

## 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 for the year of 2017. 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.*