

TO SUBMIT YOUR REQUEST

FAX: 215-358-2291
EMAIL: disbursements@SecuredFutures.org
MAIL: Secured Futures Processing Center
 PO Box 51600 · Phoenix, AZ 85076

TRAVEL REQUEST

MUST BE SUBMITTED 30 DAYS PRIOR TO TRAVEL DATE

BENEFICIARY NAME (PLEASE PRINT) _____

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 **MINIMUM of 30 DAYS PRIOR 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 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 _____

Number of bags to be checked _____ Amount on Travel Card to cover 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: Number 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 _____

(Continued on next page)

PET: If therapy pet is traveling, please provide the following information
Type _____ Size/Weight _____ Reason for taking pet _____

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 _____

NUMBER OF TRAVELERS

Adults _____ Children _____ Ages of Children _____

Number of travelers billed to the Special Needs Trust _____

Number of travelers paid by other party _____

TRAVELERS PROFILES (The following information is required)

1) _____ **DOB** _____ Male Female
Full Name EXACTLY AS IT APPEARS ON DRIVER'S LICENSE Month/Day/Year

2) _____ **DOB** _____ Male Female
Full Name EXACTLY AS IT APPEARS ON DRIVER'S LICENSE Month/Day/Year

TRAVEL AGENT IS NOT RESPONSIBLE FOR ANY INCORRECT PASSENGER INFORMATION. ANY FEES OR PENALTIES CHARGED BY THE AIRLINE MUST BE PAID BY THE PASSENGER.

CONTACT INFORMATION

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____

OTHER INFORMATION that will be helpful in planning this trip:

YOUR ESTIMATED COST FOR THIS TRIP _____

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

DATE _____ Secured Futures Account Number _____
BENEFICIARY (PLEASE PRINT) _____
SIGNATURE of Beneficiary POA Guardian _____