The Arc
Northern Virginia
Special Needs Trust
Serving Virginia, MD & DC

The Arc of Northern Virginia
3060 Williams Drive, Suite 300, Fairfax, VA 22031
Phone: 703-208-1119; Fax: 703-982-7135
www.thearcofnovatrust.org

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; if receiving Medicaid, direct reimbursement is also not guaranteed given income limitations.

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 reviewed **within 5 business days of receipt**. Emergency situations will be addressed individually.

The Arc sends aproved Disbursement Request to the Trustee. Upon receipt the Trustee will print and issue payment 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: _____