

Disbursement Request Form

Beneficiary Name: _____ Participant #: _____

Check Payee: _____ Account #: _____

Mail Check to: _____

Payment Amount: \$ _____ Date Needed: _____

Check Memo:
(i.e. Account #) _____

Purpose of Request: _____

Does the Beneficiary Receive - 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 Foundation of The Arc of Northern Virginia. Complete and legible Disbursement Requests with sufficient supporting documentation will be approved within 5 business days of receipt. Emergency situations will be addressed individually.

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.

The Foundation of The Arc of Northern Virginia has sole discretion regarding disbursements for the Beneficiary.

Requested By (print): _____ Phone/Email: _____

Title (if appropriate): _____

Signature: _____ Date: _____

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 Date: _____

Disapproved: Reason _____ Date: _____

Pending: Reason _____ Date: _____

Signature: _____