

Community Ties of Amercia, Inc.
 45-955 Kamehameha Hwy., Suite 300
 Kaneohe, HI 96744
 Phone: 808-234-5380
 Fax: 808-234-5470

Alternate (Non-Medical) Transportation Plan

For Emergencies: Call 911 for ambulance

The following caregivers **WILL NOT** be a driver for the clients in this home:

All Primary Caregivers will ensure that all ALTERNATE DRIVERS meet the requirements below AND keep this information in their records for review at any time by CTA.

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

The following **WILL BE** an Alternate Driver for the clients in this home:

NON-EMERGENCY Transportation Call:

1. Primary ALTERNATE Driver

Name or Company: _____
 Relationship: _____
 Telephone: _____

2. Secondary ALTERNATE Driver

Name or Company: _____
 Relationship: _____
 Telephone: _____

PCG Signature	Date	ALTERNATE DRIVER Signature	Date

Notes: (1) The Primary Caregiver is financially responsible for all costs associated with all non medical transportation of the client. The client should not incur expenses related to non medical transportation since it is covered service under the CCFFH program.

(2) CTA's signature signifies approval of the Transportation Plan. The Primary Caregiver is responsible for maintaining the requirements in their record books.

CTA approval signature: _____

Date of CTA approval: _____