



**Which government  
benefits do you have?  
(i.e., Medicaid, SSI, etc.)**

**Enter the name of  
the beneficiary.**

**Enter the Trust  
ID number.**

**Enter the  
beneficiary's  
phone number.**

### 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)

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

**What is name of the Advocate  
(if any).**

**Enter the Advocates mailing  
address. If you do not have  
an advocate, please enter  
your mailing address.**

**Enter the Advocates  
email. If you do not have  
an advocate, please enter  
your email address.**



Who is the  
money going to?

How much is being requested  
out of your trust account?

**DISBURSEMENT 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 (a brief description of your request)	
CHECK MEMO LINE (account number, check description, etc.)	

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:

Where should  
the check go?

Enter the street address, city, state, and  
zip code of person receiving the money.

What is the  
money for?



Would you like the  
money express mailed?

### EXPEDITED MAIL REQUEST (optional)

☐

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)

☐ **DIRECT PAYMENT**

Direct payment to a  
third-party vendor.  
Example: Furniture store,  
cell phone company,  
internet company, etc.

☐ **TRUE LINK CARD**

Reloading funds on your  
True Link Card.

☐ **REIMBURSEMENT**

Payment to a third-aprty  
individual. Example:  
Friends/family member  
purchased something for  
you.

☐ **CREDIT CARD**

Direct payments to a credit  
card company. Example:  
Credit Card and you would  
like to pay for it.

### RECEIPT TRACKING REQUIREMENT

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.

What type of payment is this?



**Benefits  
Preserved**  
Est. 1994

## Disbursement Request Form Explainer

Education and training for the legal community on  
preserving government benefits for the injured and at-risk

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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
<div></div>	<div></div>	<div></div>

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Sign here.

Print your name.

Enter the date.



**Fill out this form when  
submitting receipts.**

### RECEIPT TRACKING LOG

Required when submitting multiple receipts

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:**

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#### CREDIT CARD / TRUE LINK CARD

Receipt #	Store Name	Description	Amount to Pay	Running Balance

**Enter  
receipt  
number.**

**Enter  
store  
name.**

**Enter a  
description of the  
items purchased.**

**Enter the  
amount of  
each receipt.**

**Add each receipt  
amount to have a  
running total.**



Receipt #	Store Name	Description	Amount to Pay	Running Balance
<b>Total Requested:</b> This amount should match the amount on the Disbursement Request Form			\$	

Calculate total amount of all receipts.

Page \_\_\_\_ of \_\_\_\_

Mark all page numbers if more  
than one page of receipts.