



IF YOU ARE PRINTING THIS FROM OUR WEBSITE – this is for all staff in who work with Waiver clients and who will be driving a client in their own vehicles or ERC vehicles. Please print, sign and forward to Lynne Keller. I will sign and return a copy to you for your files.

Waiver Annual Verification of Health Conditions and DDS Regulations

It is the policy of the Elizabeth Richardson Center's (ERC) to provide safe transportation and to comply with State and Federal regulation.

I, agree to and will comply with the following guidelines:

1. I will follow all ERC's, local, state and Federal transportation policy, procedure, guidelines and laws and report any traffic violations to your immediate supervisor.
2. I agree to keep my vehicle insured as required by ERC's insurance carrier.
3. I agree to provide a current driver's license to ERC as required by licensure regulations.
4. I will always follow safe driving guidelines. This includes my agreement to not talk or text on a cell phone while I am driving. I also agree to not have heated or emotional discussions with any passenger while I am driving.
5. I will not drive with a client in the car without having all proper paperwork and emergency contact information for that client.
6. I agree to accurately complete all required waiver transportation documentation. This includes:
 - a. Documentation of daily vehicle inspection before providing services to individual served.
 - b. Each service-related consumer contact
 - c. Information on each service delivered, including:
 - i. date of contact
 - ii. type of contact
 - iii. name(s) of person(s) having contact with the client
 - d. Each episode of service that includes a description of the service provided
 - e. The date of consumer pick-up and delivery
 - f. The name and signature of the driver
 - g. Name and signature of the consumer to whom transportation services were provided.
 - h. Gas receipts – if necessary
 - i. Other documentation as requested by supervisor
7. I understand that the vehicle in which I transport ERC waiver clients should be in good working order, have all fluids regularly checked, and be equipped to provide comfortable, safe transportation throughout the year. This includes - but is not limited to – a reliable heating and air conditioning system as well as good brakes, windshield wipers and other basic equipment
8. I agree to never leave a client in the car:
 - a. If I do not have line of sight with them at all times while I am out of the vehicle.
 - b. Even if I do have line of sight – the time frame should never be for more than five (5) minutes. If I am going to be out of the car for more than five (5) minutes, I will take the client with me.
 - c. If the keys are in the vehicle or if the motor is still running.
9. I understand that violating the above guidelines could result in personnel action up to and including termination.
10. I agree to abide by the decision of ERC management if it is determined that there are certain individuals who may not be transported even though a Waiver client may request that this individual accompany them to an activity.

By signing this form, I attest that I have no medical or physical condition (including vision impairment) that cannot be corrected and that could interfere with safe driving, passenger assistance and emergency treatment activity, or could jeopardize the health and welfare of a client or the general public. I further state that I will notify ERC if my health or physical condition changes to such an extent that it may interfere with my ability to provide safe transportation.

Employee Signature: _____ Date: _____