

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: GG=FYVd]Ybhg'a Um
bch'i gY'h\Y]f' hfi gh'hc'dUmZcf'ZccXz'
g\Y'hYf'cf'X]fYVh'fY]a Vi fgYa Ybh'
]Z'fYVW]j]b['AYX]VW]Xz'X]fYVh'
fY]a Vi fgYa Ybh']g'U'gc' bch'
[i UfUbhYXX' []j Yb']bVta Y'
']a]h]cbg.

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 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:

Approved _____ **Date:** _____

Disapproved: Reason _____ **Date:** _____

Pending: Reason _____ **Date:** _____

Signature: _____