

Vacation Notification Form

Date of Notification: _____

Consumer's Name: _____

Exact Dates consumer will not be attending:

Exact Date he/she will return back to program: _____

Authorized Signature: _____

Witness: _____

Please complete this form for the planned vacations you have with your loved one.. This is to assure that we have an adequate amount of staffing to keep the Day Program safe and running smoothly.

We thank you in advance for your cooperation.