



APPLICATION FOR REIMBURSEMENT LODGING ASSISTANCE PROGRAM (LAP) / TRANSPORTATION ASSISTANCE

Please complete the following to apply for participation in the Reimbursement Program. This program is funded through the Incarcerated Individual Betterment Fund (IIBF).

Incarcerated Person's Name		DOC Number	Facility
<i>Which program are you applying for:</i> (Check 1 box to the right)	<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.	
VISITOR INFORMATION must be current in the Visitation Program. To update, send email to DOC HQ Visit Unit at dochqvisitunit@DOC1.WA.GOV			
Name (Last, First MI)	Date of Birth (mm/dd/yyyy) / /	Your Relationship as listed with Visitation	Number for Contact: () -
Street Address (must match Visitation Program and valid ID card)		City	State Zip Email Address
Point to Point Distance from Residence to the facility (in miles)	Date visit is scheduled: / /	This section for LODGING ASSISTANCE PROGRAM ONLY	
		Name of Hotel	Hotel Address

To be considered for participation in either program, please agree to the following:	AGREE	DISAGREE
1. My name and address are current with the Visitation Program.		
2. My address is at least 150 miles away from the correctional facility I will be visiting.		
3. I have scheduled a visit with my loved one.		
4. 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 DOC will pay the \$50.00 as agreed upon.		
5. 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.).		
6. I understand that this application form must be completed in full, submitted, and approved prior to my stay to qualify for the \$50.00 reimbursement under either program.		
7. 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.		
8. I understand that I may only select one reimbursement program per month – either the Lodging Assistance OR the Transportation Assistance program. The visit for which reimbursement is being requested is not within the same month as any prior request for Lodging Assistance or Gas Reimbursement.		
LODGING ASSISTANCE PROGRAM ONLY		
9. 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.		
10. 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.		
11. 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.		

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 Completed form to DOCHQLAP@DOC1.WA.GOV