

NOTIFICATION OF VACATION/TRIP WITH INDIVIDUAL



Please submit form to your Program Coordinator at least two weeks prior to departure.

Name of Individual: _____ Today's Date: _____

Date Leaving for Vacation/Trip: _____ Date Returning Home: _____

Name of Provider/Responsible Person: _____

Purpose of Vacation/Trip: _____

Traveling by: Car Air Travel Bus Other: _____

Complete the following if there is only one destination for this trip. For more than one destination, attach an itinerary that includes dates for each destination that also includes the following information:

Name of person or lodging where you will be staying: _____

Phone number of Person or Lodging: _____

Address of Person or Lodging: _____

Cell Phone Number for Provider/Responsible Person: _____

Number of individual's going on trip (including children): _____

Will individual be sharing a room? Yes No If yes, with how many people? _____

Will individual be spending over \$50 on this trip? Yes No If yes, submit Estimate of Vacation Expenditures Form

IDT Members Notified	Notified by	Date
Day Program: _____	_____	_____
Transportation: _____	_____	_____
Guardian/Family: _____	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Program Coordinator: _____	_____	_____
Resource Coordinator: _____	_____	_____

Provider's Signature _____ Date _____

Program Coordinator Signature _____ Date _____