

## RECURRING Disbursement Request Form

**Beneficiary Name:** \_\_\_\_\_ **Participant #:** \_\_\_\_\_

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

**Mail Check to:** \_\_\_\_\_  
\_\_\_\_\_

**Payment Amount:** \$ \_\_\_\_\_

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

**Purpose of Request:** \_\_\_\_\_

**Frequency:** Please check one and specify payment due date:

- Yearly: \_\_\_\_\_
- Every 6 months: \_\_\_\_\_
- Quarterly: \_\_\_\_\_
- Monthly: \_\_\_\_\_
- Other: \_\_\_\_\_

**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 **8 business days of receipt**. Emergency situations will be addressed individually.

The Arc sends approved 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:** \_\_\_\_\_ **\_\_FIXED or \_\_ VARIABLE**

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

**Disapproved: Reason** \_\_\_\_\_ Date: \_\_\_\_\_

**Pending: Reason** \_\_\_\_\_ Date: \_\_\_\_\_

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