

TO SUBMIT THIS FORM
E-Mail: Trust@thearcoftexas.org
FAX: 512-454-4956
MAIL: 8001 Centre Park Drive, Suite 100
 Austin, Texas 78754



DISBURSEMENT REQUEST FORM

Beneficiary:	Primary Rep (PR):
Sub-Account Number:	PR Phone:
Date:	PR Email:
Benefits (✓ all that apply): <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> MEDICAID TYPE _____	
For SSI recipients only: This request does not include payment for items related to food, shelter or cash <input type="checkbox"/>	

SECTION 1: Please list the item(s) and/or service(s) for which a disbursement is requested.	
Item/Service Description	Amount
1.	
2.	
3.	
4.	
5.	
TOTAL	\$ _____

If you have more items/services to list please attach another Disbursement Request Form.

Payment Options (Choose only one: Check, Direct Deposit or True Link Card)	
<input type="checkbox"/> Check	Payee Name: _____ Memo on Check (i.e. Invoice or account number): _____ <u>Mail Check To:</u> Name: _____ Address: _____ City: _____ State: _____ Zip: _____
<input type="checkbox"/> Direct Deposit	Bank Name: _____ Bank Phone: _____ Account Holder's Name: _____ Checking <input type="checkbox"/> OR Last four (4) Digits of <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Savings <input type="checkbox"/> Bank Account Number: _____
<i>A Disbursement Direct Deposit Authorization Form MUST be completed or on file for a direct deposit to be made.</i>	
<input type="checkbox"/> True Link Card	Name of Card Holder: _____

☆ YOU MUST ATTACH A COPY OF ALL RECEIPTS ☆

I acknowledge that this is for the sole benefit of the Beneficiary of the sub-account.

SIGNATURE of Primary Representative: _____ DATE: _____

Please allow **5-8 business days** for processing. Incomplete forms will be returned to the Primary Representative.
 FEEL FREE TO MAKE COPIES OF THIS FORM. VISIT OUR WEBSITE TO DOWNLOAD THIS FORM.
www.thearcoftexas.org/trust-forms

HOW TO COMPLETE A DISBURSEMENT REQUEST FORM - INSTRUCTIONS

Read Carefully Before Completing A Disbursement Request Form

TO AVOID ANY DELAYS IN PROCESSING, YOU MUST SUBMIT COPIES OF RECEIPTS, INVOICES, ESTIMATES OR A PROOF OF PURCHASE AND SIGN THE FORM.

<p><u>SUB-ACCOUNT INFORMATION</u></p>	<p>Name on Account: The Beneficiary's name on the sub-account. Sub-Account #: The sub-account number assigned to the Beneficiary on the joinder agreement. Date: The date you are submitting the disbursement request. Phone Number: A contact phone number for the Primary Representative. Benefits: Indicate if the Beneficiary is receiving SSI, Medicaid or SSDI. <i>Include the type of Medicaid (e.g. HCS, CBA, CLASS, DBMD, Traditional, QMB, SLMB). Check all that apply.</i> For recipients of SSI, indicate that the request is not for food, shelter or cash because SSA will reduce the Beneficiary's benefits if those items are paid for by the sub-account.</p>
<p><u>SECTION 1</u></p>	<p>Item/Service Description: Provide a brief description of how the money will be used for the disbursement (e.g. furniture, storage fee, phone bill). Itemize the request. Amount: For each item or group of items, put the amount to be reimbursed or paid. Total Amount: Add up all amounts listed.</p>
<p><u>SECTION 2</u></p>	<p><i>ONLY COMPLETE ONE PAYMENT OPTION: CHECK, DIRECT DEPOSIT or TRUE LINK CARD **If an additional payment option is needed, complete a second Disbursement Request Form**</i></p> <p><u>Check Request:</u> Payee Name: The name of the company or person to whom the check should be made. Memo on Check: Indicate what information you want printed on the check (e.g. account number for phone bill, patient ID for hospital, invoice number for furniture store). Mail Check to Name: The name of the individual/store/company to whom the check should be sent. Address: The address of the person/store/company receiving the check.</p> <p><u>Direct Deposit:</u> <i>A Disbursement Direct Deposit Authorization Form must be completed or on file for funds to be disbursed via direct deposit.</i> Checking: Check this box for a checking account. Savings: Check this box for a savings account. Bank Name: Name of the bank where the money being deposited. Bank Phone #: The phone number of the bank where the money is being deposited. Account Holder's Name: The name of the person who holds the account (should be exactly as it appears on the bank statement). Last Four (4) Digits of Bank Account #: The last four (4) digits of the bank account number that the funds will be deposited to.</p> <p><u>True Link Card:</u> Name of Card Holder: List the name provided on the True Link Card.</p>
<p><u>SIGNATURE</u></p>	<p>Acknowledgement that the Disbursement Request Form is accurate and the items and/or services purchased are for the sole benefit of the Beneficiary. <u>The signature of the Primary Representative is required.</u> <i>An electronic signature is acceptable if sent from the Primary Representative's email address on file.</i></p>

SUBMIT YOUR FORM 3 WAYS

Mail: The Arc of Texas, Attn: MPT - 8001 Centre Park Dr., Suite 100 - Austin, TX 78754

Fax: (512) 454-4956

Email: trust@thearcoftexas.org

For questions or additional forms, call us at 512-454-6694 or 1-800-252-9729 or visit

<http://www.thearcoftexas.org/trust-forms>