

WARDS ACCOUNT SPENDING REQUEST

Complete this form to request a disbursement from a child's WARDS account. Make sure all deposits are approved or disapproved before submitting this request.

Worker Making Request: _____	Date of Request: _____
E-mail: _____	Phone: _____

Request for...											
Client Name: _____ Client SSN: _____ last 4 digits Client ID: _____											
Describe purchase:											
Make purchase (choose one) from:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%;"><input type="checkbox"/> Regular Acct-SSI</td> <td style="width: 16.6%;"><input type="checkbox"/> Regular Acct-SSA</td> <td style="width: 16.6%;"><input type="checkbox"/> NonRD Acct-RR</td> <td style="width: 16.6%;"><input type="checkbox"/> NonRD Acct-VA</td> <td style="width: 16.6%;"><input type="checkbox"/> NonRD Acct-OTH</td> </tr> <tr> <td><input type="checkbox"/> Dedicated Acct</td> <td colspan="4">Purchases from the Dedicated account must be prior approved by Social Security. Include in "Describe purchase" field who at Social Security approved the purchase and the date in which you received approval.</td> </tr> </table>	<input type="checkbox"/> Regular Acct-SSI	<input type="checkbox"/> Regular Acct-SSA	<input type="checkbox"/> NonRD Acct-RR	<input type="checkbox"/> NonRD Acct-VA	<input type="checkbox"/> NonRD Acct-OTH	<input type="checkbox"/> Dedicated Acct	Purchases from the Dedicated account must be prior approved by Social Security. Include in "Describe purchase" field who at Social Security approved the purchase and the date in which you received approval.			
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Make check out to (Payee): _____	Amount: _____										
Mail check to: _____	<input type="checkbox"/> Receipt/invoice attached										
Street Address: _____	<input type="checkbox"/> Allowance request signed receipt shall follow within 15 days of receiving the check.										
City, ST Zip: _____											
Worker's Signature: _____											
Supervisor's Signature: _____											
WARDS Accountant-When signed with electronic signature (name typed), attach request form to e-mail from WARDS Worker.											

Check Recv'd...	
Case Manager Signature: _____	Date: _____
Client Signature: _____	Date: _____
Signing here indicates I received the check or cash on this date in the amount of: \$	

For WARDS Worker: After client signs, scan and e-mail a copy to the WARDS Accountant.

For WARDS Accountant – Save scanned, signed form on PPS Sharepoint site (PPS > PPS Finance and Allocations > WARDS.)

For WARDS Accountant Use

Request Recv'd:		Check #:		Date Check mailed:		Initials:	
Signed Receipt Recv'd: (where applicable)							

