

## **No Driving Confirmation**

Member/Representative Signature Date

Employee (DCW) Name	Member Name
<b>Instructions:</b> Complete this form ONLY if the DCW will NOT be providing any driving-related support services. If driving-related support services will be provided by the DCW, complete the Driving Confirmation form. Please only submit one of these two forms, depending on your situation.	
Acknowledgement	
The member and DCW hereby agree that the DCW will not provide driving services at any time while providing program services. The member and DCW also agree to contact Consumer Direct if there is any change in driving status.	

Date





DCW Signature