

DENIED DISBURSEMENT REQUEST



Empowering individuals with disabilities to live their fullest life. John 10:10

BENEFICIARY NAME:		ACCOUNT NUMBER:	
--------------------------	--	------------------------	--

Date of Notification: _____ Letter Email

Beneficiary Advocate who completed initial request: _____

Date of Disbursement Request: _____

Description of Request: _____

Reason for Denial: _____

Can denial be appealed? Yes No

Additional Information Required: _____

In order for this request to be reconsidered, the requested additional information, along with an **Appeal Form for Denied Disbursement Request**, must be received by FLC within **15 days** of the date of notification.

If you have any questions, please contact us at (330) 343-0008 or email your Client Service Coordinator directly. We are here to help!

"My purpose is to give life in all its fullness" – John 10:10

The Full Life Center, Inc.

349 E. High Ave., New Philadelphia, Ohio 44663

Phone: (330) 343-0008 Fax: (330) 602-2822 Email: office@TheFullLifeCenter.org

www.thefulllifecenter.org