

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, please provide us with the necessary information at least **30 days before your desired travel dates**. If you need to book with less than 30 days' notice, additional charges and documentation may apply. Please note that not all expenses may be covered, so we recommend budgeting accordingly. Thank you for your understanding and cooperation.

IS THE BENEFICIARY A RECIPIENT OF SSI? ☐ Yes ☐ No

IS THIS TRIP REQUIRED TO OBTAIN MEDICAL 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? ☐ Yes ☐ No

BENEFICIARY INFORMATION

Special Services required? _____

Do they travel with an aide? ☐ Yes ☐ No

If yes, Name _____

Type of medical equipment, if any, they will bring while traveling _____

TRAVEL ARRANGEMENTS NEEDED

☐ **AIR:** If air reservation has been made, please provide **Reservation Number:** _____

of Checked Bags: _____ **Cost on Travel Card for Baggage Fees:** \$ _____

Will ground transportation be needed (cab, bus, shuttle)? ☐ Yes ☐ No

☐ **TRAIN:** If train reservation has been made, please provide **Reservation Number:** _____

☐ **BUS:** If bus reservation has been made, please provide **Reservation Number: #** _____

☐ **TRAVEL CARD** (gas, meals, tolls, baggage fees, taxi) Purchases are traceable for benefits preservation purposes.)

_____**INITIAL** Please remember to **save all receipts** for purchases made during your travel. Please submit these receipts to Secured Futures within **2-4 weeks of your return date, either by email or mail**. Timely submission of receipts helps ensure the continued availability of your travel card for future trips.

PLEASE ALLOW 5-8 BUSINESS DAYS FOR PROCESSING. INCOMPLETE FORMS WILL BE RETURNED.

FORMS ARE AVAILABLE ON OUR WEBSITE IN THE RESOURCE LIBRARY.

SECURED FUTURES.ORG



Secured Futures

A SECURED ALLIANCE AFFILIATE

TO SUBMIT THIS FORM

FAX: 215-358-2291

EMAIL: email@SecuredFutures.org

MAIL: 10439 S 51st St. STE 225, Phoenix, AZ 85044

PHONE: 602-635-6674

☐ HOTEL: # OF NIGHTS: _____ CHECK-IN DATE: _____ CHECK-OUT DATE: _____

BEDS/ROOM: ☐ 1 Bed ☐ 2 Beds ☐ Crib ☐ Rollaway Bed ☐ Handicap Room

BED SIZE PREFERENCE: ☐ Queen ☐ King ***Note: Bed configuration is not guaranteed.**

HOTEL ADDRESS: _____

☐ PET: If traveling with support animal, please provide the following information.

ANIMAL: _____ SIZE/WEIGHT: _____

REASON: _____

☐ TRAVEL INSURANCE: ☐ Yes, I accept Travel Insurance for an additional fee ☐ No, I do not accept

MEDICAL APPOINTMENTS (LIST ALL)

1. DATE & TIME: _____ 2. DATE & TIME: _____

COMPANION PROFILE **the following information is required, full name as it appears on your driver's license.*

FULL NAME: _____ DOB: ____/____/____ ☐ Male ☐ Female

*Please ensure that all passenger information provided is accurate, as the travel agent cannot be held responsible for any discrepancies.
Any fees or penalties charged by the airline due to incorrect information will need to be covered by the passenger.*

CONTACT INFORMATION

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

ADDITIONAL INFORMATION HELPFUL FOR PLANNING OF TRAVEL REQUEST:

ESTIMATED COST FOR THIS TRIP: \$ _____

***** ADDITIONAL CHARGES WILL BE ADDED FROM THE TRAVEL AGENT TO THE TRUST IF CHANGES ARE MADE AFTER THE REQUEST HAS BEEN SUBMITTED TO THE TRAVEL AGENCY. *****

DATE: _____

BENEFICIARY (PLEASE PRINT): _____

SIGNATURE OF BENEFICIARY | POA | GUARDIAN: _____

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