

**Disbursement Request Form**

**Beneficiary Name:** \_\_\_Joseph Jones\_\_\_\_\_ **Participant #:** \_\_\_001234\_\_\_

**Check Payee:** \_\_\_Verizon\_\_\_\_\_ **Account #:** \_\_\_2155027\_\_\_

**Mail Check to:** \_\_\_ PO Box 123 \_\_\_\_\_  
 \_\_\_ Boston, MA 55555 \_\_\_\_\_

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

**Payment Amount:** \$\_\_\_72.20\_\_\_\_\_ **Date Needed:** \_\_\_3/28/2018\_\_\_

**Check Memo:**  
 (i.e. Account #) \_\_\_Account #: 0120034056789\_\_\_\_\_

**Purpose of Request:** \_\_\_Cell Phone Bill\_\_\_\_\_

**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 supporting documentation will be approved **within 5 business days of receipt**. Emails are addressed 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 review, 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 (print):** \_\_\_Julie Jones-Smith\_\_\_\_\_ **Phone/Email:** \_\_\_703-123-4568\_\_\_\_\_

**Title (if appropriate):** \_\_\_N/A\_\_\_\_\_

**Signature:** \_\_\_*Julie Jones-Smith*\_\_\_\_\_ **Date:** \_\_\_3/8/2018\_\_\_\_\_

*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**
- Disapproved: Reason** \_\_\_\_\_
- Pending: Reason** \_\_\_\_\_

**Date:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

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

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