

Employee (DCW) Name	Member Name

Instructions: Complete this form and provide the required attachments ONLY if driving-related support services will be performed by the DCW. If these services will not be provided by the DCW, complete the No Driving Confirmation form. Please only submit one of these two forms, depending on your situation.

For a DCW to be paid for driving-related services, program rules require:

1. Support Services must be approved by the Case Manager and/or authorized on the member’s individualized Care Plan.
2. The vehicle used for driving-related services must always have current, valid automobile insurance.
3. The DCW’s driver’s license and proof of insurance for the vehicle driven must be on file with Consumer Direct Care Network (CDCN). If these are not provided and updated when necessary, the DCW cannot claim driving services.

Driving is only authorized for Support Services that are on the member’s care plan. The DCW will not be paid for driving services other than what has been approved by the Case Manager prior to providing services. Additionally, this program does not pay for driving-related expenses such as mileage or gas.

Attachments Required

Please attach a photocopy of the following documents:

DCW’s Driver’s License
 State: _____ Number: _____ Expiration Date: _____

Proof of Auto Insurance (For vehicle used for driving-related services. Must meet the State’s minimum guidelines for auto insurance coverage.)
 Expiration Date: _____ Vehicle owner: _____

Acknowledgement

By signing below, I agree to comply with the above requirements, and will contact Consumer Direct if there is a change in automobile insurance or driver’s license status.

DCW Signature *Date* *Member/Representative Signature* *Date*

