DISBURSEMENT REQUEST FORM

Empowering individuals with disabilities to live their fullest life. John 10:10

Please complete the form and sign. Requests **must** include an invoice, copy of receipt, estimate/quote, or proof of payment. Incomplete requests will result in delayed processing time. Requests may take up to 5 business days to process. Please plan accordingly.

BENEFICIARY NAME:		**ACCOUNT NUMBER:**	

Does the Beneficiary receive: (SSI)? ☐ Yes ☐ No Medicaid? ☐ Yes ☐ No

	Item #1	**Item #2**
Type of Request	☐ Direct Payment ☐ Advance ☐ Reimbursement	☐ Direct Payment ☐ Advance ☐ Reimbursement
Description of Request Please complete back of form for vehicle and travel requests.	____________________ ____________________ ____________________ ____________________	____________________ ____________________ ____________________ ____________________
Amount	$	$
Supporting Documentation Please submit with request	☐ Invoice ☐ Proof of Payment ☐ Receipt ☐ Estimate/Quote ☐ Other ____________	☐ Invoice ☐ Proof of Payment ☐ Receipt ☐ Estimate/Quote ☐ Other ____________
Frequency Recurring expenses will be approved for 6 months at a time.	☐ One-time ☐ Monthly Start: ____________(mo/yr) End: ____________(mo/yr)	☐ One-time ☐ Monthly Start: ____________(mo/yr) End: ____________(mo/yr)
Check Recipient Information The check will be mailed to this person or business.	Name Address City State Zip Account Number or Other Memo	Name Address City State Zip Account Number or Other Memo
Total Amount Requested	$	

"My purpose is to give life in all its fullness" – John 10:10

The Full Life Center, Inc.
349 E. High Ave., New Philadelphia, Ohio 44663
Phone: (330) 343-0008 Fax: (330) 602-2822 Email: office@TheFullLifeCenter.org
www.thefulllifecenter.org

Request for Purchase of Vehicle

Please provide the following information about the vehicle you wish to purchase.

Does the Beneficiary currently own a vehicle? ☐ Yes* ☐ No *If Yes, please contact FLC.

Make: ______________________ **Model:** ____________________ **Year:** _______________
Mileage: ___________________ **VIN:** _____________________ **Price:** $__________________
Taxes: $_________________________ **Recording Fees**: $_____________________________

Seller Information:
Name: ____ Phone: ___________________
Address: _________________________City: _________________ State: ______ Zip: ________

Insurance Company:
Name: ____________________________ Phone: ________________ Cost/Month: $_________
Policy Number: _________________________

Please provide copies of the following:
☐ Purchase Order or Estimate ☐ Valid Driver's License ☐ Vehicle Insurance Card

Request for Travel

Please provide the following details about your trip.

Destination(s): ____
Reason for Travel: ____
Departure Date: _______________________ **Return Date:** _________________________
Method of Travel: _________________________ **Total Cost:*** $_______________________

*Please list each expense as a separate disbursement request on the front of the form.

I declare that the information provided is accurate and the disbursements requested are for the sole benefit of the Beneficiary of the FLC sub-account.

Requested By: _______________________ ___________________________ ___________
(Printed Name) (Signature) (Date)

Requests can be submitted to FLC via mail, fax, or email
The Full Life Center, Inc.
349 E. High Ave., New Philadelphia, Ohio 44663
Phone: (330) 343-0008 Fax: (330) 602-2822 Email: office@thefulllifecenter.org
DisbursementRequests@thefulllifecenter.org

OFFICE USE ONLY	
Request Granted: ☐ Yes	Request Granted: ☐ No Reason: ______________________________ Date Denied Disbursement Form was sent: __________
Authorized or Denied By: ____________________	Date Authorized or Denied: ______________________