Secured Futures
A SECURED ALLIANCE AFFILIATE

TO SUBMIT THIS FORM
FAX: 215-358-2291
EMAIL: email@SecuredFutures.org
MAIL: 10439 S 51st Street STE 225, Phoenix, AZ 85044
PHONE: 602-635-6674

TRAVEL REQUEST

MUST BE SUBMITTED 30 DAYS PRIOR TO TRAVEL DATE

BENEFICIARY NAME *(PLEASE PRINT)*: _____ **DATE OF BIRTH:** _____

ACCOUNT NUMBER: _____ **BENEFICIARY SIGNATURE:** _____

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 a minor or has a disability that requires assistance, 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.
- Please attach any documentation (flight or hotel reservations, medical documents, event ticket information, etc…) with this form.
- If you have any questions, please call 602-635-6674.

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

- *Documentation may be requested by Trust Administrator.*

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 _____

Total number of people traveling with the beneficiary _____

REQUEST TRAVEL FUNDS

Amount request for lodging: _____

Amount requested for transportation (air, fuel, train, parking, ect..): _____

Amount requested for food, entertainment, and other expenses: _____

Total amount requested: _____

_____ **I understand travel funds must be preapproved. If I need more funds during my trip, it will be my responsibility to provide those funds, not the responsibility of the trust or travel agent.**

PLEASE ALLOW 5-8 BUESINESS DAYS FOR PROCESSING. INCOMPLETE FORMS WILL BE RETURNED.
FORMS ARE AVAILABLE ON OUR WEBSITE IN THE RESOURCE LIBRARY.
SECUREDFUTURES.ORG

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Requested Payment Method:

_____ **True Link card:** I understand funds loaded to my card for preapproved travel should not be spent for other purchases. If travel funds are spent on other purchases they will not be reissued.

_____ I plan to use my **credit card** for these expenses and seek reimbursement when the trip is complete. I understand the card statement and receipts will be required to review for payment to my credit card.

_____ I would like a **travel agent** to make my arrangements. I understand there will be a flat fee added to the travel cost to cover these services. *If you plan to use the travel agent services, you must completed pages 3 & 4 of this form.

Rental Cars: Most car rentals services do NOT accept the True Link card to rent a car. Our travel agents CANNOT rent a car for anyone. The individual who rents and drives the car MUST have a major credit card and a valid driver's license for the rental. This is a requirement of the rental agencies, not the trust. Car rentals may be submitted to the trust for review and reimbursement of benefiticiary's portion of the rental cost.

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REQUEST FOR TRAVEL AGENT SERVICES

This page required ONLY if you would like our travel agent to book your trip for you.

There is a flat fee for travel agent services that will be added to the disbursement from the trust account. 30 day notice is required to book through our travel agent. If you need to with less than 30 days' travel notice, additional charges may apply. Please note that not all expenses may be covered, so we recommend budgeting accordingly.

TRAVEL INSURANCE

☐ **Yes, I accept Travel Insurance for additional fee.**

☐ **No, I do not accept.**

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.**

☐ **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. You will need a credit card or True Link card and ID to check into the hotel.

HOTEL ADDRESS: _____

☐ **PET: If traveling with support animal, please provide the following information.**
ANIMAL: _____ SIZE/WEIGHT: _____
REASON: _____

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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 provide 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 passengers.

CONTACT INFORMATION
HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____
EMAIL ADDRESS: _____