

VACATION / TRIP PLANNING FORM

1. Person Requesting Trip:

Staff requesting trip: _____ Date: ____/____/____ DAY TRIP ☐ OVERNIGHT TRIP ☐

Person the trip is for: _____ Destination: _____

Date Leaving: ____/____/____ Time Leaving: _____ am / pm Date Returning: ____/____/____ Time Returning: _____ am / pm

Is agency staff needed for this trip? YES ☐ If yes, list staff _____

NO ☐ If no, what is the alternate plan? (family, natural support etc.) _____

Where will the person stay (hotel, motel, family home etc.) _____

Will an agency vehicle be needed for this trip? YES ☐ Unit _____ NO ☐ (List what other transportation will be used
ex: natural support vehicle, renting vehicle, family's etc.) _____

Total cost for the individual (include food, lodging, gas for vehicle, spending money, and other)?

(List estimated amount for each) _____

2. Personal Funds Coordinator:

Does the person have the money available for the requested trip? YES ☐ Amount Approved

NO ☐ If NO, person requesting trip needs to revise request, return to staff to revise.

Personal Funds Coordinator: _____ Date _____

3. Program Manager:

Date form received: ____/____/____ Manager receiving request: _____

Staffing plan for the trip: (List what hours the staff will be working and how many staff per shift) _____

Staffing plan for housemate not going on trip (if any): _____

4. Executive Director or Associate Executive Director Approval:

Date approved: ____/____/____

5. Program Manager:

Date form received: ____/____/____ Is there a service plan change needed for trip? YES ☐ NO ☐

If Yes, what is the Service Code needed for trip: _____ Rate \$ _____

Date ISC notified to request change: ____/____/____ Date service plan approved: ____/____/____

6. Business Manager:

Date form received: ____/____/____ Vehicle approved for trip _____