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: 703-208-0906
www.thearcofnovatrust.org

Enrollment Fee Disbursement Request Form

Beneficiary Name: _____

Check Payee: Foundation of The Arc of Northern Virginia

Mail Check to: 3060 Williams Drive, Suite 300, Fairfax, VA, 22031

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:**_____