



Employee (ACW) Name	Member Name

Instructions: Complete this form ONLY if the ACW will NOT be providing any driving-related support services. If driving-related support services will be provided by the ACW, 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 ACW will not provide driving services at any time while providing program services. The member and ACW also agree to contact Consumer Direct if there is any change in driving status.

ACW Signature *Date* *Member/Representative Signature* *Date*

