



REQUEST FOR DISTRIBUTION

Please submit form to Jewish Los Angeles Special Needs Trust via email, mail or in-person:

JLA Trust
 c/o JFS Freda Mohr Center
 330 N Fairfax Ave
 Los Angeles, CA 90036

BENEFICIARY INFORMATION	
Beneficiary name	
Trust account #	

FOR OFFICE USE ONLY	
Date received	
Reviewed by	

REQUESTOR INFORMATION	
Requested by	
Requestor signature	
Phone number	
Date	

BENEFITS - CHECK ALL THAT BENEFICIARY RECEIVES

- Supplemental Security Income (SSI)
- Medicaid
- Social Security Disability Insurance (SSDI)
- Section 8 Housing

TYPE OF REQUEST - SELECT ONE

- Request for reimbursement for item already purchased (advocates only)
- Request for funds prior to purchase (True Link Card only)
- Request for trust to pay merchant / service provider directly
- Request for trust to order item

ITEM(S) OR SERVICE(S) FOR WHICH DISTRIBUTION IS REQUESTED

	ITEM OR SERVICE DESCRIPTION - PLEASE BE SPECIFIC	AMOUNT (\$)
1		
2		
3		
4		
5		
	<i>If more than 5 items, please submit additional request forms</i>	
	TOTAL:	\$

PAYMENT OPTIONS - SELECT ONE AND PROVIDE INFORMATION BELOW

- True Link Card
- Direct deposit
- Check
- Order item

TRUE LINK CARD	
Cardholder name	
Last four digits of card	

DIRECT DEPOSIT	
Account holder's name	
Checking or savings?	
Routing number	
Account number	
Bank name	
Bank phone	

CHECK	
Payee name	
Optional memo	
Mailing name <i>(if different than payee)</i>	
Mailing address	

ORDER ITEM	
Item name	
Item description <i>(e.g., size, color, number)</i>	
Store name	
Item cost <i>(tax / shipping will be added)</i>	
Shipping or picking up?	
Shipping address <i>(if shipping)</i>	
Store address <i>(if picking up)</i>	