______________________________ QUALIFIED INCOME TRUST

[Name of Beneficiary]

______________________________ [name of settlor] hereby creates a trust, to be known as
______________________________ [name of primary beneficiary] Qualified Income
Trust and to be governed by the terms set out below:

The primary beneficiary of the trust is __________________________. The purpose of
this trust is to assure eligibility of the primary beneficiary for medical assistance program
benefits.

The property to be placed in the trust is the income received by the primary beneficiary
from the following source(s):

1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

No property other than the primary beneficiary’s income may be placed in the trust. The
trust may receive any or all of the primary beneficiary’s income, but the entire amount of
income from each income source shall be deposited directly in the trust account or
deposited in the trust account in the same month the income is received by the primary
beneficiary.

The Trustee shall make distributions from the trust in amounts and for the purposes
necessary to maintain eligibility of the primary beneficiary for medical assistance
program benefits, notwithstanding any other provision of this document. Among the
requirements of the medical assistance program at the time of establishment of this
trust, which the Trustee shall meet as long as and to the extent required, is the
requirement that the trustee make payments from the trust in the following priority, no later than the last day of the month after the income is received by the trust:

1. A monthly personal needs allowance for the primary beneficiary;
2. A sum to the spouse of the primary beneficiary, if any, sufficient to provide but not exceed the minimum monthly maintenance needs allowance for the spouse as provided by Title XIX of the Social Security Act;
3. Incurred medical expenses of the primary beneficiary as defined by the Medicaid program;
4. The cost of medical assistance provided to the primary beneficiary;
5. Payments to or on behalf of the primary beneficiary that will not result in the loss or reduction of benefits available to the beneficiary from the medical assistance program.

__________________________________________________________________________ (name of initial trustee) shall serve as Trustee of this trust. In the event the Trustee resigns, becomes legally incapacitated or dies while holding office, ____________________________________________________________________ (name of successor trustee) shall serve as successor Trustee. Any trustee may, while serving as trustee, appoint one or more successor trustees. If there is no named trustee eligible or willing to serve as trustee, any interested person may apply to be appointed trustee in accordance with Texas Property Code §113.083. No bond shall be required for any Trustee. The Trustee shall have all powers given to a Trustee by the Texas Trust Code.

The Trust's assets, income and distributions shall not be subject to anticipation, assignment, pledge, sale or transfer in any manner, nor shall the primary beneficiary have the power to anticipate or encumber such interest nor shall such interest, while in the possession of the Trustee, be liable for, or subject to the debts, contracts, obligations, liabilities or torts of the primary beneficiary.

This trust is irrevocable. This trust shall terminate upon the death of the primary
beneficiary. Upon the death of the primary beneficiary, the Trustee shall distribute to the Texas Health and Human Services Commission or its successor agency any remaining trust property up to an amount equal to the total medical assistance paid on behalf of the primary beneficiary by the State of Texas. The Trustee shall distribute any remaining trust property to

________________________________________________________ [name(s) of distributee(s)].

Signed the ______________ day of ________________________, 20____.

________________________________________  ____________________________
Settlor                                      Initial Trustee