



Income Assistance

Case Number: \_\_\_\_\_

# Form K – Temporary Travel Outside of the NWT

This form must be complete prior to leaving the NWT

## Applicant Information

Last Name		First Name	
Telephone		Date of Birth (YY/MM/DD) / /	
Current Mailing Address			
Community		, NT	Postal Code

**Note: You will need to provide an itinerary and/or receipts to the ECE Service Centre upon return to the NWT**

## Travel Information

Departure Date (YY/MM/DD) / /		Return Date (YY/MM/DD) / /	
How will you be travelling?		Where will you be staying?	
How will you be paying for the cost of travel, accomodations and meals?			

## Reason for Travel

Please describe your reason for travel

Caring for a Disabled Dependent/Senior    
 Traditional Activities    
 Medical/Treatment Program  
 Wellness Activities    
 Education/Training    
 Employment  
 Other

Have you provided documentation to confirm the requirement for travel?                      Yes                      No

## Declaration

Applicant Signature	Date (YY/MM/DD) / /
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