



# California Access to Recovery Effort

(CARE 3)

Revised June 2013

## CLIENT TRANSPORTATION REQUIREMENTS AND CONDITIONS

\_\_\_\_\_ (entity/agency) requests to transport CARE clients to and from treatment or recovery support services, job interviews, medical appointments, 12-step or other support groups, or other engagements that support recovery. The agency agrees to the following responsibilities:

- Maintaining at least the minimum legally-required automobile liability insurance coverage for any agency-owned vehicle used to transport clients.
- Utilizing only employee drivers who are at least age 21 and have a valid driver's license from the California Department of Motor Vehicles (CA DMV). The agency must review a current copy of an employee driver's record from the CA DMV and the agency must maintain a copy in the employee's personnel file.
- Ensuring that any employee driver who will use his/her personal vehicle to transport clients has at least the minimum legally-required automobile liability insurance coverage.
- Ensuring that any vehicle used to transport CARE clients is suitable, as defined below:
  - ✓ The registration certificate is valid and a current vehicle registration sticker issued by the CA DMV is displayed.
  - ✓ The exterior has no appreciable body damage or missing pieces; the tires have no exposed wire, bubbles, or appreciable sidewall damage; there are functional headlights (high and low beams) turn signals, hazard flashers, back-up lights, and brake lights; there are left and right side outside rear view mirrors; the windshield is free of cracks and the wipers and washers function properly; all windows and doors function as intended.
  - ✓ The interior is free from tears, holes, large stains or offensive odors; the horn, heater, air conditioner and seat belts function properly, there are no sharp edges, points or other hazards are in the passenger compartments.
  - ✓ The vehicle contains a fire extinguisher, first aid kit, and jack/spare tire; and a child seat is available if needed.

I understand that any failure to comply with these requirements may result in sanctions, including, but not limited to, disallowance of unauthorized billings, repayment of fraudulent billings, fiscal audits, forfeiture of CARE participation, and criminal prosecution.

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

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CARE Provider #