



DRIVING CONFIRMATION

Print Employee's Name

Print Member's Name

Instructions: Complete this form and provide the required attachments ONLY if driving-related services will be performed by the employee. If these services will not be provided by the employee, complete the No Driving Confirmation form. Please only submit one of these two forms, depending on your situation.

Driving-related services include the following:

- Community Integration
- Medical Escort
- Socialization
- Shopping

For an employee to be paid for driving-related services, program rules require:

1. Driving-related services must be authorized on the member's Service Plan.
2. The employee's driver's license and proof of insurance for the vehicle driven must be on file at Consumer Direct Care Network (CDCN). If these are not provided and updated when necessary, the employee cannot perform driving-related services.

Attachments Required
Please attach a photocopy of BOTH of the following documents:
Employee's Driver's License.
State: _____ Number: _____ Expiration Date: _____
Proof of Auto Insurance (For vehicle used for driving-related services. Must meet the State's minimum guidelines for auto insurance coverage.)
Expiration Date: _____ Vehicle owner: _____

I understand it is my responsibility to make sure that the vehicle I drive is insured (whether it is my own vehicle or the member's vehicle) if I will be transporting a member while employed with CDCN. I will not transport a member in an uninsured vehicle. By signing below I agree to comply with these requirements and will contact CDCN if there is a change in automobile insurance or driver's license status.

Employee Signature

Date

Member/PR Signature

Date

