

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: _____

Please check off current benefits received by the Beneficiary:

	Yes	No
SSI	_____	_____
Medicaid (Insurance)	_____	_____
Medicaid (Waiver)	_____	_____
SNAP	_____	_____
Housing (HCV/SRAP)	_____	_____

Remember:

- Those with means-tested benefits cannot be directly reimbursed
- Government benefits dictate allowable expenses from the Trust

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

Generally, once The Arc of NOVA 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.