



Travel Request Form: Instructions

When making a travel request, please fill out the travel request form on the following page. Upon pre-approval by CFPD, the trust can cover travel expenses for the beneficiary, +1 travel companion.

- **Included Costs:** Costs can include travel, lodging, food, and entertainment. Souvenir and additional spending money may be granted, but may only be used for the benefit of the beneficiary. **If the vendor allows pre-payment, CFPD will cover any expenses ahead of time (e.g. hotel reservations, excursions, airfare, etc.).**
- **2 Week Pre-Approval:** All requests must be submitted at least 2 weeks before the funds are needed. Short notice travel requests (less than 2 weeks) cannot be guaranteed. All requests are reviewed on a case-by-case basis.
- **Guardian:** If the beneficiary has a guardian, CFPD will need to receive support from the guardian for the request. Once the budget and guardian approval is received, the case manager will submit the request for approval. If more information is required, the case manager will follow up with additional questions.
- **Travel Companion:** In the event that the travel companion will be managing the funds for the beneficiary, he/she will need to pass a background check. If the companion has already done a background check as a HHP, professional caregiver, etc. then a background check isn't needed if it can be released to the trust from the agency. It is required that all receipts be signed by the beneficiary and submitted back to the trust to account for the money spent while traveling.
- **Government Benefits** Depending on the beneficiary's government benefits, the trust cannot give money directly to the beneficiary because it will be seen as income. Confirmation of beneficiary gross monthly income, benefits and waivers is required.
- **Rental Car:** This expense will always need to be reimbursed after the trip is complete.

It is important that all pertinent information be provided so that your case manager has the documentation needed in order to submit the request for approval.

- **Helpful Documents:** You are encouraged to attach any additional documentation or information that you feel would be helpful.
- **Signatures:** If you have a guardian, he/she must sign off on the request.
- **Incomplete Forms:** If any necessary information is missing, the form will be returned to you for completion.

Once all the required information is received, your CFPD case manager will submit your request. Fulfillment of the request is contingent upon the approval of CFPD. Please contact your CFPD case manager with any questions regarding the supplemental need request process.



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Main: 303-733-2867
Fax: 303-531-0466
www.cfpdtrust.org

Travel Request Form

CFPD Beneficiary _____ Guardian (if applicable) _____
Requesting Party: _____ Relationship to Beneficiary _____
Service Agency/Case Manager (if applicable): _____

Please answer the following in as much detail as possible:

Who: _____
What: _____
Where: _____
When: _____
Why: _____

Government Benefit Verification: *Please list all benefits, including Type of Social Security Income, any other income, Food Stamps, Section 8, and any Medicaid Waiver.*

Please provide a vendor, breakdown of costs, dates and accommodations needed, reservation confirmation and any other pertinent information related to the categories listed below:

Transportation: _____

Lodging/Hotel: _____

Meals: _____

Entertainment: _____

Rental Car: _____

Other: _____

Beneficiary/Guardian Signature _____ Date _____

Signature of Requesting Party _____ Date _____

Please send this completed form to **CFPD:**

Email: (Pooled Trust) PooledRequest@cfpdtrust.org (Private Trust) PrivateRequest@cfpdtrust.org

Fax: 303-531-0466

Address: CFPD Attn: Request Forms 1355 S. Colorado Blvd. Suite 920 Denver, CO 80222