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**LODGING AND TRANSPORTATION**

**REIMBURSEMENT APPLICATION**

Visitors who live over 150 miles from where their loved one is housed may submit this request for lodging and transportation assistance. Approved participants may receive up to 2 reimbursements of $50 towards the cost of hotel and/or gas associated with visits. The Lodging and Transportation Assistance Program is funded through the Incarcerated Individual Betterment Fund. Submit the completed form and receipts to DOCHQLAP@DOC1.wa.gov

Individual name DOC number Facility Date of visit

**Which program are you applying for:**

[ ]  **Lodging assistance:** I will pay for hotel stay in full and will submit a copy of the paid hotel receipt for up to $50 reimbursement after my stay.

[ ]  **Transportation assistance/gas reimbursement:** I request a reimbursement of up to $50 towards the cost of gas associated with this visit. I will submit a copy of a gas receipt(s) dated the day prior or after the day of visit.

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| **VISITOR INFORMATION**Information must be current and as reflected in the statewide visit system. 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 the statewide visit system      |
| Street address (Must match and valid ID card)      | City      | State      | Zip      |
| Email address      | Distance (Residence to facility in miles)      | Date visit scheduled  /  /     | Contact phone number(   )    –     |
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| **LODGING AND TRANSPORTATION INFORMATION** |
| Business name      | Stay scheduled for  /  /     | Confirmation number (required)      |
| Business address      |

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| **YOU MUST AGREE TO THE FOLLOWING TO BE CONSIDERED****FOR PARTICIPATION IN EITHER PROGRAM** | **Agree** |
| My name and address are current with the statewide visit system. | [ ]  |
| My address is at least 150 miles away from the correctional facility I will be visiting. | [ ]  |
| In the event I apply for and am approved for either Lodging Assistance and/or Transportation Assistance and visitation is cancelled when I arrive due to an emergency such as lockdown, I understand that the Department will pay the approved reimbursement as agreed upon. | [ ]  |
| I understand that I will be denied future use of funding assistance if attempted abuse is determined (e.g., stays but does not visit the facility, attempts to use various visitor names to apply within a 30-day window.) | [ ]  |
| I understand that this application must be completed in full, submitted, and approved prior to my stay to qualify for reimbursement under either program. | [ ]  |
| I understand that there are two opportunities for reimbursement per month, per incarcerated individual. More than two requests may result in a denial.  | [ ]  |

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| **LODGING AND TRANSPORTATION ASSISTANCE PROGRAM** |
| If I cancel my reservation 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. | [ ]  |
| 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 Date

(May sign electronically if submitting via personal email)

**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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