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Manager's Message

Happy Summer, Everyone!

I hope that you have been enjoying this summer season so far and have some exciting activities and vacations in store for the next couple of months. I have done a bit of traveling myself and have had some great experiences during trips with my family and for work. To celebrate my parents' 50th wedding anniversary, our whole family traveled to Utah and got to visit Zion National Park and the Grand Canyon on the way. It was wonderful to be out in the beauty of nature and both sites were SPECTACULAR!

If you want to plan your own travels and/or activities near or far, read on in this newsletter to see how.

My most recent trip was for work and took me to Cleveland to visit the staff and operational facilities of KeyBank. It was great to meet the team of people who work with us to process disbursements requests and visit the printing facility that produces our monthly account statements. There are also some new procedures that we will be implementing over the coming months that will streamline some of our current practices.

Enjoy the rest of your summer!



Cici Gaynor
OSNT Program Manager

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Stay Informed

Stay informed about all of the great things happening at the OSNT by signing up for our email newsletters.

Go to OregonSNT.org, hover over Resources and select Newsletters.

For The Arc Oregon, visit our website at TheArcOregon.org and click the **Stay In Touch** box to join our list.



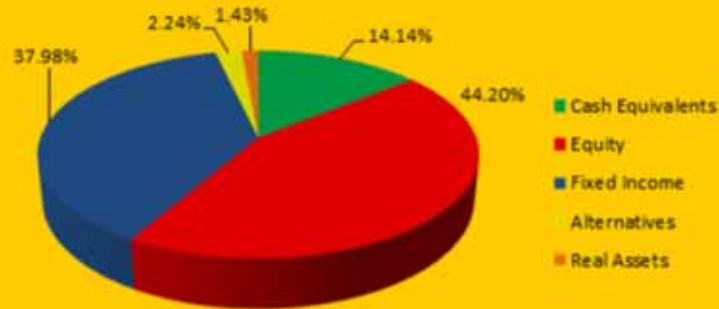
COMING SOON!! Informational Videos

I am excited to say that we are working on creating some informational videos that we will be posting on our website. Our first area of focus will be disbursement requests.

Look for more information in our Fall Newsletter!



Total Contributions*



* Includes income to principal transfers

Rate of Return (Net of Fees) - As of June 30th, 2019



Returns shown are net of investment management fees. Information provided is obtained from sources deemed to be reliable, but KeyBank National Association and its affiliated companies, together referred herein as KeyBank, do not guarantee the accuracy, completeness, or timeliness of the information or make any warranties with regard to the results to be obtained from its use. KeyBank shall not be liable for any claims or losses of any nature, including, but not limited to, lost profits, punitive or consequential damages. This material is for informational purposes only. Past performance is no guarantee of future results. The investment return and principal value of an investment will fluctuate so that an investor's shares, when redeemed, may be worth more or less than their original cost. Current performance may be lower or higher than the performance data quoted.

Investment products are: NOT FDIC INSURED • NOT BANK GUARANTEED • MAY LOSE VALUE • NOT A DEPOSIT
NOT INSURED BY ANY FEDERAL OR STATE GOVERNMENT AGENCY

TRAVEL AND ACTIVITY PLANNING

We have had many people send in requests for travel over the past few months and often the information that has been sent in for supporting documentation has not included enough details for us to process without calling for additional paperwork, which causes delays. We ask that when you are making your plans for travel that you plan well in advance. When submitting a request for travel, please be sure to use the Travel Disbursement Request Form (see below).

As with any disbursement request, please feel free to contact our office and speak with Jessica or Susan if you need assistance or have questions. They are always willing to help!



TRAVEL DISBURSEMENT REQUEST FORM OREGON SPECIAL NEEDS TRUST

Oregon:

FORM INSTRUCTIONS:

- Travel planning should be done at least 60 days in advance of anticipated travel dates to allow us to review the entire travel plan and obtain additional information/documentation if needed before approving the request.
- Travel expenses for caregivers may be allowed but payment for caregiver's time during travel is not.
- Please allow 2 weeks for processing disbursement checks once the plan has been approved.
- Checks will be issued directly to the **vendor**.
- Paperwork detailing item(s) to be purchased and/or purchase orders should accompany requests. **Receipts are due within two weeks of disbursement completing the planned travel.**
- Checks **WILL NOT** be issued directly to the subaccount beneficiary.
- Money will not be advanced for incidental travel expenses. You may contact us to discuss how to best provide for those types of traveling expenses.
- **Please return disbursement form and required documentation by mail, fax, or email as shown below.**

MAIL TO: 2405 FRONT STREET NE, SUITE 120, SALEM OR 97301
 FAX TO: 503.363.7168
 EMAIL TO: DISBURSEMENTS@THEARCOREGON.ORG

Beneficiary's Name: _____
 Date of Request: _____ Trust Subaccount #: _____

TRAVEL DETAILS:

Description of Travel Plans: _____
 Dates of Travel: From: _____ To: _____
 Name of Traveling Companion: _____
 Relationship to Beneficiary: _____

ALL INCLUSIVE PACKAGE: (Vacation Package - attach ITEMIZED documentation)

Make Check Payable To: _____ Check Amount: \$ _____
 Mail Check To: Beneficiary Requestor Vendor
 Vendor's Address: (if applicable) _____

TRANSPORTATION: (Air, train or bus fare - attach documentation)

Make Check Payable To: _____ Check Amount: \$ _____
 Mail Check To: Beneficiary Requestor Vendor
 Vendor's Address: (if applicable) _____

CONTINUED ON BACK >>

TRAVEL 02.2011



TRAVEL DISBURSEMENT REQUEST FORM OREGON SPECIAL NEEDS TRUST

Oregon:

LODGING: (Hotel/motel accommodations - attach documentation)

Make Check Payable To: _____ Check Amount: \$ _____
 Mail Check To: Beneficiary Requestor Vendor
 Vendor's Address: (if applicable) _____

ENTERTAINMENT: (Local attractions, e.g. Disneyland, museums, aquariums - attach documentation)

Make Check Payable To: _____ Check Amount: \$ _____
 Mail Check To: Beneficiary Requestor Vendor
 Vendor's Address: (if applicable) _____

Make Check Payable To: _____ Check Amount: \$ _____
 Mail Check To: Beneficiary Requestor Vendor
 Vendor's Address: (if applicable) _____

Make Check Payable To: _____ Check Amount: \$ _____
 Mail Check To: Beneficiary Requestor Vendor
 Vendor's Address: (if applicable) _____

OTHER INFORMATION: (Is there anything else we should know when reviewing the travel plan for approval?)

Requestor's Name: _____ Requestor's Phone: _____
 Requestor's Signature: _____
 (Signature required: requestor must be a person authorized to request disbursements)

Office use only: Approved: Yes No Date: _____
 Approved by: _____

TRAVEL 02.2011

SHARE YOUR TRAVEL EXPERIENCES

We would love to hear about your exciting travels! If you'd like to share a story and/or pictures from a recent trip we will include it in the Fall Newsletter.

Send an email to: cgaynor@thearcoregon.org



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OregonSNT.org

Contact us

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Questions & Answers

Q What do I do if there is a staffing change at my provider and the individual listed on my Authorized Person list is no longer employed there?

A Any changes in persons authorized to access a subaccount must be reported immediately to the OSNT office on an appropriate change form. You can find a form on our website at OregonSNT.org, or you may call our office to have a form sent to you. **IMPORTANT:** The person who signed the original Joinder Agreement (or is now the Primary Authorized Representative) must be the person who signs the change form. If that person is not available to sign, then please contact our office to find out how to submit necessary changes.

Q Do you have a question that you think should be featured in the next quarterly newsletter?

A Send your question via email to cgaynor@thearcoregon.org.
SUBJECT LINE: Newsletter Question

If you would like to schedule a presentation, ISP participation, or a training session on how to fill out disbursement paperwork, call our office today!