



# ALABAMA FAMILY TRUST

Administering Special Needs Trusts

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## CHARITABLE TRUST GRANT REQUEST FORM

Name of **Beneficiary**: \_\_\_\_\_

**Beneficiary** receives: \_\_\_ SSI \_\_\_ Medicaid \_\_\_ Other

Requested by Representative:

\_\_\_\_\_

Representative Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Representative E-Mail: \_\_\_\_\_

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


AMOUNT \$ \_\_\_\_\_

Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Representative  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_