How to Use the Master Pooled Trust

The Arc of Texas

MASTER POOLED

How to Get Funds

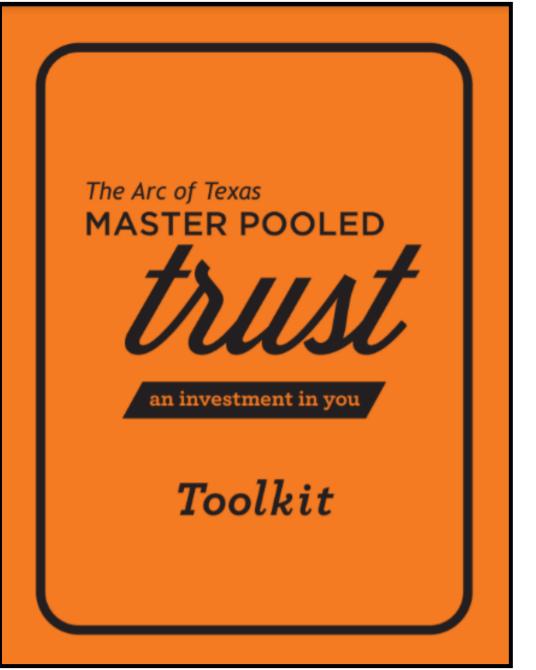
The Arc of Texas
MASTER POOLED

- The primary representative must complete a disbursement request form for funds to be disbursed on behalf of the beneficiary.
- A disbursement request is a REQUEST and MAY or MAY NOT be approved.
- The manager and trustee have complete and sole discretion to make any distributions from the subaccount.
- When you enroll, you will receive The MPT Toolkit (available at thearcoftexas.org/trust-toolkit). Please review it in full.
- To request a disbursement, you must complete the acknowledgement of policies form (Form A in the toolkit).

Everything You Need

- In addition to the copy you receive during enrollment, you can access The MPT Toolkit at thearcoftexas.org/trust-toolkit
- The toolkit exists to be of help to you. It contains everything you need to know!







Disbursements FROM the Master Pooled Trust

Medicaid and Social Security

Administration have rules about what a trust can pay for. General rules include:

- No food or shelter (rent, mortgage, and utilities including electricity, water, waste-water, natural gas, trash)
- No cash
- Nothing considered a non-exempt asset

Sole Benefit



The Social Security Administration requires any payment from a MPT sub-account to be made for the SOLE BENEFIT of the beneficiary.

This means the MPT cannot pay for items or services that benefit anyone other than the beneficiary.

However, the MPT can pay the beneficiary's pro-rata share (for example, the beneficiary's portion of furniture for the whole family, or the beneficiary's portion of a shared cell phone plan).

Guidelines for Disbursement Requests

A payment cannot be made directly to someone who receives SSI or Medicaid.



See page 50 of The MPT Toolkit at thearcoftexas.org/trust-toolkit for disbursements generally allowed and not allowed.

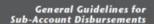
General Guidelines for Sub-Account Disbursements

No payment can be made directly to any individual that receives SSI or Medicaid.

Generally Not Allowed These items MAY NOT be approved by the Master Pooled Trust. DO NOT PURCHASE!	Generally Allowed These items MAY be approved by the Master Pooled Trust		
Rent, mortgage or other payments for shelter, room and board or base rate for a residential facility (including group, nursing or assisted living homes)	Clothing, personal care items, books, magazines, musical instruments, recreational equipment, games and crafts		
Real property taxes	Cable, internet and phone services		
Utilities (this includes electricity, water, waste water, trash and natural gas)	Out of pocket medical and dental expenses for which there are not funds available, including plastic surgery or other non-essential medical procedures		
Groceries, food items or eating out (this includes fast food, restaurants and snacks)	Personal attendant care, supplemental nursing care, home care, respite and similar care that assistance programs may not otherwise provide		
Cash or payment made directly to the Beneficiary	Private rehabilitative training and physical therapy		
Alcohol, Gambling, Lottery Tickets or Scratch Offs	Companion care, pets, companions for travel, driving and cultural experiences		
Travel costs for other family members	Payments to accompany the Beneficiary on periodic outings, vacations and travel in the event that the Master Pooled Trust deems such expenditures are appropriate and reasonable		
Recreational Vehicles (e.g. boats, ATVs, etc.)	Special equipment such as an electric wheelchair or other supportive device, a specially equipped van or other vehicle for transportation and transportation costs		
Charitable donations or gifts to others (including children of the Beneficiary or any other family members)	Therapies or supplies to provide tactile stimulation, holistic, herbal (not including marijuana) or other alternative therapies or services		
Anything covered by another funding source	Programs for training and education as well as social, recreational and entertainment opportunities		

The Master Pooled Trust NEVER purchases or reimburses for: guns or other weapons; luxury vehides; stocks, investments or cryptocurrency; or exotic animals.







Types of Payments

Check

- A check can be made payable to an individual, store or company.
- Checks can be mailed directly to the person, store or company they are made payable to, or can be mailed to the primary representative.

Checks cannot be made payable to the beneficiary.

ACH/Direct Deposit

• To send a direct deposit, a disbursement direct deposit authorization form (Form G) must be completed and sent to the MPT with a voided check or bank letter.

True Link Card

 A specialized pre-paid visa card funded by the sub-account allows beneficiaries to pay for items or services. To request a True Link Card, contact your MPT coordinator.

Complete a Disbursement Request Form

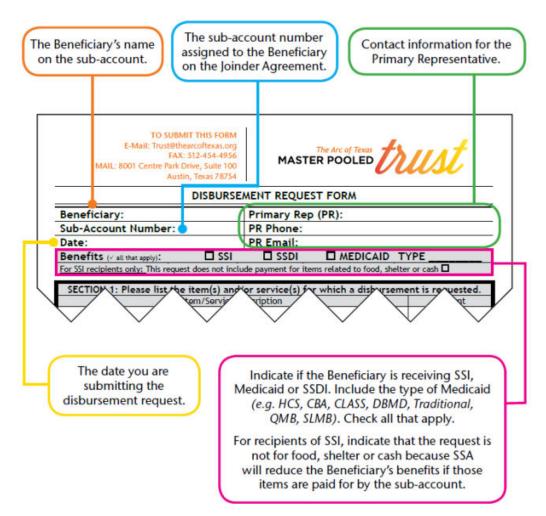
The primary representative must send a Disbursement Request Form to the MPT to request a payment.



See step-by-step instructions on page 57 of The MPT Toolkit.

Send completed Disbursement Request Forms (Form B) with proper documentation (receipts, invoice, estimate, proof of purchase, etc.) to the MPT:

- trust@thearcoftexas.org
- 512-454-4956 (fax)
- 8001 Centre Park Drive, Suite 100, Austin, TX 78754



Section 2: CHECK OPTION

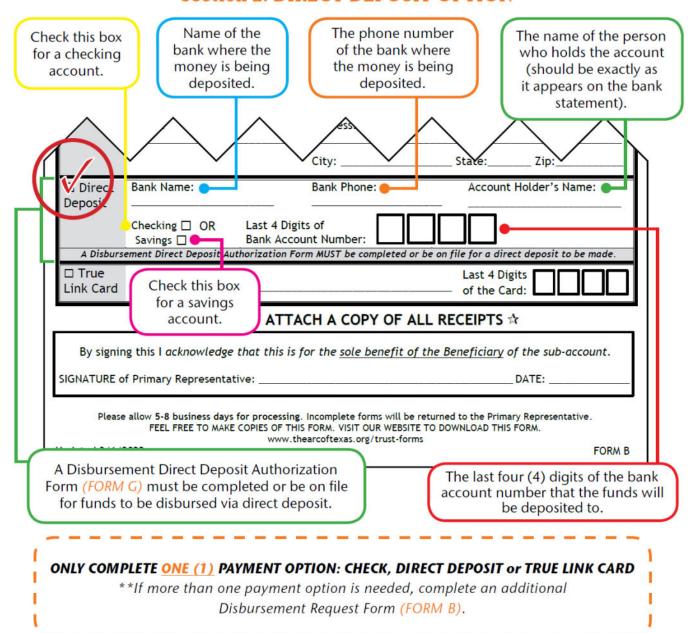
The name of the person/ Indicate what information you want store/company to whom printed on the check (e.g. account number the check should be for phone bill, patient ID for hospital, invoice made payable to. number for furniture store). ADVANCE REIMBURSE TOTAL If you have more items/services to list please attach another Disbursement Request Form. ECTION 2: Payment Options (Choose only one: Check, Direct Deposit or True Link Card) Make Check Payable To: ______Memo on Check (e.g. Invoice or account number): ۲. Check Mail Check To: Name: Address: State: City: Zip: Account Holder's Name: ☐ Direct Bank Name: Bank Phone: Deposit The name of the individual/store/ The address of the person/store/ company to whom the check company receiving the check. should be sent.

ONLY COMPLETE ONE (1) PAYMENT OPTION: CHECK, DIRECT DEPOSIT or TRUE LINK CARD

**If more than one payment option is needed, complete an additional Disbursement Request Form (FORM B).



Section 2: DIRECT DEPOSIT OPTION





Section 2: TRUE LINK CARD OPTION

ſ			City:	State:	Zip:	
1	☐ Direct Deposit	Bank Name:	Bank Phone:	Acco	ount Holder's Nam	ne:
Checking OR Last 4 Digits of Savings Bank Account Number: Distursement Direct Deposit Authorization Form MUST be completed or be on file for a direct deposit to be made.						e made.
	True Link Card	Name of Card Hol	der: _		Digits Card:	
H		☆ YOU	MUST ATTACH A COPY O	F ALL RECEIPT	rs ☆	
By signing this I acknowledge that this is for the sole benefit of the Beneficiary of the sub-account. SIGNATURE of Primary Representative:DATE:						ount.
Please allow 5-8 business days for processing. Incomplete forms will be returned to the Primary Representative. FEEL FREE TO MAKE COPIES OF THIS FORM. VISIT OUR WEBSITE TO DOWNLOAD THIS FORM. www.thearcoftexas.org/trust-forms Updated 5/1/2022 FORM B						501-2
Li	st the name the True Li	provided on nk Card.			Last four (4) True Linl	

ONLY COMPLETE ONE (1) PAYMENT OPTION: CHECK, DIRECT DEPOSIT or TRUE LINK CARD

**If more than one payment option is needed, complete an additional Disbursement Request Form (FORM B).



SIGNATURE



The signature of the Primary Representative is required.

An electronic signature is acceptable if sent from the Primary Representative's e-mail address on file.

	Checking OR Last 4 Digits of Savings Bank Account Number: A Disbursement Direct Deposit Authorization Form MUST be completed or be on file for a direct deposit to be made.					
	☐ True Link Card Name of Card Holder: of the Card:]				
	☆ YOU MUST ATTACH A COPY OF ALL RECEIPTS ☆					
	By signing this I acknowledge that this is for the <u>sole benefit of the Beneficiary</u> of the sub-account.					
ĺ	SIGNATURE of Primary Representative:DATE:	┪				
Please allow 5-8 business days for processing. Incomplete forms will be returned to the Primary Representation FEEL FREE TO MAKE COPIES OF THIS FORM. VISIT OUR WEBSITE TO DOWNLOAD THIS FORM. www.thearcoftexas.org/trust-forms Updated 5/1/2022						

By signing this, the Primary Representative acknowledges that the Disbursement Request Form (FORM B) is accurate and the items and/or services purchased are for the sole benefit of the Beneficiary.

Date of signature.





Receipts and Invoices

All disbursement requests must include receipts, estimates or proofs of purchase.

- **SEND COPIES ONLY!** No original receipts, invoices, estimates or proofs of purchase please. No documents will be returned. Make a copy of and keep originals for your records.
- All documents must be legible.

For advanced funds, an estimate or invoice must be provided with the Disbursement Request Form (Form B).

When paying by credit card for items or services for a beneficiary, a copy of the credit card statement is NOT sufficient.

• Receipts for items or services on the credit card statement must be provided.

Not All Disbursement Requests Are Approved

Many things are taken into consideration when making decisions about disbursements from a sub-account. These things include but are not limited to:

- Items requested
- Amount of request
- Age of beneficiary
- Beneficiary's disability and/or support needs
- Amount in the sub-account
- Benefits received by the beneficiary/household/payee



The manager and trustee have complete and sole discretion when making distributions from the trust.

EMAIL

trust@thearcoftexas.org

PHONE

512-454-6694 or 1-800-252-9729

FAX

512-454-4956





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