

## West Central Abilities

## Client Trip Event Proposal Form

When assisting an individual to plan a quality-of-life experience such as a recreational event or a trip that is outside of the Agency's residential and/or day program support services, or when such experiences are not available within the community, West Central Abilities Inc.'s support team will utilize and accurately complete this Client Trip Proposal Form for further evaluation and review of the request.

Evaluation processes will be based on the individual's person-centred plans where they have identified such goals or desires, and the Agency's ability and resources to provide the proposed trip experience.

The Program Coordinator, or designate, will assess the proposal, and consider all factors as they relate to the individual's support plan i.e., environmental factors; location, noise level, crowds, etc., physical barriers, financial/budget items, availability of staff/volunteers and vehicles, and will approve, amend or deny the proposal based on these or other factors.

Upon completion of an approved trip, an outcome report will be completed by the accompanying support person and provide to the manager for each individual in attendance. The accompanying support person will record and total all receipts and submit, along with any remaining money, to the Program Coordinator on their return.

Please provide all details and submit the completed form to the Program Coordinator.

Date proposal received: \_\_\_\_\_ PC's Signature: \_\_\_\_\_

\_\_\_\_\_



Incomplete Form - Denied

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**Individual's Name:** \_\_\_\_\_

**Provide details of intended trip event being proposed:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Determined outcome experience:** \_\_\_\_\_

\_\_\_\_\_

Was this experience recognized as a part of their person-centered plan: \_\_\_\_\_. If not when did the individual request the excursion, \_\_\_\_\_, or who put forward if other than the individual: \_\_\_\_\_

**Date(s) of event:** \_\_\_\_\_ **Location:** \_\_\_\_\_

Time of Departure:\_\_\_\_\_ Time of Return:\_\_\_\_\_

**List of incidentals to be considered for budgeting**

Vehicle requested:\_\_\_\_\_

Mileage to and from destination:\_\_\_\_\_

Accommodations - include such things as name of hotel, phone number, costs including any special offers or packages requested: \_\_\_\_\_

Meal arrangements: will they be included in the accommodation, packed bag lunches etc.\_\_\_\_\_

Tickets/Admission to proposed event, time sensitive purchasing, donated, estimated or actual cost:\_\_\_\_\_

Other expenses predicted to buy, specify costs for souvenirs, programs, snacks etc.:\_\_\_\_

Accompanying Support Person(s):\_\_\_\_\_

If family have been deemed unable to accompany the individual, the following arrangement will be made. Specify changes affecting schedules, relief coverage, etc.: \_\_

PROPOSED BUDGET	COST
Transportation	\$
Accommodations	\$
Meals	\$
Passes, Tickets, Entry fees	\$
Other: _____	\$
<b>TOTAL</b>	<b>\$</b>
Number of Individuals	
<b>TOTAL PER INDIVIDUAL</b>	<b>\$ /individual</b>

Proposal submitted by: \_\_\_\_\_

## Terms and Conditions of Volunteers

See attached.

\_\_\_\_\_, has agreed to the stated terms of  
volunteering their time to be the accompanying support person for the proposed trip  
event: \_\_\_\_\_  
that is to occur on: \_\_\_\_\_

\_\_\_\_\_  
Support Person Signature:

\_\_\_\_\_  
Date:

### For Office Use Only

Environmental considerations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other factors of concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Funding resources:

\_\_\_\_\_

Date of last Trip Proposal:

\_\_\_\_\_

Date of last attended trip:

\_\_\_\_\_



**Approved**



**Provisional Approval as Amended:** \_\_\_\_\_



**Denied**