

TO SUBMIT THIS FORM FAX: 215-358-2291 EMAIL: email@SecuredFutures.org MAIL: 10439 S 51st St. STE 225, Phoenix, AZ 85044 PHONE: 602-635-6674

CARE SERVICES REQUEST

PHONE NUMBER:	EMAIL ADDRI	ESS:
SIGNATURE OF BE	NEFICIARY POA GUARDIAN:	
CHECK PAYABLE T	0:	
COMPANY NAME (//	= APPLICABLE):	
ADDRESS:		
		MAX. HOURS PERMITTED PER WEEK*

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.

DIRECT DEPOSIT INFORMATION*:

BANK NAME:_____

ACCOUNT #:__

ROUTING #:_____

*To ensure accurate processing and verification of your account details, **please provide either a voided check or an official letter from your bank that includes your name, account number, and routing number.** This documentation is required to complete your submission and confirm that all information provided is correct.

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

PLEASE ALLOW 5-8 BUSINESS DAYS FOR PROCESSING. INCOMPLETE FORMS WILL BE RETURNED.

FORMS ARE AVAILABLE ON OUR WEBSITE IN THE RESOURCE LIBRARY.

SECUREDFUTURES.ORG