

PROCEDURE

Series:	Operating Procedures	COA: FIN 7.09 CFOP: 170-16
Procedure Name:	Master Trust for Child Welfare Program	
Procedure Number:	OP-1059	
Reviewed Date:	5/14/2018, 3/6/2020, 04/16/24	
Revision #/Date:	01/03/2026	
Effective Date:	01/03/2026, replaces previous version effective 06/26/2017	
Applicable to:	All Family Partnerships of Central Florida Staff and Contract Providers	

PURPOSE: To ensure that Family Partnerships of Central Florida assist clients in accessing funds from their master trust accounts for eligible expenses and cost of care and to ensure fiduciary responsibility as representative payee for client's money and property.

PROCEDURE:

References

Florida Laws Chapter 96-402
F.S. 402.33
Section 402.33, F.S.,

Establishing a Master Trust Account

For children placed in the Department's custody, excluding Level I licensed foster home and non-licensed placements, the lead agency must promptly apply to become representative payee, as defined in section [402.33\(1\)\(e\)](#), F.S., of any benefit payment, income, or asset. If the client is of sufficient age and ability to understand, he or she must be provided with the "Explanation of Master Trust Notice" (Attachment 1 to this chapter) to aid them in understanding what a Master Trust account is and how the funds will be used.

Establishing Subaccounts. The following actions must be completed within seven calendar days after the establishment of the client's Master Trust account.

- a. The Master Trust Account Manager must complete the Notarized Designation of Client Money and Property (form CF-FSP [5222](#), available in DCF Forms) indicating the establishment of the client's subaccount(s).
- b. Form 285D Notice of Assessed Fees showing the payment amount and the cost of care amount.
- c. The notarized signature and date of fiscal staff confirm the establishment of the accounts.
- d. The original copies are maintained in the client's case file.
- e. The lead agency must submit a copy to CLS for filing with the court.

NOTE: When a child enters care and is not receiving benefit payments, if the circumstances so warrant, the Family Partnerships of Central Florida CM will work with Master Trust to apply for benefits. Such circumstances include a deceased parent or the child having a qualifying condition such as being blind or disabled.

Master Trust Expenditure Plan. The lead agency must complete a Master Trust Expenditure Plan (form CF-FSP [5312](#), available in DCF forms) within 15 calendar days of establishing the client's Master Trust account. The expenditure plan shall be reviewed by the lead agency at least quarterly and updated as necessary. If, at any point, the balance is at least \$1,500 in SSI benefits, the lead agency must complete an updated Master Trust Expenditure Plan within 15 calendar days. The Master Trust Expenditure Plan must identify the following:

- (1) The item(s) and cost(s) planned to meet the needs of the client.
- (2) The anticipated amount to be accumulated in the subsequent three months would jeopardize the client's ongoing eligibility for SSI benefits.

Managing Client Trust Fund Accounts

The Social Security Administration sends the clients monthly SSI or SSA payments to FPOCF. The FPOCF Master Trust is responsible for the accounting of each client's trust fund. When withdrawal requests are received, a check is cut. All checks are sent to the Case Management Agency (CMA) unless otherwise noted or requested.

- a. SSI accounts have a \$2,000 asset limit. This means that if their account exceeds \$2,000 at any time, the Social Security Administration can suspend their benefits, including Medicaid. When a trust account reaches \$1,500, an expenditure plan must be created and implemented by the Family Partnerships of Central Florida Case Manager (CM). A copy of this plan is to be kept in the child's file.
- b. SSA accounts do not have an asset limit but must remain below \$20,000 to ensure no offset for income level in determining Medicaid.
- c. Clients who receive dual payments, both SSI and SSA, are also limited to \$2,000, before benefits may be suspended.
- d. The client's monthly cost of care (room & board payment) is deducted from the client's monthly SSA/SSI payments. For example, if a client received \$994 from Social Security and their monthly cost of care is \$964, then the client will have \$30 added to their trust fund balance. Exceptions may be granted through the fee waiver process.
- e. The FPOCF Master Trust Account Manager must perform planning and budgeting functions by keeping track of the client's Master Trust Fund balance(s). Case Managers and Points of Contact must monitor the client's current and anticipated needs in relation to such balance(s) and the best interests of the child.

- f. Master Trust sends the master trust balance report to the Case Management Agency monthly. Transaction reports are completed and sent out quarterly to Case Management and CLS.
- g. The Family Partnerships of Central Florida CM is responsible for keeping the client, court, and family informed of the status of the client's account. The judicial review social study report must include Master Trust accounting information.
- h. The 285D Notice of Fee Assessment and rights of Foster Child, is initially completed when the child starts to receive SSI/SSA benefits to let the child know that they are receiving benefits and that the cost of care may be applied. This is filed with the youth's JR.

Managing Client Trust Fund Purchases

- a. Funds in the Client's Master Trust account can be used for purchasing items related to the child's ongoing needs. This may include clothing, personal items, sports activities, computers, recreational activities, allowance (not replacing an allowance from the foster parent), music or art lessons, therapies not covered by Medicaid, tutoring, etc.

Purchasing plans are completed with the caregiver and the client, and if the child is old enough to understand, they should have input into the plan. As the child approaches 18, the CM works with CLS to ensure a motion is filed related to the disbursement of the Master Trust funds.

The Master Trust Check Withdrawal Request and Authorization (form CF-FSP 5463, available in DCF forms,) pursuant to Rule 65C-17.003(2)(a), F.A.C. The form must be completed and provided to FPOCF Master Trust Department with a copy placed in the client's hard file for all requests.

- b. If the purchase cost for the client exceeds \$500, GAL must be notified and approve. DCF also needs to approve the withdrawal request form via email.

The Proof of Settlement form must be completed and returned to FPOCF Master Trust after payment is issued and the items have been received by the client.

Client Trust Fund Fee Waiver

Fee Waiver and Change in Allowance Procedures. Please refer to Rules [65C-17.004](#) and [65C-17.005](#), F.A.C., for criteria and procedures. Any client who has a Master Trust account is eligible to apply for a fee waiver. The lead agency shall not deny requests for a fee waiver or change in allowance. All requests with sufficient documentation must be submitted to the region Department point of contact.

- a. The lead agency should temporarily suspend the application of cost of care to the client's account during the period where waiver and personal allowances are under review to ensure funds remain in the client's account and are available if the request is approved. If the request is denied, cost of care must be submitted to ORM for the period it was held.

b. The lead agency must track requests for fee waivers and change in allowance and their outcomes.

The request for waivers from Master Trust Fund being used as Maintenance Fees can be made at any time if a child has a specific need and is usually for up to 6 months total amount or for a limited sum. Reasons for the waiver may include but are not limited to.

- a. security and utility deposit when a child is transitioning to IL.
- b. specialized classes if the child has special talent or interest such as sports, music, arts, visual aids
- c. wheelchair for mobility-limited children or sensory toys for autistic children
- d. remedial tutoring
- e. items for the child's IL or PASS Plan
- f. prepaid college tuition program
- g. or childcare if youth is a parent.

To apply for a fee waiver, the following must be completed and provided to the FPOCF Master Trust Account Managers. Who will then provide the information to DCF for a decision to be made.

- a. Notice of Fee Assessment and Rights of Foster Child (Form 285D attached)
- b. Application for Review of Assessed Fee (Form 285E attached)
- c. The Fee Waiver Budget Worksheet
- d. Supporting verification of the cost of the specific need identified. These can be in the form of receipts, estimates, printouts of sample prices, etc.

The Case Manager is required to provide notice to the child about their rights to request a fee waiver at every JR, in accordance with 65C-17.005 F.A.C.

ABLE Trust Accounts

Conserved funds in a client's Current Needs subaccount are used to establish and invest in an ABLE United account. They can be established for SSI master trust accounts only.

This account is a unique investment and savings tool designed to help Floridians with eligible disabilities save for qualified expenses. Individuals can invest for the future in these tax-free earnings without impacting resource limits of federal benefits like SSI and SSDI, etc.

- a. Withdrawals or expenditures from this account must follow the same guidance and procedures outlined for Master Trust subaccounts.
- b. These funds are to be used for "qualified disability expenses". The most recent account statement must be filed with the court for each judicial review hearing.

The Master Trust Account Manager will forward the DCF ABLE Acknowledgement form and the diagnosis form that are needed to establish an ABLE Trust account at the case manager's request.



BY DIRECTION OF THE PRESIDENT AND
CHIEF EXECUTIVE OFFICER:

A blue ink signature of the name "Philip J. Scarcelli".

PHILIP J. SCARPELLI
President and Chief Executive Officer
Family Partnerships of Central Florida

APPROVAL DATE: 01/27/2026



MASTER TRUST WITHDRAWAL REQUEST AND AUTHORIZATION

Date of Request:

Requestor Name:

Agency / County:

Phone Number: _____

Email Address:

Check Box if Expenditure Plan has been completed.

Type of Account:

MASTER TRUST CURRENT NEEDS

Amount Requested (including tax):

\$

Reason for Withdrawal:

Client Name: _____ **Date of Birth:** _____

Client FSFN ID:

I am requesting the purchase to be made from my trust account. I understand that this request must be approved. I also understand that the original receipts, or receipts and cash, totaling the amount of the check must be returned. NOTE: Per 7 APM 6, If signature of the client cannot be obtained, the withdrawal request must be signed by a minimum of two employees.

Client Signature: _____ Date Signed: _____

Client signature: _____ Date signed: _____

Lead Agency Representative 1:

(If client signature not obtained) **Date Signed:**

Lead Agency _____

Per to Florida Administrative Code 65C-17.003, Master Trust purchases of \$500 or more must have the following notifications. Check box to verify required notifications was made and indicate date completed.

Parent(s) (unless TPR'd) Guardian Ad Litem Client Attorney/Attorney Ad Litem NA

Requested Items / Services: (Provide Backup Documentation where applicable)	Cost
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$



MASTER TRUST WITHDRAWAL REQUEST AND AUTHORIZATION

TOTAL: \$ 0.00



MASTER TRUST WITHDRAWAL REQUEST AND AUTHORIZATION

Purchase and Delivery Information – Identify Vendor where purchases are being made, if items are to be picked-up in store or shipped, and method of payment requested for the purchase.

Method of Payment: Check Agency Credit Card/P-Card Other (specify) _____

If paid by **Check** provide the following:

Pay To: _____

Address: _____

City / State / Zip: _____

Vendor: _____

Store Pick-up Provide Address: _____
 To Be Shipped Provide SHIP TO Address: _____

Comments / Special Instructions:

Signatures Below Indicate Approval of the Request: Single item purchases of \$500 or total purchase equals at least \$1000 must be reviewed and approved by the Region prior to purchase. Lead agency may require additional approval by agency management based upon agency specific policy.

Region Designee:	Printed Name/Title:	Signature:	Date:
(Single Item \$500 or Total Purchase \$1000)	_____	_____	_____

Agency Signatures:	Title:	Signature:	Date:
Signature of Approval:	_____	_____	_____
Signature of Approval:	_____	_____	_____
Signature of Approval:	_____	_____	_____
Signature of Approval:	_____	_____	_____
Signature of Approval:	_____	_____	_____
Signature of Approval:	_____	_____	_____
Signature of Approval:	_____	_____	_____

FISCAL USE ONLY (This information may vary by Lead Agency)

Account Balance Prior to Withdrawal:	\$ _____	Balance Date:	_____
Purchase Amount Approved:	\$ _____	Approval Date:	_____
Check Amount:	\$ _____	Check Date:	_____
Check Number:	_____	Invoice Number:	_____

Other: _____

Other: _____

Additional Comments:



OFFICE OF CHILD WELFARE
MYFLFAMILIES.COM

MASTER TRUST EXPENDITURE PLAN

Date Plan Prepared: _____

Lead Agency _____

Representative: _____

Agency / County: _____

Email Address: _____

Client Name: _____

Client Date of Birth: _____

Client FSFN ID: _____

Account Balance(s)

Current Needs Account	\$	As of Date:	_____
Monthly Accumulation	\$	X 3	\$ 0.00
Less Cost of Care	\$	X 3	\$ 0.00
Total excess for upcoming 3 months:			\$ 0.00

Client Special Needs:

Medical: _____

Mental: _____

Educational: _____

PASS Plan in Effect: Yes No

PASS Plan Appropriate for Child: Yes No

Plan to meet needs of child (formal or informal)

Monthly Expenses: _____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Anticipated Expenses: _____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

List participants in development of Expenditure plan below:

Child Welfare Professional Signature: _____ Date Signed: _____

Child Welfare Professional Supervisor Signature: _____ Date Signed: _____



Family Partnerships of Central Florida

BREVARD | ORANGE | OSCEOLA | SEMINOLE

MASTER TRUST PROOF OF SETTLEMENT

Client Name _____ Check Amount _____

Check Number _____ Check Date _____

By signing below, I certify that the goods and/or services that I requested were provided to me.

Client's Signature _____ Date _____

By signing below, I certify that the good and/or services as indicated were provided to the above referenced client

Case Manager Signature _____ Date _____ Telephone Number _____

Scan and forward to the Master Trust Account Manager

Family Partnerships of Central Florida
901 N. Lake Destiny Suite 400
Maitland, FL 32751

****Additional funds will not be released until this disbursement is settled****



NOTICE OF FEE ASSESSMENT AND RIGHTS OF FOSTER CHILD

Date:

FROM: _____ Title: Master Trust Account Mgr Phone: _____

RE: Child's Name: _____ DOB: _____

The Department or Lead Agency (*check applicable*)

Serves as the representative payee for Social Security, federal benefit, or other payments belonging to the above-named child. **OR**

Is holding moneys for the child in trust. The source of these funds is _____

This is to notify you that the Department or the Lead Agency has *(check applicable)*:

Assessed the child a monthly fee for the cost of care ("fee") from his or her Social Security or other monthly benefit. The amount of the child's monthly Social Security or other benefit check is \$994.00. The amount of the monthly fee is \$964.00. The remaining balance of \$30.00 monthly, after the deduction of the fee, is deposited in a trust account for the benefit of the child. (Note: The cost of care may change monthly.)

Assessed the child a monthly fee for the cost of care from the child's assets held in trust by the Department or Lead Agency. The amount of the monthly fee is \$_____. (Note: The cost of care may change monthly.)

You have the right to request a fee waiver on behalf of the child. If the Department denies your request for a fee waiver in whole or in part, you have the right to request an administrative hearing pursuant to Chapter 120, Florida Statutes. These administrative hearings are confidential and shall not be disclosed to unauthorized third persons pursuant to state and federal laws and regulations.

The Department is obligated to manage the Social Security, federal benefit, or other payment or asset in trust for the child and has a duty to protect both the child's short-term and long-term financial interests. The Department must balance the special needs of the child against the fee assessment for the cost of the child's care, in the child's best interest.

In the case of a child age 15 or older, the Department must also take into account the child's need to be able to function as an adult at age 18, and must balance this need in the child's best interest against the fee assessment for the cost of the child's care.

For any child who receives Supplemental Security Income (SSI), the child's receipt of a monthly benefit is subject to a \$2,000 asset maximum.

To apply for a fee waiver for the child, you must do one of the following:

1. Complete and mail the attached "Application for Review of Assessed Fee"; or,
2. Send a letter to Family Partnerships of Central Florida
and include information as to why the fee should be waived.

In your application or letter, please include any information and supporting documentation within your own knowledge regarding any special needs of the child that are currently unmet. In addition, for a child 15 or older, please describe the child's need to prepare for independent living or for adulthood. If the child receives SSI benefits, please also include an individualized plan for ensuring he or she will accumulate less than \$2,000 in countable assets.

As trustee of the child's money and property, the Department or Lead Agency is required to give you an annual accounting, letting you know how the Department or Lead Agency has been using the child's benefit payments on the child's behalf and the amount being held in trust for the child. To request the most recent accounting statement, please contact:

Master Trust Account Manager
901 N Lake Destiny Rd
Suite 400
Maitland, FL 32751

continued from page 4

Diagnosis Code (Please select one)

Code 1: Developmental Disorder
Autistic Spectrum Disorder, Asperger's Disorder, Developmental Delays and Learning Disabilities

Code 2: Intellectual Disability
Mild, moderate, or severe intellectual disability

Code 3: Psychiatric Disorder
Schizophrenia, Major depressive disorder, Post-traumatic stress disorder (PTSD),
Anorexia nervosa, Attention deficit/Hyperactivity disorder (AD/HD) and Bipolar disorder

Code 4: Nervous Disorder
Blindness, Deafness, Cerebral Palsy, Muscular Dystrophy, Spina Bifida, Juvenile-onset Huntington's disease,
Multiple sclerosis, Severe sensorineural hearing loss and Congenital cataracts

Code 5: Congenital Anomalies
Chromosomal abnormalities: Down Syndrome, Osteogenesis imperfecta, Xeroderma pigmentosum,
Spinal muscular atrophy, Fragile X syndrome and Edwards syndrome

Code 6: Respiratory Disorder
Cystic Fibrosis

Code 7: Other
Anything not listed under codes 1-6 and Tetralogy of Fallot, Hypoplastic left heart syndrome,
End-stage liver disease, Juvenile-onset rheumatoid arthritis, Sickle cell disease and Hemophilia

Is this disability permanent*? Yes No

I certify under the penalties of perjury that:

The Beneficiary developed the disability or blindness before the age of 26

The Beneficiary has no other ABLE account

I will notify the Program of any changes to the permanence* of the Beneficiary's disability or blindness
(including any potential cure for such disability or blindness) promptly upon such an occurrence

* Permanent/permanence is intended to mean a disability that "can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months" as set forth in Section 529A of the Internal Revenue Code.

What is an ABLE Account?

An ABLE account is a tax-free savings and investment account established to support qualified disability expenses, including living expenses, for an individual with a disability. Money in an ABLE account is generally disregarded when determining eligibility for federal benefit programs such as Supplemental Security Income (SSI) and Medicaid. The ABLE United Program is the qualified ABLE program offered by the state of Florida. ABLE accounts in the ABLE United Program are referred to as ABLE United accounts. The only investment type approved by the Department is the FDIC-Insured Savings Account. This investment type is insured, and funds are not at risk of being lost.

Eligibility Criteria to open an ABLE Account

There are three eligibility criteria for opening an ABLE United account:

- Florida Residency: The individual must be a Florida resident at the time of application.
- Disability Severity Criteria: The individual must be blind or have a disability that meets the disability and severity requirements such as for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).
- Disability Onset: The onset of blindness or disability must have occurred before the individual's 26th birthday.

Factors to consider when making the determination of the appropriateness of an ABLE United account include age and needs of the client, Master Trust account balances, and progress towards reaching the identified permanency goal.

Accessibility of Funds

The funds are available within two to five days from the approved request. The funds are tax-free if they are used on a "qualified disability expense." The expenditure documentation is the same as currently required to utilize funds in Master Trust accounts. There is no annual fee and online banking features exist. Paper statements can be obtained for a fee. As the Authorized Legal Representative (ALR), the lead agency will designate two individuals that will be named as the primary and secondary representative on the account.

Comparison of Master Trust Accounts and ABLE Accounts

Master Trust Accounts	ABLE Accounts
• Has an asset limit of \$2,000 or the child becomes ineligible for SSI Medicaid which limits ability to conserve funds.	• Are exempt from federal means tested benefits, up to \$100,000.
• Cost-of-care is deducted from the child's current needs account on a monthly basis; however, funds accumulate and must be monitored closely.	• Cost-of-Care is deducted from benefits received prior to transferring funds into an ABLE Account.
• Once account reaches \$1,500, the lead agency completes an Expenditure Plan outlining how funds are to be spent to prevent going over the allowable asset limit.	• The lead agency could allow up to \$15,000 annually to accumulate in the child's account to better plan and meet future needs.
• Funds can accrue interest.	• Funds will accrue interest. Tax forms 5498-QA or 1099-QA may be received.
• Social Security funds are sent back to social security to establish a new payee once a child leaves care which can cause a delay in access to benefits.	• Child can continue to benefit from account once a child leaves care and the ALR can be transferred within 30 days.
• Social Security Administration conducts reviews.	• Social Security Administration has the authority to conduct reviews on withdrawals for SSI recipients.

Acknowledgement of Receipt of Information

I confirm that I have reviewed the information within this document with the individuals listed below.

Youth's name:			
Parent's name(s):			
Child Welfare Professional's Name:		Child Welfare Professional's Signature:	

ADDITIONAL INFORMATION

Additional information can be found by visiting the ABLE United website at <https://www.ableunited.com>