

Employee (ACW) Name	Member Name

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

For an ACW 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 ACW’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 ACW cannot claim driving services.

Driving is only authorized for Support Services that are on the member’s care plan. The ACW 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:
ACW’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 CDCN if there is a change in automobile insurance or driver’s license status.

ACW Signature	Date	Member/Representative Signature	Date
---------------	------	---------------------------------	------

