

Good Shepherd Fund

A SECURED ALLIANCE AFFILIATE

TO SUBMIT THIS FORM

FAX: 215-358-2291

EMAIL: email@GoodShepherdFund.org

MAIL: 10439 S 51st St. STE 225, Phoenix, AZ 85044

PHONE: 833-403-1198

TRUE LINK APPLICATION

Complete the form below to sign up for your True Link Portal.

Beneficiaries, and their authorized persons, can now access their account details online 24/7, using the True Link Portal! Online portal access includes access to statements, account balance, pending requests, transactions, plus more.

BENEFICIARY NAME (please print): _____

CARDHOLDER NAME (if different from beneficiary): _____

ACCOUNT NUMBER: # _____

<p>** SUBMISSION OF APPLICATION DOES NOT GUARANTEE APPROVAL. ** You will be contacted directly if your request for a True Link card is denied.</p>

The True Link card covers small monthly expenses for the sole benefit of the trust beneficiary. Please refer to our "[Frequently Requested Disbursements](#)" list for items that are allowable expenses. If you are uncertain if an item is allowable, please call and speak with a Trust Administrator.

PLEASE REVIEW AND INITIAL EACH SECTION BELOW:

_____ **INITIAL: TERMS OF AGREEMENT**

To qualify for the True Link card, you must agree and comply with the following terms:

- The maximum amount allowed on the True Link card is dependent on the trust type and will be determined upon approval of the Application.
- Itemized receipts MUST be saved after purchases are completed. If you purchase items online you may need to submit a screenshot of the shopping cart as the receipts may not be itemized. Make a copy of the receipt(s) for your records before mailing any originals to Good Shepherd Fund, copies of receipts may be emailed to email@goodshepherdfund.org
- Please keep copies of the receipts for your records. Social security or Medicaid may review your account and request receipts.
- Food purchases and payments to utility companies are NOT PERMITTED.
- Cash cannot be obtained with a True Link debit card.
- Gift cards and items for anyone other than the trust beneficiary is not permitted.

PLEASE ALLOW 5-8 BUSINESS DAYS FOR PROCESSING. INCOMPLETE FORMS WILL BE RETURNED.

FORMS ARE AVAILABLE ON OUR WEBSITE IN THE RESOURCE LIBRARY.

GOODSHEPHERDFUND.ORG

Good Shepherd Fund

A SECURED ALLIANCE AFFILIATE

TO SUBMIT THIS FORM

FAX: 215-358-2291

EMAIL: email@GoodShepherdFund.org

MAIL: 10439 S 51st St. STE 225, Phoenix, AZ 85044

PHONE: 833-403-1198

_____ INITIAL: CARD LOST OR STOLEN

In the event your card is lost or stolen you must notify Good Shepherd Fund immediately.

_____ INITIAL: FEES

There is an annual fee of \$108.00 (charged at \$9/month). This fee is put in place by True Link and charged on the first of the month to the True Link card. The Good Shepherd Fund does not charge any additional fees for this card.

_____ INITIAL: TERMINATION

This agreement shall be terminated if one of the following occurs:

- Failure to comply with the terms of agreement.
- Purchase of unauthorized items such as: gift cards, food, rent, utilities (i.e. gas, water, electric, oil).
- Failure to submit receipts.

The process of termination is as follows:

1. You will receive an Infraction Letter in the mail from The Good Shepherd Fund notifying you, including a reminder of the rules & guidelines agreed upon.
2. Specific vendors will be blocked or funds for a specific purchase may not be reloaded to the card.
3. Card will be deactivated.

_____ INITIAL: ACKNOWLEDGMENT

- I have read and been informed about the content, requirements, and expectations of the True Link card.
- I have received the Frequently Requested Disbursements and Disbursements Typically Not Permitted lists.
- I have received the How to Submit Your True Link Receipts document.
- I have received the True Link Tips and Tricks document.
- I agree to abide by the terms of the agreement.
- I understand if there are any purchases in question, I will contact the Trust Administration department for further guidance before making the purchase.
- I understand that if at any point I fail to comply with the terms of this agreement, my True Link card will be terminated.

CARDHOLDER INFORMATION BELOW IS REQUIRED

PLEASE ALLOW 5-8 BUSINESS DAYS FOR PROCESSING. INCOMPLETE FORMS WILL BE RETURNED.

FORMS ARE AVAILABLE ON OUR WEBSITE IN THE RESOURCE LIBRARY.

GOODSHEPHERDFUND.ORG

Good Shepherd Fund

A SECURED ALLIANCE AFFILIATE

TO SUBMIT THIS FORM

FAX: 215-358-2291

EMAIL: email@GoodShepherdFund.org

MAIL: 10439 S 51st St. STE 225, Phoenix, AZ 85044

PHONE: 833-403-1198

****If the beneficiary is a minor child, please complete as Parent / POA / Guardian.***

****Cardholders aged 18-20 may be required to submit a GOVERNMENT ISSUED photo ID.***

**** SUBMISSION OF APPLICATION DOES NOT GUARANTEE APPROVAL. ****
You will be contacted directly if your request for a True Link card is denied.

CONTACT INFORMATION:

NAME OF CARDHOLDER: _____

NAME OF BENEFICIARY: _____

ADDRESS (cannot be po box): _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: ____/____/____ PHONE: (____) ____ - ____

EMAIL ADDRESS: _____

SIGNATURE (BENEFICIARY | POA | GUARDIAN): _____ DATE: _____

PRINT NAME (OF SIGNATURE ABOVE): _____ DATE: _____

When you have completed the form, please submit using the contact information provided below and our team will begin processing. Please allow 5-8 business days for processing.

All incomplete forms will be returned.

TO SUBMIT FORM (use any of the following below):

- Email: email@goodshepherdfund.org
- Fax: 215-358-2291
- Mail: 10439 S. 51st Street, Suite 225, Phoenix, AZ 85044

Questions?

Please contact us directly at 833-403-1198 and we will be happy to assist you.

PLEASE ALLOW 5-8 BUSINESS DAYS FOR PROCESSING. INCOMPLETE FORMS WILL BE RETURNED.

FORMS ARE AVAILABLE ON OUR WEBSITE IN THE RESOURCE LIBRARY.

GOODSHEPHERDFUND.ORG