



# True Link Fund Request Form

Requests **must** include an invoice, copy of receipt, price quote, and/or explanation of the expense. Examples include but not limited to: hotel reservation, online pricing for activities, online links to requested purchase, large item purchase quotes, etc. Please note that if you have not provided receipts for previous True Link Card deposits that the request will be held until all previous receipts are received and processed. **Requests can be submitted to GCT of BDI via mail, or email. Incomplete requests or requests without the information below will be denied. Please submit one form per card.**

<b>Beneficiary Name:</b>		<b>Co-Trustee:</b>	
<b>Name on Card to be Funded:</b>		<b>TL Card Ending in:</b>	

**REQUEST INFORMATION**  
Please complete the information below.

ITEM/SERVICE DESCRIPTION	AMOUNT	ESTIMATE ATTACHED		DESCRIPTION/PURPOSE/WEBSITE LINKS/OTHER INFORMATION
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	

Does the Beneficiary receive:

**Supplemental Security Income (SSI)?**  Yes  No

**Medicaid?**  Yes  No

**SSDI?**  Yes  No

**Medicare?**  Yes  No

Please check that this request does not include payment for food or shelter:

**Signer certifies the following:**

- 1) I am authorized to make disbursement requests on behalf of the Beneficiary,
- 2) The requested disbursement is for the sole benefit of the Beneficiary,
- 3) I will pay back to the trust any expenses found to be duplicates, not for the benefit of the Beneficiary, or incurred after the death of the Beneficiary.

PRINT NAME	SIGNATURE	DATE
PHONE	EMAIL	