**Georgia Hope Inc.**

**FAX: Request to Travel Out of State Form**

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| To |  , Georgia Hope Caseworker |
| Fax No. | (770) 860-0322 or (678) 609-5407  |
| From |  |
| Re: | **Request to Travel Out of State Form** |
| Date |  |

**(2 weeks advance notice)**

|  |  |
| --- | --- |
| Child’s Name | Date of Request |
| Foster Parent | Contact No. |

|  |  |
| --- | --- |
| Date Leaving: | Date Returning: |
| Destination: |
| Address: |
| City State Zip: |
| Contact Number(s): |

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| Brief description of reason for request: (ie: vacation, visit with relatives, etc.) |
|  |
|  |

**Will respite be required? Yes No If so, complete Respite Request and Placement Form**

**Requests must be made at least 2 weeks prior to date of absence and approved before any departures with the child can be occur. Any unauthorized departures are subject to disciplinary actions.**