



# DISBURSEMENT REQUEST FORM

Beneficiary Name: Joseph Jones

Participant #: 1234567

Make Check Payable to: Verizon

Checks will be mailed to the service provider unless otherwise noted by the Primary Representative.

Mail Check to: Verizon Wireless Services, PO Box 123, Boston, MA 55555

Payment Amount: \$72.00

Date Needed: April 5, 2013

Check Memo (i.e. account/invoice number): 0120034056789

Purpose of Request: Landline service

Beneficiary Receives: Medicaid:  Yes  No SSI:  Yes  No

Remember: SSI Recipients may not use their trusts to pay for food, shelter or direct reimbursement.

**Please enclose copies of bills, statements, training invoices or receipts.**

**NOTE:**

Each business day, Disbursement Requests are processed in the order in which they are received by The Arc of Northern Virginia. Complete and legible Disbursement Requests with all required documentation will be approved within 5 business days of receipt. Emergency situations may be processed individually.

Disbursement requests without bills, invoices, training invoices or receipts which fully document the Payment Amount cannot be processed.

Generally, once The Arc sends the Disbursement Request to the Trustee, the Trustee will process the DR, then print and mail the check to the Payee within 5 business days.

Disbursement requests may require additional review and/or documentation. Certain expenses may require prior submission to and denial by a government agency to be considered a legitimate supplementary expense.

Primary Representative/Beneficiary must sign the Disbursement Request. Unless otherwise specified, Grantors are Primary Representatives.

Requested By: Julie Jones-Smith

Daytime Phone/Email: jsmith@yahoo.com

Signature : Julie Jones-Smith

Date: March 15, 2013

By signing this form, the Primary Representative is certifying: 1. He/she is authorized to approve Disbursement Requests on behalf of the Beneficiary; 2. This Disbursement Request is for the sole benefit of the Beneficiary; 3. The Beneficiary was alive at the time the expense was incurred (for SF trusts only); 4. The Beneficiary will follow SSI and Medicaid rules for reporting changes in income within 10 business days.

**ARC ONLY:**

- Approved:** Sent to Trustee on \_\_\_\_\_
- Disapproved:** Reason \_\_\_\_\_

This section completed by the Trust Dept. of The Foundation of The Arc of Northern Virginia.

Signature: \_\_\_\_\_

Authorized Date: \_\_\_\_\_

Sample Only