

# SPECIAL NEEDS TRUST DISBURSEMENT REQUEST FORM

Phone: (877) 695-6444 | Email: [inbox@cpttrust.org](mailto:inbox@cpttrust.org) | Fax: (619) 431-1997 | [www.cptinstitute.org](http://www.cptinstitute.org)

<b>Trust Beneficiary Name:</b>	<b>Trust ID:</b>
<b>Government Benefits:</b>	<b>Phone Number:</b>
<b>Advocate Name (if applicable):</b>	<b>Email:</b>
<b>Address:</b>	

**DISBURSEMENTS MUST BE PAYABLE TO A THIRD PARTY AND FOR THE BENEFIT OF THE BENEFICIARY.**

PAYEE (who the check is going to/name of payee receiving the check)	AMOUNT
	\$
DESCRIPTION (brief description of your request)	
CHECK MEMO LINE (account number, check description, etc.)	PHONE NUMBER

CHECK DESTINATION ADDRESS		
<input type="checkbox"/> Directly to Payee address (specify below)	<input type="checkbox"/> Advocate	<input type="checkbox"/> Trust Beneficiary
Street:		
City:	State:	Zip:

EXPEDITED MAIL REQUEST (optional)
<input type="checkbox"/> The fee for this service is \$35.00 This only expedites the mail time for this disbursement request, not the normal processing time required by CPT Institute.

DISBURSEMENT TYPE (choose one)			
<input type="checkbox"/> <b>DIRECT PAYMENT</b> Direct payment to a third-party vendor. Example: Furniture store, cell phone company, internet company, etc.	<input type="checkbox"/> <b>TRUE LINK CARD</b> Reloading funds on your True Link Card.	<input type="checkbox"/> <b>REIMBURSEMENT</b> Payment to a third-party individual. Example: Friend/family member purchased something for you.	<input type="checkbox"/> <b>CREDIT CARD</b> Direct payments to a credit card company. Example: Credit Card and you would like to pay it off.

RECEIPT TRACKING REQUIREMENT
If submitting multiple receipts, please be sure to use the attached Receipt Tracking Log. <b>If you are requesting to reload funds on your True Link Card or pay your credit card, please do the following:</b> <ul style="list-style-type: none"> <li>Enter all transactions listed on the credit card statement/True Link Card Activity Report that you would like to be counted.</li> <li>If you do not have the receipt, please enter a "0" in the Amount to pay column.</li> <li>If you are not requesting full payment on a receipt, please enter the amount requested in the Amount to pay column and make a notation on the receipt.</li> </ul>

I hereby authorize the trustee to make payments to the payee/creditor in the amount indicated. I understand if this disbursement compromises government benefits eligibility it may be denied or may cause a reduction in benefits. If denied and payment is still requested the program's Administrator, Trustee, and Non-Profit shall not be held liable for any loss of benefits and will hold the aforesaid harmless from any claims or liability.

BENEFICIARY/ ADVOCATE SIGNATURE	PRINT NAME	DATE

# RECEIPT TRACKING LOG

Required when submitting multiple receipts

If submitting multiple receipts, please be sure to use the attached Receipt Tracking Log.

**If you are requesting to reload funds on your True Link Card or pay your credit card, please do the following:**

- Enter all transactions listed on the credit card statement/True Link Card Activity Report that you would like to be counted.
- If you do not have the receipt, please enter a "0" in the Amount to pay column.
- If you are not requesting full payment on a receipt, please enter the amount requested in the Amount to pay column and make a notation on the receipt.

**CREDIT CARD / TRUE LINK CARD #**

Receipt #	Store Name	Description	Amount to Pay	Running Balance
<p style="text-align: right;"><b>Total Requested:</b> (This should match the amount on the Disbursement Request Form)</p>			<p>\$</p>	