

TO SUBMIT THIS FORM

 FAX:
 215-358-2291

 EMAIL:
 email@SecuredAlliance.org

 MAIL:
 9633 S. 48th St. Ste. 290 · Phoenix, AZ 85044

 PHONE:
 877-734-8880

TRAVEL REQUEST

MUST BE SUBMITTED 30 DAYS PRIOR TO TRAVEL DATE

BENEFICIARY NAME (PLEASE PRINT)

Date of Birth

Travel expenses may be paid by a special needs trust when the travel falls within the guidelines set out by the Social Security Administration.

- The trust can always pay for the travel expenses of the beneficiary.
- If the beneficiary is an SSI recipient, the trust may be able to pay for someone to accompany the beneficiary.
- In all other situations, other persons must pay for their own travel expenses.
- NOTE: Secured Futures contracts through a Travel Agent; there will be a flat fee charged to your trust account.
- If you have any questions, please call 602-635-6674.

To book travel arrangements, Secured Futures MUST receive the following information a <u>MINIMUM of 30 DAYS</u> <u>PRIOR</u> to the desired travel dates. If less than 30-day notice, additional charges will apply and additional documentation may be required. Travel Request may not cover all expenses – please budget accordingly.

IS THE BENEFICIARY A RECIPIENT OF SSI? Yes No

	IS THIS TRIP REQUIRED TO OBTAIN MED	DICAL TREATMENT?	🗌 Yes	🗆 No
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• If yes, the trust may be able to pay the expenses for a travel companion

DATES & DESTINATION OF TRAVEL

Departure Date	Return Date
Departure City/State	Arriving City/State
Will there be multiple destinations? $\ \square$ Yes	
BENEFICIARY INFORMATION	
Special Services required?	
Do they travel with an aide? $\ \square$ Yes $\ \square$ No	If yes, Name
Type of medical equipment, if any, they will bri	ng while traveling
TRAVEL ARRANGEMENTS NEEDED	
\Box AIR: If air reservation has been made, pleas	e provide Reservation Number
Number of bags to be checked	Amount on Travel Card to cover baggage fees <u>\$</u>
Will ground transportation be needed (cab,	bus, shuttle)? 🗌 Yes 🗌 No
\Box TRAIN: If train reservation has been made,	please provide Reservation Number
\Box BUS: If bus reservation has been made, ple	ase provide Reservation Number
□ TRAVEL CARD (gas, meals, tolls, baggage fee	es, taxi) Purchases are traceable for benefits preservation purposes.
(initial) Receipts are required for a	Il purchases made during travel. Receipts should arrive at Secured
Futures no later than 2-4 weeks after your	return date. If receipts are not submitted, it may potentially affect

upcoming card usage for travel. Mail receipts to: Secured Futures, 9633 S. 48th St. Ste. 290, Phoenix, AZ 85044

☐ HOTEL: Number of Nights	Check in Date	Check (out Date
Beds & Room: 🗌 1 Bed	\Box 2 Beds \Box C	rib 🛛 🗌 Rollaway Bed	🗌 Handicap Room
Bed Size Preference: 🗌 Qu	een 🗌 King (Note: B	ed configuration is not gu	aranteed)
Hotel Address			
PET: If therapy pet is traveling,	, please provide the follov	ving information	
Type Size/Weig	ht Reas	on for taking pet	
TRAVEL INSURANCE: D Yes, 1	accept Travel Insurance fo	or an additional fee 🛛 🛛 N	lo, I do not accept
MEDICAL APPOINTMENTS (LIST ALL)			
1) Date & Time	2) [Date & Time	
COMPANION PROFILE (The following	information is required)		
		DOB	🗆 Male 🛛 Female
Full Name EXACTLY AS IT APPEA			
CHARGED BY THE AIRLINE MUST	BE PAID BY THE PASSENG	ER.	
CONTACT INFORMATION			
Home Address			
City	State	Zip Code	
Home Phone		one	
Email Address			
OTHER INFORMATION that will be he		· 	
YOUR ESTIMATED COST FOR THIS TRI *** THERE WILL BE ADDITIONAL C AFTER THE REQU	CHARGES FROM THE TRAN		IF CHANGES ARE MADE
DATE BENEFICIARY (PLEASE PRINT)			
SIGNATURE of Beneficiary POA Gua	ardian		

Please allow 5-8 business days for processing. Incomplete forms will be returned. Forms are available on our website: www.SecuredFutures.org/document-library