

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 |
|--|-------------------------------------|------------------|-------|------|
|--|-------------------------------------|------------------|-------|------|

• 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