



EVERGREEN

SERVICE PROVIDERS

AGREEMENT FOR USE OF PERSONAL NEEDS FUNDS FOR A INDIVIDUAL'S VACATION

_____ will be gone _____ days on vacation. (S)he will be going with:
Individual's Name

Special Travel Agency _____

HHP _____

Family Member _____ Relationship: _____

Other _____ Relationship: _____

They will be going to _____,
Name of Vacation Spot, City, State

leaving on _____ and expecting to return on _____.
Date & Time (approx.) Date & Time (approx.)

It is agreed that the main cost of this vacation will be covered in the following manner (choose one):

All costs of transportation, lodging, food and activities for self only. Estimated cost:

 All costs of transportation, lodging, food and activities for self and traveling companion.
Estimated cost: _____

Costs divided by those traveling, as follows (*enter amounts for each category*):

	Individual	Companion
Transportation		
Lodging		
Food		
Activities		
TOTAL		

It is understood that the Individual will pay for all of their extra expenditures, such as souvenirs, pop, and snacks. Individual will take \$_____ in cash for these expenses.

In addition, (choose one):

Individual will not be expected to keep receipts for any purchases (s)he makes; or

Individual will keep receipts for all expenses over \$_____.

Individual will be reimbursed no less than \$5.31/day for food by the HHP/Residential SPO from their Room & Board charges.

Individual/Guardian Signature/Date

HHP/Prog. Coordinator's Signature/Date

Case Manager's Signature/Date