

Alternate Transportation Plan
COMPLETE ONLY IF A CAREGIVER DOES NOT DRIVE CLIENTS
1 Form Per Home (not per caregiver)
 (Do Not Send to CTA – Keep copy only in home record)

List **ALL** caregivers in the home who will **NOT** be driving clients on the line(s) below:

All Primary Caregivers will ensure that all ALTERNATE DRIVERS meet the requirements below AND keep this information in the home file for review at any time by CTA. Please do not send in these items or this form to CTA. CTA will review and sign this form during in home visit surveys.

1. Valid Driver's License and be at least 18 years of age;
2. Have a current tuberculosis clearance;
3. Provide a signed statement indicating no conviction record;
4. A vehicle with a minimum \$100,000 insurance coverage with respect to bodily injury per person and \$30,000 insurance coverage with respect to property damage

For NON-EMERGENCY Transportation, the following will be an Alternate Driver for the clients in this home: (Please list at least one) – list who will be driving clients while the non-driver caregiver is caring for clients.

1. Name or Company:(please print)_____

Relationship:_____ Telephone:_____

ALTERNATE DRIVER Signature (if not a company)	Date

2. Name or Company:(please print)_____

Relationship:_____ Telephone:_____

ALTERNATE DRIVER Signature (if not a company)	Date

PCG - PRINT NAME	PCG'S Signature	Date

- Notes:** (1) *The Primary Caregiver is financially responsible for all costs associated with all non-emergency transportation of the client. The client should not incur expenses related to non-emergency transportation since it is a covered service under the CCFH program.*
- (2) *CTA's signature signifies approval of the Transportation Plan. The Primary Caregiver is responsible for maintaining all requirements in the home's file.*
- (3) *Alternate Driver Signature is not necessary when using a transportation service, taxi-cab, Handi-van, etc.*

CTA approval signature: _____ Date: _____

*****Do not send form to CTA*****