ALABAMA FAMILY TRUST
Administering Special Needs Trusts
100 Centerview Dr., Suite 200, Vestavia Hills, AL 35216
Phone: 205.883.8333 Fax: 205.883.0333 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
- 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., rent, mortgage, property taxes, electricity, gas, water, etc.),
- Items used for illegal activity (i.e., 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: _____