



Family Special Needs Pooled Trust Disbursement Request Form BCArc - 2

Trust Beneficiary's Name _____ Date _____

Please detail below the item or service for which a disbursement is being requested. Attach documentation to support this request (store receipt, bill, credit card statement etc).

| Store or Vendor Name | Description of Items or Services Provided | Amount |
|----------------------|---|--------|
| | | |
| | | |
| | | |
| | | |

Make check payable to: _____

Address of Payee: _____

Mail check to: _____
(if different than above) _____

By signing below I am certifying that all items listed above were purchased for the sole benefit of the Trust Beneficiary. I further certify that I am aware that for the SSI beneficiary that the above purchases do not include any items such as food, shelter costs or restaurant meals. If these expenses above do include such purchases I am aware that Social Security may reduce the Trust Beneficiaries benefit amount.

Printed name of person authorized to request disbursement

Signature of person authorized to request disbursement

Date _____

Submit this form along with all supporting receipts, documentation, etc. to:

| | |
|-------------------------|-----------------------------|
| Berkshire County Arc | |
| Attn: Melissa Francoeur | Email: mfrancoeur@bcarc.org |
| PO Box 2 | Fax: 413-445-7863 |
| Pittsfield, MA 01202 | |

For Office Use Only

Date Received:

Reviewed By: _____ Approved By: _____