



Request Form Instructions:

When making a supplemental needs request, please fill out our beneficiary request form on the following page.

A supplemental needs request is an expenditure/purchase that is made for the beneficiary. Due to Medicaid/trust rules, steps must be taken to ensure that the expense is allowable under Medicaid guidelines.

- *Please see the expenditure sheet for examples of purchases that can and cannot be made for the beneficiary per Medicaid rules.*

Travel Requests: If the request is for travel, please fill out the “Travel Request Form” instead.

Processing: It is important that all pertinent information be provided so that your case manager has the documentation needed in order to submit the request for approval.

- **Helpful Documents:** You are encouraged to attach any additional documentation or information that you feel would be helpful (e.g. online wish list, website shopping cart, cost estimate for service, etc.).
- **Signatures:** If you have a guardian, he or she must sign off on the request.
- **Incomplete Forms:** If any necessary information is missing, the form will be returned to you for completion.

Once all the required information is received, your CFPD case manager will submit your request. Fulfillment of the request is contingent upon the approval of CFPD.

Please contact your CFPD case manager with any questions regarding the supplemental need request process.

Please send the completed form to CFPD:

Email: *Email to your case manager directly or send to the correct department:*

Pooled Trust: PooledRequest@cfpdtrust.org

Private Trust: PrivateRequest@cfpdtrust.org

Fax: 303-733-2862

Address: CFPD Attn: Request Forms

1355 S. Colorado Blvd. Suite 920 Denver, CO 80222



1355 S. Colorado Blvd., Suite 920
Denver, CO 80222
Main: 303-733-2867
Fax: 303-733-2862
www.cfpdtrust.org

Request Form

CFPD Beneficiary _____ Guardian (if applicable) _____
Requesting Party _____ Relationship to Beneficiary _____
Brief Description of Need _____

Request an Item. (One-Time Purchase)

Detailed description of item(s):

Vendor	Item Description	Item#/SKU	Price
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Shipping Address _____ **Total Amount** _____

_____ (tax & shipping costs
will be added to this total)

Comments _____

Pay a Bill (Typically an Ongoing Expenditure) ****must include copy of bill or invoice.***

Description of Billed Service (internet, phone, medical, etc.) _____

Amount _____ Vendor _____

Mailing Address _____

Comments _____

Beneficiary/Guardian Signature _____ Date _____

Signature of Requesting Party _____ Date _____

Please send this completed form to **CFPD**.

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Address: CFPD Attn: Request Forms 1355 S. Colorado Blvd. Suite 920 Denver, CO 80222