



Transportation Permission and Auto Safety Checklist

Client Name _____

Provider Name _____

Vehicle Year/Make/Model _____

Date of Inspection _____

Performed By _____

Please inspect each item on provider vehicle and initial that it is in working order:

Working A/C (Cold! and Heat) _____

Working rear turn signals _____

Working front turn signals _____

Working brake lights _____

Working headlights _____

Working windshield wipers _____

Working horn _____

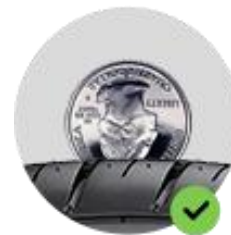
Functional seatbelts _____

Properly inflated tires (no visible sagging) _____

Properly mounted car or booster seat (if required) _____

Minimum tire tread depth of 4/32" _____

****Can be checked by placing a quarter in tread of tire. If tread reaches Washington's head, there is sufficient tread depth. ****



I have verified the working order of the vehicle to be used to transport my child(ren) receiving services from Absolute HCBS. I will only sign off on this form after verifying the working order of all safety functions listed above. I will only allow my child(ren) to have transportation provided if all safety features checked above are in full working condition.

I give my permission for _____ to provide transportation for _____ in his/her vehicle for outings, and to seek medical attention should it be necessary.

Signature

Printed Name

Date