



Dear Beneficiary, Grantor or Guardian;

Attached to this information sheet you will find your Distribution Request forms. Please note everything that has to be completed before you send one in to me for payment:

- Exact amount of the requested distribution.
- What the Distribution will be used for.
- Name of who the check is to be made out to.
- The complete address that the check is to be sent to. If the check needs to be sent to you so you can take it to the business for payment, that is fine.
- Make sure you **Date and Sign** the bottom of the form (in the bottom box).
- You need to send in backup documentation with this form. That could be any of the following:
 - Receipts for reimbursement
 - Quotes for desired purchases
 - Bills, statements, invoices, etc. for payment to vendor

When completed, you may either **fax to (727) 330-7642**, or mail the form to:

**Family Network on Disabilities Inc. (FND)
2196 Main St. STE K
Dunedin, FL 34698**

You may also **scan and email** the form with backup documentation to:
nperez@fndusa.org

I hope this helps to give you a better understanding and a guide line to follow each time you make a request.

Thank you for your involvement with Family Network on Disabilities!