



J. Arthur Trudeau Memorial Center Shared Living Services

Vacation/Respite/Visit Notification Form

Shared Living Contractor: _____

Individual Supported: _____

Who is going on vacation/visit? SLC: _____ Individual: _____

Dates of vacation/visit: Leave: _____ Return: _____

Is vacation/visit out of state? Yes: _____ No: _____

Vacation destination: Address: _____ City: _____

State: _____

Contact person for Emergencies: _____ Phone: _____

Respite/Family Arrangement:

Name of Respite provider: _____ Phone: _____

Name of Family member: _____ Phone: _____

Address _____ City: _____

State: _____

Emergency contact information/Interagency provided to the Respite Provider or Family member?

Yes _____ No _____

Signature of Contractor _____ Date _____

***** Please note: Shared Living must be notified of all extended arrangements and it is the contractor responsibility to ensure a notification form is submitted prior to leave occurring.**