



**INCOME SECURITY PROGRAMS
FORM K – TEMPORARY TRAVEL OUTSIDE OF THE NWT**

Une version française de ce document est disponible.

Case Number: _____

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

Applicant Information

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

First Name: _____ Last Name: _____

Street Address: _____

Community: _____ Postal Code: _____ Telephone: _____

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): _____

What City is the Destination? _____ How Will You be Travelling? _____

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.

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.