



**TO SUBMIT THIS FORM**

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PHONE: 602-635-6674

## CARE SERVICES REQUEST

DATE: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

BENEFICIARY/CLIENT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

SIGNATURE OF BENEFICIARY|POA|GUARDIAN: \_\_\_\_\_

CHECK PAYABLE TO: \_\_\_\_\_

SOCIAL SECURITY OR EIN NUMBER OF CAREGIVER: \_\_\_\_\_

COMPANY NAME (IF APPLICABLE): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

HOURLY RATE\*: \_\_\_\_\_ MAXIMUM HOURS PERMITTED PER WEEK\*: \_\_\_\_\_

*\*Hourly Rate and Maximum Hours permitted must be agreed upon by Secured Futures before work begins.*

I am requesting that Secured Futures, Inc., as Trustee, disburse funds from the beneficiary trust share for the benefit of the above-named Beneficiary. The disbursed funds will be used to cover the cost of services I have arranged for the Beneficiary as indicated below. Secured Futures, Inc. has not been involved in selecting, scheduling, training, supervising, providing instruction to or otherwise controlling the work of the caregiver. I understand that Secured Futures, Inc. is not employing the caregiver and is not responsible for a withholding or paying federal, state, or local income tax, or payroll tax of any kind on behalf of the caregiver. I also understand that Secured Futures, Inc. does not provide any insurance coverage (including workman's compensation) for the caregiver.

MAIL CHECK TO (if different than payee): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE (1/1/2024)	HOURS (9AM-12PM)	DESCRIPTION OF SERVICES PROVIDED <i>EX: HOUSE CLEANING, ERRANDS, APPOINTMENTS</i>	HOURLY WAGE	DAILY WAGE # HRS WORKED x WAGE
<b>TOTAL AMOUNT:</b>				

PLEASE ALLOW 5-8 BUSINESS DAYS FOR PROCESSING. INCOMPLETE FORMS WILL BE RETURNED.  
FORMS ARE AVAILABLE ON OUR WEBSITE IN THE RESOURCE LIBRARY.