



Foster Care

**1008 South Second Street
Clearfield, PA 16830
(814) 765-2686
FAX: 765-6530
www.childaid.org**

Adoption, Child Care, Foster Care, In-Home Services, Nurturing, Parents as Teachers,
Pre-K Counts, Together, Triple P, Youth Mentoring

Travel Request Form

When resource parents plan to be away from their home in a travel status that will be 24 hours or longer, the parents need to request and obtain Children's Aid Society permission. If possible, the request for permission to travel should be submitted at least one week before the anticipated date of departure. Such permission may be requested by completing the form below.

Permission is requested to travel with _____ . The date, which we plan
(Name of Child)
to leave from our home, is _____. The date that we plan to return home is
(Date of Departure)
_____. I/We agree to notify the Caseworker immediately upon our return
(Date of Return)

home. Child treatment plan goals and supervision as required for the child will be fully addressed while we are traveling. Our travel destination address is

(Provide complete mailing address)

The phone number where we can be reached in the event of an emergency is

(Provide more than one phone # if appropriate)

Resource Parent Signature Date

Resource Parent Signature Date

Your request to travel with the child named above is approved _____.

Your request to travel with the child named above is disapproved _____.

Children's Aid Society Representative Signature and Title Date

The signature below signifies notification and approval of above travel plans

Placing agency / Guardian Signature Date