$1,050 PLAN of CT establishment fee \_\_\_\_\_

The PLAN of CT Trust Committee meets the 2<sup>nd</sup> Thursday every month to approve trust documents.