



## True Link Card Disbursement Request Form

Name on Account:	
Date:	

ITEM(S) OR SERVICE(S) FOR WHICH A DISBURSEMENT IS REQUESTED		
	Item / Service Description	Amount
1		
2		
3		
4		
TOTAL		

BENEFITS		
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Do items/services requested include food, beverages, housing or housing related expenses?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MASSHEALTH/MEDICAID	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SSDI	<input type="checkbox"/> Yes	<input type="checkbox"/> No

TRUE LINK VISA PREPAID CARD	
Name:	
Last four digits on card:	

REQUESTOR INFORMATION	
Requested by:	Requestor Signature:
Phone number:	Email:

**SEND FORM TO: [trusts@arcnbc.org](mailto:trusts@arcnbc.org) fax: (774) 203-3082 mail: The Arc of Bristol County, Trust Services, 16 Hillside Avenue, Attleboro, MA 02703**