

# Center for Disability Rights, Inc.

497 State Street Rochester, New York 14608 (585) 546-7560 V/TTY (585) 546-7567 FAX  
PooledTrust@cdrnys.org

## Community Supplemental Needs Trust

### Additional Statement Request Form (There will be an additional \$5.00 fee for this request)

1. Name of Trust Consumer: \_\_\_\_\_

2. What is this request for:  **Stop a previously created request** or  **A new request**  
If this is a **stop request** who was the Additional Statement going to:

\_\_\_\_\_

*Please only complete the below questions if this is for a new request:*

3. Do you want CDR to send this Additional Statement Each Month:  **Yes** or  **No**

4. Do you want it sent:  **Every month** or  **One time only**

5. Who will be receiving the Additional Statement: \_\_\_\_\_

6. How do you want it sent?

Fax Fax Number: \_\_\_\_\_

Email Email Address: \_\_\_\_\_

Mail Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of beneficiary or legally responsible person

\_\_\_\_\_  
Date

By signing this form I agree to have the Center for Disability Rights make the above changes to my account and agree to pay the additional service fee if I am requesting CDR to send additional statements.