



Travel Request Form

Client Name: _____ Case Manager: _____

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

Travel Destination Address: _____ Phone: _____

Purpose of trip: _____

Plan for sobriety during travel: _____

Peer Assistance Services, Inc. travel policy is as follows:

1. Client will notify Peer Assistance Services, Inc. in writing of travel plans *at least two weeks* prior to leaving. In the event of an emergency, client will notify Peer Assistance Services, Inc. as soon as possible.
2. Client will remain in compliance with all other requirements of the Rehabilitation contract.
3. Client may be required to submit a urine sample the day before leaving and the day after returning from travel.
4. Client will notify Therapist and Supervisor of travel plans.

Case Manager to complete the following information:

You are excused from calling the UA Line: YES NO From: _____ to _____

You are excused from testing: YES NO From: _____ to _____

You are required to test while traveling: YES NO

Name/Address of collection site to be used while traveling: _____

Contact Person: _____ Phone number: _____

Updated in Sentry

Additional Contract Requirements/Changes while traveling	
1.	
2.	
3.	
4.	

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

Client Signature

Date

Case Manager Signature

Date