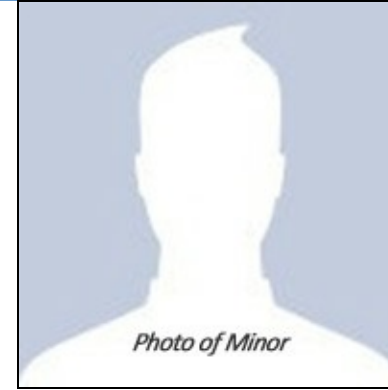


UC Basic Information

First Name:

Last Name:



AKA:

Status:

Date of Birth:

A No.:

Age:

Country of Birth:

Gender:

LOS:

Current Program:

Admitted Date:

UC Long Term Foster Care Travel Request

Requester Information

Date of Travel Request:

(Travel Request form must be submitted to DUCS at least 10 business days prior to travel start date)

Name and Contact Information of Individual Completing Travel Requests:

Name:

Telephone

Email :

Travel Overview

Travel Begin Date:

Travel End Date:

Name of Individual child will be traveling with

Relationship to child:

Contact # while on travel:

Address where child will be staying while on travel

Mode of Transportation

Mode of transportation:

Include airline, flight #'s, bus company, train info as applicable:

Personal Vehicle Travel

Type of automobile: Make

Model:

License Plate

Car Insurance Company

Primary Driver: Name

Driver's license #:

Issuing state:

Policy Number:

Approval Determination Factors

Reason travel request is being submitted to ORR/DCS for approval:

Is this travel request in accordance with state guidelines?

Yes No

If no, please explain

Purpose of travel/trip summary

Child Supervision Plan

Are there any identified safety concerns in this child's background?

Yes No

If yes, please explain

Is there any indication of flight sick?

Yes No

If yes, please explain

Comment

Date

Signature (ORR Official)