



CJPS
Home Care

TRANSPORTATION WAIVER

As an employee of CJPS Home Care LLC ("CJPS"), I understand CJPS policies regarding transportation as it relates to home and community-based services.

I DO NOT wish to provide transportation; therefore, I have not provided CJPS with a current copy of my vehicle registration, proof of current auto insurance or vehicle safety affidavit. I understand that if in the future I decide to transport members, I will contact CJPS and provide the necessary documentation and receive authorization before transporting members.

I understand that I am NOT eligible to transport any members receiving care from CJPS.

Employee Name (Please Print)

Employee Signature

Date