

OREGON SPECIAL NEEDS TRUST (OSNT)

***** THIS IS A LEGAL DOCUMENT *****

Authorized list of persons eligible to make Disbursement Requests. Please **list them in order of choice**:

PRIMARY AUTHORIZED PERSON

Name:		<i>Notes (Office use only):</i>
Address:		
City, State, Zip:		
Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		
Email:		

SECONDARY AUTHORIZED PERSON

Name:		<i>Notes (Office use only):</i>
Address:		
City, State, Zip:		
Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		
Email:		

OTHER CONTACTS

Name:		Please indicate level of access granted: <input type="checkbox"/> Verbal Communication <input type="checkbox"/> Online Account Access <input type="checkbox"/> Request Benefit Recertification Documents
Address:		
City, State, Zip:		
Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		
Email:		

Name:		Please indicate level of access granted: <input type="checkbox"/> Verbal Communication <input type="checkbox"/> Online Account Access <input type="checkbox"/> Request Benefit Recertification Documents
Address:		
City, State, Zip:		
Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		
Email:		

Name:		Please indicate level of access granted: <input type="checkbox"/> Verbal Communication <input type="checkbox"/> Online Account Access <input type="checkbox"/> Request Benefit Recertification Documents
Address:		
City, State, Zip:		
Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		
Email:		

Trustor/Donor Signature

Date

TRUST BENEFICIARY NAME:

Return to: The Arc Oregon - OSNT Program - 2405 Front Street NE, Ste 120 - Salem, OR 97301