



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.

Case Manager to complete the following information:

UA Drug Screens to be dropped before/during/after traveling: YES Dates: _____ NO

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

Contact Person: _____ Phone number: _____

Referral to Test Site Completed UA Test Kit # _____

UA test dates submitted to Norchem Confirmation of dates received from Norchem

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

PEER ASSISTANCE SERVICES, INC.