



## INCOME SECURITY PROGRAMS

### FORM K – TEMPORARY TRAVEL OUTSIDE OF THE NWT

Une version française de ce document est disponible.

**This form must be submitted to the Client Navigator prior to leaving the NWT.**

Case Number:

#### Applicant Information

**This section must be filled in by the applicant who is leaving the NWT.**

First Name:	Last Name:
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Street Address:

Community:	Postal Code:	Telephone:
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**Please attach documentation that supports your reason for leaving the NWT (for example: acceptance letter for treatment program, itinerary from medical travel, etc.).**

#### Travel Information

Departure Date (YY/MM/DD):	Return Date (YY/MM/DD):
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What City is the Destination?	How Will You be Travelling?
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Reason for Travel:

Medical Care  Treatment Program  Visiting Friends/Family

Extraordinary Circumstances: explain \_\_\_\_\_  Other \_\_\_\_\_

Is Travel Covered by NWT Medical Travel?

Yes  No If no, how are costs being covered? \_\_\_\_\_

#### Declaration

**I will notify the Client Navigator if I remain outside the NWT later than the return date on this form.**

X

Applicant Signature

Date (YY/MM/DD)

#### FOR OFFICE USE ONLY

Client is approved until (date):

Approved by:

Client Navigator  Regional Manager  Director, Income Security Programs

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If you have any questions about the collection of information, contact the Program Specialist at the Department of Education, Culture and Employment, Box 1320, Yellowknife, NT X1A 2L9 or call 1-866-973-7252 or 867-767-9355.