ALABAMA FAMILY TRUST
Administering Special Needs Trusts
100 Centerview Dr., Suite 200, Box 15 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
- 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 (i.e., firearms, weapons)

Representative Signature: _____

Under penalty of perjury I declare that, to the best of my knowledge and beliel this information contained in this Request is true, correct, and complete. I understand that false or incomplete information could affect the Beneficiary's eligibility for certain benefits programs. I understand and agree that any refund of any disbursement made for the Beneficiary will need to be returned to AFT for depositing back into the Beneficiary's trust account.

Representative Signature: _____ Date:_____

Name (Print): _____