



2820 Columbiana Road, Suite 103 Vestavia, AL 35216
Phone: 205.313.3915 Fax: 205.313.3946 Email: info@alabamafamilytrust.com

Request for Disbursement

Name of Beneficiary: _____

Beneficiary receives: SSI _____ Medicaid _____ Other _____ No Benefits _____

Requested by Representative: _____

Telephone number: _____ E-Mail: _____

Payable to: TRUE LINK AMOUNT \$ _____

PURPOSE: which must be for or on the behalf of the Beneficiary: (Detail information)

Permissible items or services (Note: Card configuration may change, per the Trust's discretion)

- Electronics (TV, DVD, stereo, etc.)
• Clothing
• Computer hardware, software, program, maintenance, internet service
• Phone service, cable tv service
• Courses or classes (academic or recreational), including supplies
• Medical and dental work not covered by medical/dental insurance or Medicaid
• Haircuts, salon services
• Non-food grocery items (laundry soap, bleach, fabric softener, deodorant, dish soap, body soap, personal hygiene products, paper towels, napkins, Kleenex, toilet paper, and cleaning products)
• Over the counter medications
• Pet supplies,
• Tickets to concerts, movies, sporting events
• Transportation (public transportation)

Impermissible items or services

- Items considered in-kind support and maintenance by SSI (i.e., food and shelter),
• Items used for illegal activity (e.g., firearms, weapons)

Representative Signature: _____

Under penalties of perjury, I declare that to the best of my knowledge and belief, this information is true, correct and complete.

Date: _____