



Community Fund Ohio
 17900 Jefferson Park, Suite 102 • Middleburg Heights, OH 44130
 Phone: 216.736.4540 • Fax: 216.867.9783
 www.communityfundohio.org

Are you reporting a
 new address for the
 Designated
 Advocate?
 ___ YES ___ NO

DISTRIBUTION REQUEST

Please submit the completed form and supporting documentation to Community Fund via mail or fax.

1. Agreement Number (consists of 1-2 letters and 8 numbers): _____

2. Designated Advocate's (DA) Name: _____

Preferred Title: Mr. Mrs. Ms. Dr. _____

Address: _____

Is this a new address? No Yes

Phone Number: _____ Email Address: _____

3. Beneficiary's Name: _____

4. Please attach a completed Beneficiary Resource Record (BRR) if: (1) this is the first Distribution Request submitted for the Beneficiary; (2) it has been 12 months or more since the last BRR was submitted; or (3) the information on the BRR has changed since it was last submitted.

5. Documentation must be submitted with this form depending on the type of distribution requested. There is no guarantee that a Distribution Request will be approved.

a. A **Direct Payment** is when the distribution check is made payable directly to a vendor. A copy of the invoice, quote, or website printout that includes the itemized cost and the name of the vendor must be submitted with this form. Community Fund cannot issue a check to a beneficiary in most situations.

b. An **Advance** is when the distribution check is made payable to the DA or a third party to advance money so the third party can pay for goods or services for the beneficiary. A copy of the invoice, quote, or website printout that includes the itemized cost and the name of the vendor must be submitted with this form. If an advance is approved, the DA must submit receipts to Community Fund within three months. Community Fund cannot issue a check to a beneficiary in most situations.

c. A **Reimbursement** is when the distribution check is made payable to a third party to reimburse that party for the goods or services already purchased for the beneficiary. A copy of the receipt that includes the itemized cost and the name of the vendor must be submitted with this form. Additionally, documentation showing who advanced the funds and how the payment was made must be submitted (e.g., copy of credit card statement or canceled check). Community Fund will only approve a reimbursement to the person who advanced the funds. Community Fund cannot reimburse a beneficiary in most situations.

6. If this Distribution Request is to pay for expenses related to a home, vehicle, or anything with a title, please include a copy of the current deed or title.

I declare that the information provided on this form is accurate and the requested distributions are in the best interest of the trust beneficiary and will only be used for the trust beneficiary.

 Printed Name of Designated Advocate

 Date

 Signature of Designated Advocate



All sections must be completed. The required supporting documentation must be submitted on 8½” x 11” paper including receipts. Please do not submit anything that can become stuck in a scanner or copy machine, such as staples, tape, or sticky notes. We are unable to process Incomplete or illegible forms.

	Item #1	Item #2	Item #3
Type of Request	<input type="checkbox"/> Direct Payment <input type="checkbox"/> Advance <input type="checkbox"/> Reimbursement	<input type="checkbox"/> Direct Payment <input type="checkbox"/> Advance <input type="checkbox"/> Reimbursement	<input type="checkbox"/> Direct Payment <input type="checkbox"/> Advance <input type="checkbox"/> Reimbursement
Supporting Documentation (See reverse side for required documentation)	<input type="checkbox"/> Proof of Payment <input type="checkbox"/> Estimate/Quote <input type="checkbox"/> Vendor Receipt <input type="checkbox"/> Invoice <input type="checkbox"/> Other:	<input type="checkbox"/> Proof of Payment <input type="checkbox"/> Estimate/Quote <input type="checkbox"/> Vendor Receipt <input type="checkbox"/> Invoice <input type="checkbox"/> Other:	<input type="checkbox"/> Proof of Payment <input type="checkbox"/> Estimate/Quote <input type="checkbox"/> Vendor Receipt <input type="checkbox"/> Invoice <input type="checkbox"/> Other:
Brief Description of Request (e.g., clothing, medication, vacation)			
Frequency We will approve a single payment or monthly payments for up to 6 months in a row	<input type="checkbox"/> One-time <input type="checkbox"/> Monthly Starting: _____ (mo/yr) Ending: _____ (mo/yr)	<input type="checkbox"/> One-time <input type="checkbox"/> Monthly Starting: _____ (mo/yr) Ending: _____ (mo/yr)	<input type="checkbox"/> One-time <input type="checkbox"/> Monthly Starting: _____ (mo/yr) Ending: _____ (mo/yr)
Amount	\$	\$	\$
Payee The check will be made payable to the person or business identified here			
	Account No. (optional)	Account No. (optional)	Account No. (optional)
	Other Memo (optional)	Other Memo (optional)	Other Memo (optional)
Recipient Information The check will be mailed to the person or business identified at the address listed here	Name	Name	Name
	Address	Address	Address
	City	City	City
	State/Zip	State/Zip	State/Zip
TOTAL AMOUNT REQUESTED			\$

Please check this box if the beneficiary is deceased and provide the date of death: _____