



Special Needs Trust
Serving Virginia, MD & DC

The Arc of Northern Virginia
2755 Hartland Road, Suite 200, Falls Church, VA 22043
Phone: 703-208-1119; Fax: 703-208-0906
www.thearcofnovatrust.org

Enrollment Fee Disbursement Request Form

Beneficiary Name: _____

Check Payee: Foundation of The Arc of Northern Virginia

Mail Check to: 2755 Hartland Rd, Suite 200, Falls Church, VA 22043

Payment Amount: \$_____

Check Memo: Enrollment Fee

Beneficiary Receives:
Medicaid: Yes No

SSI: Yes No

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

Requested By (print): _____

Phone/Email: _____

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**

Signature: _____ **Date:** _____