

Transportation Agreement for:

_____ Last Name First Name Client ID #

In an effort to provide a well-rounded residential experience, meet the client's bio/psychosocial needs, and increase the chances of successfully completing treatment. _____ program will provide transportation services to recreational and/or educational opportunities and medical or legal appointments. In exceptional circumstances, a parent or guardian may be asked to transport their son/daughter and return them to the facility. The client understands and agrees to abide by the following rules:

Options Transportation Rules:

1. No food, drinks or smoking is allowed in any _____ owned vehicles.
2. All clients will remain seated while the van is moving.
3. All clients will display proper courtesy and behavior while in the van; to peers, the driver and other motorists.
4. Clients should be at the designated pick-up points at the scheduled time.
5. All passengers must wear seat belts at all times.
6. No foul language, profanity, or disrespect will be allowed during transport.
7. No gang gestures, signing or tagging is allowed in or around the van.
8. Physical contact and/or sexual behavior will not be tolerated.

Refusal to abide by any of these rules may suspend or eliminate riding privileges. Consistent or serious rule violations resulting in risk to the van, the driver, self or peers may be grounds for discharge from the program or other appropriate consequences.

_____ Client Date

_____ Parent/Guardian Date Relationship

_____ Witness Date