



Travel Request Form

Date Submitted: _____

Participant Name: _____ Case Manager: _____

Date Leaving: _____ Date Returning: _____ Total Days: _____

Travel Destination (including zip code): _____

Purpose of trip: _____

Plan for sobriety during travel: _____

Peer Assistance Services, Inc. Travel Policy is as follows:

1. Out of state (domestic) or international travel is not permitted for the first 12 months of a participant's Rehabilitation Contract with the exception of emergencies or activities that support recovery.
2. Emergency travel requires notification to PAS by telephone and submission of documentation such as travel itinerary(s), obituaries, and other(s) within 24 hours of travel.
3. All participants are eligible to travel beginning in year two of their Rehabilitation Contract.
4. To be eligible to travel a participant must maintain full compliance with their Rehabilitation Contract for the three months immediately prior to their travel. Approval may be withdrawn due to non-compliance.
5. All participants who are eligible to travel must submit a Travel Request Form for review by PAS at least two weeks prior to the date of travel.
6. All participants who are approved to travel will notify their therapist, treatment provider, and supervisor.
7. Military duties will be reviewed as necessary. Documentation such as military orders must be submitted to PAS for review and approval.
8. All urine drug/alcohol testing frequencies must be met as required by the Rehabilitation Contract.
9. Participants will wait to sign the travel request form until they have received a signed copy from their case manager. Upon receipt of a signed travel request from their case manager, participants will sign the bottom section and return to their case manager.
10. Participants may have to complete a urine drug/alcohol test prior to and/or upon return from travel.
11. Participants will follow through with any additional requirements that the case manager includes on the travel request form.

Case Manager to Complete the Following Information:

Travel request approved: YES NO

Specific reason for denied travel: _____

Participant must continue calling the Sentry System urine drug/alcohol testing line while traveling: YES NO

Sentry updated: YES NO

I agree to comply with my rehabilitation contract including any modifications noted above while traveling.

Case Manager Signature

Date

Participant Signature

Date