



LODGING AND TRANSPORTATION ASSISTANCE PROGRAM APPLICATION FOR REIMBURSEMENT

Visitors who live over 150 miles from where their loved ones are housed may submit this request for lodging and transportation assistance. This program is funded through the Incarcerated Individual Betterment Fund.

Incarcerated individual name _____ DOC number _____ Facility _____

Which program are you applying for (Check 1 box):

<input type="checkbox"/> Lodging Assistance I will pay for hotel stay in full and will submit a copy of the paid hotel receipt for reimbursement after my stay. I understand I may choose any hotel with this option.	<input type="checkbox"/> Transportation Assistance/Gas Reimbursement I request a reimbursement of \$50 towards the cost of gas associated with this visit. I will submit a copy of a gas receipt dated the day prior or after the day of visit.
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VISITOR INFORMATION				
Participant's information must be current in the Visitation Program. To update your information, send email to dochqvisitunit@DOC1.WA.GOV .				
Name (Last, First, MI)	Date of birth (mm/dd/yyyy) / /	Relationship as listed with Visitation		
Street address (Must match Visitation Program and valid ID card)	City	State	Zip	
Email address	Distance (Residence to facility in miles)	Date visit scheduled / /	Contact phone number () -	
THIS SECTION FOR LODGING AND TRANSPORTATION ASSISTANCE PROGRAM ONLY				
Hotel/motel name	Stay scheduled for / /	Confirmation number (required)		
Hotel/motel address				

YOU MUST AGREE TO THE FOLLOWING TO BE CONSIDERED FOR PARTICIPATION IN EITHER PROGRAM.	Agree
My name and address are current with the Visitation Program.	<input type="checkbox"/>
My address is at least 150 miles away from the correctional facility I will be visiting.	<input type="checkbox"/>
In the event I apply for and am approved for either Lodging Assistance or Transportation Assistance and visitation is cancelled last minute due to an emergency such as lockdown, I understand that the Department will pay the \$50.00 as agreed upon.	<input type="checkbox"/>
I understand that I will be denied future use of funding assistance if attempted abuse is determined (stays but does not visit the facility, attempts to use various visitor names to apply within a 30-day window, etc.).	<input type="checkbox"/>
I understand that this application must be completed in full, submitted, and approved prior to my stay to qualify for the \$50.00 reimbursement under either program.	<input type="checkbox"/>
I understand that only one visitor from an approved visit list is authorized to use this program each month. More than one request may result in a denial for the month.	<input type="checkbox"/>
I understand that I may only select one reimbursement program per month – either the Lodging Assistance OR the Transportation Assistance program.	<input type="checkbox"/>

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If I cancel my reservation, I will email the dochqlap@doc.wa.com mailbox prior to my stay and this will not disqualify my loved one from scheduling another visit during the approved time.	<input type="checkbox"/>
If my reservation is cancelled or if I do not show for an existing reservation, I understand that I am fully responsible for any costs charged as agreed upon with the designated hotel when I made my reservation.	<input type="checkbox"/>
I understand that my participation in this program is representative of families with incarcerated loved ones. As such, I will conduct myself in a manner that complies with the hotel/motel rules as to not compromise the relationship between the correctional facility, community hotel/motels, and families.	<input type="checkbox"/>

Comments: _____

I understand that providing any inaccurate or misleading information and/or failure to agree to any of the terms above may result in the inability to participate in the program in the future.

Visitor's signature

(May sign electronically if submitting via personal email)

Date

Submit the completed form to DOCHQLAP@DOC1.wa.gov.

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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