



## Community Living disABILITY Services – Vacation and Travel Planning Form

### Biographical Information

<b>Individual Name:</b>	<b>Individual Date of Birth:</b>
<b>Community Service Worker:</b>	<b>Service Provider:</b>
<b>Substitute Decision Maker (Property):</b>	<b>Substitute Decision Maker (Personal Care):</b>

### Vacation or Travel Information

<b>Vacation or Travel Start Date:</b>	<b>Vacation or Travel End Date:</b>
<b>Destination (Name and Addresses(es) of Accommodations):</b>	

### Support Person(s) Accompanying the Individual Contact Information

<b>First Person Support Name:</b>	<b>First Person Support Phone Number:</b>
<b>Relationship to Individual (e.g., service provider staff, family member, friend, etc.):</b>	
<b>Second Person Support Name:</b>	<b>Second Person Support Phone Number:</b>
<b>Relationship to Individual (e.g., service provider staff, family member, friend, etc.):</b>	

<b>Third Person Support Name:</b>	<b>Third Person Support Phone Number:</b>
<b>Relationship to Individual (e.g., service provider staff, family member, friend, etc.):</b>	

**Planning Information**

<b>Has the vacation or travel been identified in the individual's individual plan?</b>	Yes	No	N/A
<b>Has the individual obtained out-of-province travel insurance?</b>	Yes	No	N/A
<b>Have travel advice and advisories been reviewed, and the decision to proceed reflects an awareness of any potential risks by the individual, their support network and SDM(s)?</b>	Yes	No	N/A
<b>Has the individual's SDM(s) been informed of and approved the vacation or travel?</b>	Yes	No	N/A
<b>Have the individual's day services provider, transportation provider and other applicable support services provider(s) been notified of the absence and has Residential Care Licensing been notified in the event of extended absence?</b>	Yes	No	N/A
<b>Does the individual have sufficient medication(s) for the duration of the vacation or travel, and the legality of those medications in the destination has been reviewed and confirmed?</b>	Yes	No	N/A
<b>Does the individual take medication(s) that require documentation to be brought across borders?</b>	Yes	No	N/A
<b>If "yes" to the above question, has documentation been obtained from the physician or pharmacist?</b>	Yes	No	N/A

<p><b>Have the individual's support needs been carefully considered as part of their support plan? These include accessibility accommodations, sensory considerations, seizure protocols, behaviour support strategies, water safety measures and supervision requirements.</b></p>	Yes	No	N/A
<p><b>If yes, please describe the plan to address those needs, including the type of monitoring needed and how it will be provided (and ensure it is documented in their support plan):</b></p>			

**Financial Information**

<p><b>Has the vacation or travel been identified in the individual's personal financial plan?</b></p>	Yes	No	N/A
<p><b>Has an Authorization for Expenditure been completed (if required)?</b></p>	Yes	No	N/A
<p><b>Does the individual have sufficient funds for the vacation or travel?</b></p>	Yes	No	N/A

**Budget Information**

<p><b>Accommodation costs:</b></p>	<p><b>Transportation costs:</b></p>
<p><b>Food costs:</b></p>	<p><b>Recreation and activity costs:</b></p>
<p><b>Personal spending costs:</b></p>	<p><b>Other costs (if applicable):</b></p>

**Employment and Income Assistance/Manitoba Supports for Persons with Disabilities**

<p><b>Has Employment and Income Assistance (EIA)/ Manitoba Supports for Persons with Disabilities (MSPD) been contacted to determine how the vacation or travel may affect the individual's benefits?</b></p>	Yes	No	N/A
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**Comments**

**Approval**

<b>Individual Name</b>	<b>Individual Signature</b>	<b>Date</b>
<b>Substitute Decision Maker (Property) Name</b>	<b>Substitute Decision Maker (Property) Signature</b>	<b>Date</b>
<b>Substitute Decision Maker (Personal Care) Name</b>	<b>Substitute Decision Maker (Personal Care) Signature</b>	<b>Date</b>
<b>Service Provider Name</b>	<b>Service Provider Signature</b>	<b>Date</b>

**Acknowledgement of Receipt**

<b>Community Service Worker Name</b>	<b>Community Service Worker Signature</b>	<b>Date</b>
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