



Drivers Agreement Terms and Conditions

As an Employee for *Guiding Hands Coalition LLC* and as a Transition Specialist,

I, the transportation Driver, _____, hereby agree to the following:

- 1.) I agree to comply with the standards and procedures set forth by my employer and with all other guidelines from time to time established for my Client or Case Manager.
- 2.) Provide Clients with transportation to essential community services and resources in accordance with the therapeutic goals of the Department of Social and Health Services. The Employee shall allow the Client's personal care attendant to accompany the Client at no extra cost if the Client needs assistance during the trip or at the destination. Transportation provided under this agreement shall not replace transportation services to Emergency medical care provided under the Medicaid transportation with brokerage.
- 3.) Be responsible for the entire performance of the transportation services in accordance with federal, state, and local ordinances, statutes, and regulations.
- 4.) Maintain transportation records to document the dates, times, destinations, and distances of each Client's transportation services. Upon request, the Employee shall make the records available to my Employer and DSHS or DSHS/designee for review and audit.
- 5.) Operate and maintain the transportation vehicles in a manner consistent with protecting and promoting the Client's health and welfare.
 - a. I will use the safety belt whenever operating a company vehicle or driving for company business.
 - b. I will operate only the vehicles I am trained and licensed to operate.
 - c. I will always check vehicle for defects and adjust safety devices such as seatbelts and mirrors before operating.
 - d. I will provide a vehicle maintenance and safety inspection report from an automobile repair shop of the company's choosing every 6 months, preferable June 1st and December 1st of each year.
 - e. I will operate vehicles in a courteous manner, irrespective of the behavior of others. I will drive defensively, anticipating possible dangers or hazards.



- f. I will use due care and caution in the operation of my transportation vehicle and will strictly comply with all safe driving rules of the road, including all speed limits, posted directional signs and parking regulations. Under no circumstances will I operate my transportation vehicle while under the influence of drugs or alcohol or when my physical or mental condition may be otherwise compromised.
- 6.) Schedule and operate the transportation service to effectively meet the Client's physical and psychosocial needs including, but not limited to:
- a. Physical Assistance (lifting client to get into and out of vehicle is ***not allowed*** and not part of your duties.)
 - b. Timeliness
 - c. Courtesy
 - d. Patience
- 7.) Maintain sufficient vehicle and passenger insurance coverage in accordance with the requirements in this agreement.
- a. I agree to maintain my automobile insurance (including coverage for bodily injury, property damage or personal liability) **AT ALL TIMES** while using my vehicle for transportation and will inform my employer if my insurance coverage is changed, canceled, or not renewed.
 - b. I understand that **MY** insurance is responsible if I am involved in an accident that causes injury or damage to another person and/or their property. I am also aware that my employer's insurance **DOES NOT** cover my vehicle for comprehensive or collision coverage.
 - c. I shall maintain a Commercial General Liability Automobile Policy, including coverage for bodily injury, property damage, and contractual liability, on all vehicles used to transport clients, with the following minimum limits:
 - i. Each Occurrence - \$1,000,000.
 - ii. General Aggregate - \$1,000,000.
 - d. The policy above shall include liability arising out of premises, operations, independent contractors, products completed operations, personal injury, advertising injury, and liability assumed under an insured contract. The AAA and State of Washington, DSHS, its elected and appointed officials, agents and employees shall be named as additional insured.



**GUIDING
HANDS**
COALITION LLC

- 8.) Attached to this Agreement is a true and complete copy of my current DMV report. I agree to provide updated DMV reports upon request and will immediately notify you if I am involved in any accidents or receive any subsequent citations during the course of my employment with Guiding Hands Coalition and as a Community Choice Guide.
- 9.) I understand that any violation of this agreement or any of the standards, procedures or guidelines applicable to my Client Case Manager position may result in suspension or termination. In particular, I acknowledge the need for safety and due care in the operation of my transportation vehicle and the conduct of transportation services.

Guiding Hands Coalition Signature of Employee: _____ Date: _____