

Good Shepherd Fund

A SECURED ALLIANCE AFFILIATE

TO SUBMIT THIS FORM

FAX: 215-358-2291

EMAIL: email@SecuredAlliance.org

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

PHONE: 833-403-1198

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:** Good Shepherd Fund contracts through a Travel Agent; there will be a flat fee charged to your trust account.
- **If you have any questions,** please call 408-573-9606.

To book travel arrangements, Good Shepherd Fund **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.*

_____ (initial) **Receipts are required** for all purchases made during travel. Receipts should arrive at Good Shepherd Fund 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: Good Shepherd Fund, 9633 S. 48th Street Ste. 290, Phoenix, AZ 85044-8626

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(Rev. 3/10/2021)

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 _____

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 _____

COMPANION PROFILE (The following information is required)

_____ **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. *****

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|---|
| <p>DATE _____</p> <p>BENEFICIARY (PLEASE PRINT) _____</p> <p>SIGNATURE of Beneficiary POA Guardian _____</p> |
|---|

Please allow 5-8 business days for processing.