

How to Use the Master Pooled Trust

The Arc of Texas

MASTER POOLED

trust

How to Get Funds

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MASTER POOLED

trust

- 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 sub-account.
- 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

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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
<p><i>The Master Pooled Trust NEVER purchases or reimburses for: guns or other weapons; luxury vehicles; stocks, investments or cryptocurrency; or exotic animals.</i></p>	

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

The diagram shows a 'DISBURSEMENT REQUEST FORM' from 'The Arc of Texas MASTER POOLED trust'. It includes contact information for submission: E-Mail: Trust@thearcoftexas.org, FAX: 512-454-4956, MAIL: 8001 Centre Park Drive, Suite 100, Austin, Texas 78754. The form fields are: Beneficiary, Sub-Account Number, Date, Primary Rep (PR), PR Phone, and PR Email. A 'Benefits' section has checkboxes for SSI, SSDI, and MEDICAID TYPE, with a note for SSI recipients. 'SECTION 1' is a table for listing items and services. Callouts explain: 'The Beneficiary's name on the sub-account.' (points to Beneficiary), 'The sub-account number assigned to the Beneficiary on the Joinder Agreement.' (points to Sub-Account Number), 'Contact information for the Primary Representative.' (points to PR fields), 'The date you are submitting the disbursement request.' (points to Date), and 'Indicate if the Beneficiary is receiving SSI, Medicaid or SSDI. Include the type of Medicaid (e.g. HCS, CBA, CLASS, DBMD, Traditional, QMB, SLMB). Check all that apply. For recipients of SSI, indicate that the request is not for food, shelter or cash because SSA will reduce the Beneficiary's benefits if those items are paid for by the sub-account.' (points to the Benefits section).

Section 2: CHECK OPTION



The name of the person/
store/company to whom
the check should be
made payable to.

Indicate what information you want
printed on the check (e.g. account number
for phone bill, patient ID for hospital, invoice
number for furniture store).

4.

5.

ADVANCE REIMBURSE TOTAL \$

If you have more items/services to list please attach another Disbursement Request Form.

SECTION 2: Payment Options (Choose only one: Check, Direct Deposit or True Link Card)

Check Make Check Payable To: _____ Memo on Check (e.g. Invoice or account number): _____

Mail Check To:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Direct Deposit Bank Name: _____ Bank Phone: _____ Account Holder's Name: _____

ing Last

The name of the individual/store/
company to whom the check
should be **sent.**

The address of the person/store/
company receiving the check.

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



Check this box for a checking account.

Name of the bank where the money is being deposited.

The phone number of the bank where the money is being deposited.

The name of the person who holds the account (should be exactly as it appears on the bank statement).

City: _____ State: _____ Zip: _____

Direct Deposit

Bank Name: _____ Bank Phone: _____ Account Holder's Name: _____

Checking OR Last 4 Digits of Bank Account Number:

Savings

A Disbursement Direct Deposit Authorization Form MUST be completed or be on file for a direct deposit to be made.

True Link Card Last 4 Digits of the Card:

Check this box for a savings account.

ATTACH A COPY OF ALL RECEIPTS ☆

By signing this I acknowledge that this is for the sole benefit of the Beneficiary of the sub-account.

SIGNATURE of Primary Representative: _____ DATE: _____

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

FORM B

A Disbursement Direct Deposit Authorization Form (FORM G) must be completed or be on file for funds to be disbursed via direct deposit.

The last four (4) digits of the bank account number that the funds will be deposited to.

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: TRUE LINK CARD OPTION



City: _____ State: _____ Zip: _____

Direct Deposit Bank Name: _____ Bank Phone: _____ Account Holder's Name: _____

Checking OR Last 4 Digits of
Savings Bank Account Number:

** 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: _____ Last 4 Digits of the Card:

☆ YOU MUST ATTACH A COPY OF ALL RECEIPTS ☆

By signing this I acknowledge that this is for the sole benefit of the Beneficiary of the sub-account.

SIGNATURE of Primary Representative: _____ DATE: _____

Please allow 5-8 business days for processing. Incomplete forms will be returned to the Primary Representative.
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Updated 5/1/2022 FORM B

List the name provided on the True Link Card.

Last four (4) digits of the True Link Card.

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.



Dir
Deposit

Checking OR Savings Last 4 Digits of 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: _____ Last 4 Digits of the Card:

☆ YOU MUST ATTACH A COPY OF ALL RECEIPTS ☆

By signing this I acknowledge that this is for the sole benefit of the Beneficiary of the sub-account.

SIGNATURE of Primary Representative: ● _____ DATE: ● _____

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

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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