AIM SERVICES, INC.
The power of potential

Out of State Services

Name: _____

Trip duration, location and purpose:

_____
_____
_____

Check all supports and services that you intend to utilize while out of state:

☐ Community Habilitation Staff

☐ Respite Staff

Projected Staff Schedule

Date							
Number of Hours							

IDGS	OTPS
☐ Community Classes	☐ Staff Activity Fee
☐ Coaching/Education	☐ Personal use transportation
☐ Memberships	☐ Board Stipend
☐ IDGS Transportation	☐ Clothing

☐ Yes ☐ No Do these expenses meet all criteria outlined in the Self Direction guidance and AIM Services Inc. policies.

Necessary OTPS expense criteria:

☐ Yes ☐ No 1. Be related to a valued outcome in the person's plan.
☐ Yes ☐ No 2. Increase the person's independence and/or health and safety.
☐ Yes ☐ No 3. Not be an OTPS excluded item.
☐ Yes ☐ No 4. Not be funded through any other source.

Other pertinent information to be considered:

_____
_____
_____

Person/Designee Signature: _____
Submission Date: _____

FI Approval: _____ Date approved: _____