Out of State – Information Sheet

Participant's Name: _____

Location of Out of State travel: _____

Dates of Out of State travel: _____

Budget Line requesting to be utilized: Check all that apply

___Com Hab Staff – Staff's name: _____

___ Respite Staff – Staff's name: _____

___IDGS:

___Community Classes

___Membership

___Transportation

___FRR

___OTPS:

___Staff Activity Fee

___Personal Use Transportation

If you are requesting services out of state such community classes or memberships, please include a description of the services along with a website/flyer and contact information.