



Parent/Guardian or Parent Provider Transportation Agreement Form

Member's Name:

Parent/Guardian Please check only ONE option below

☐ Option 1 (Accept Transportation)

I, the Parent/Guardian, give my consent for the above-mentioned member to be transported to/from home, school, DTA/DTT, and any other agreed upon scheduled activities/outings by the below-mentioned employee of Absolute HCBS. In addition, I agree to and understand the following:

- I understand that the below-mentioned employee must maintain and ensure all member(s) are in a safe environment during the time of transportation.
- I understand and agree that I am voluntarily releasing, discharging, waiving, and relinquishing all liability of property damage, personal injury, or adverse results that may occur to the above-mentioned member originating from the transportation provided by the employee of Absolute HCBS.

Please complete vehicle information and check each item below from the below-mentioned employee's vehicle. All items must pass visual inspection in order to be used in the transportation of the above-mentioned member. Transportation may not be provided unless all safety features mentioned below are checked and in working order.

Absolute HCBS Employee Name:

Vehicle Year/Make/Model:

- | | |
|--|---|
| <input type="checkbox"/> Working front and rear turn signals | <input type="checkbox"/> Functional seatbelts |
| <input type="checkbox"/> Working brake lights and headlights | <input type="checkbox"/> Properly inflated tires and tire tread depth (no visible damage) |
| <input type="checkbox"/> Working horn | <input type="checkbox"/> Properly mounted car or booster seat (if required) |
| <input type="checkbox"/> Working windshield wipers | |
| <input type="checkbox"/> Working AC and heat | |

**If at any time there is a new or change in vehicle this form must be submitted again.*

**Above-mentioned employees may not provide transportation until transportation release is received by both parties via email.*



☐ Option 2 (Decline Transportation)

I, the Parent/Guardian, DO NOT give my consent for the above-mentioned member to be transported by any employee of Absolute HCBS. In addition, I agree to and understand the following:

- I understand that under no circumstances may transportation be provided to the above-mentioned member by any employee of Absolute HCBS.
- I understand that if the above-mentioned member should need transportation in the future, all proper paperwork and documentation must be completed prior to any transportation taking place.

I, the Parent/Guardian, agree and understand that if consent is given for the above-mentioned member to be transported, the following documentation must be provided to Absolute HCBS by the Absolute HCBS Employee.

- Current driver's license
- Vehicle Registration
- Vehicle Insurance
- 39 Month Uncertified MVR
- Signed Transportation Waiver and Release Form

If at any time either party is notified of missing or expired documentation, effective immediately, transportation for the above-mentioned member may not under any circumstances be provided. Transportation services will not resume until all documentation has been provided by the Absolute HCBS Employee and a transportation release has been sent to both parties via email.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date