



Respite Travel Authorization & Equipment Usage

As the parent or primary guardian of _____, I hereby authorize my Respite Caregiver

_____ to transport my family member(s) as follows:

A. Mode of Transportation (please check all that apply):

- Respite Caregiver's Personal Vehicle that I have inspected for general safety considerations
- Family's Vehicle (Year _____ Make _____ Model _____)
- Car Seat/Booster Seat loaned to Respite Caregiver (approximate value _____)

B. Authorized Activity Locations/Equipment Loaned (please check all that apply):

***Please note:** Reimbursement from CISS on local activity mileage is **limited to 10 miles per day**. Excessive mileage will not be reimbursed by CISS unless specifically authorized by the regional center. If a Respite Caregiver is directed to exceed 10 miles/day by a family, the family is responsible for that mileage reimbursement directly to the Respite Caregiver.

- School or Day Program
- Community Locations within 5 miles from home
- Occasional Therapy or Medical Appointments (please note: only the person receiving care can be transported)
- Equipment Loaned to Caregiver: (including house keys): _____

I further understand that the agency shall not be held liable for personal injuries caused during transportation to my family member(s) or other involved parties, regardless of driver fault, and that the Respite Caregiver's personal automobile insurance policy (if driving their car), my policy (if authorized to drive the family vehicle), and/or that of any other driver involved in the accident shall be held as sole payee for all related claims. **I understand that the Agency has a policy prohibiting drivers under age twenty-one (21) from transporting my family member.**

As the parent or primary guardian, I have the right to amend or revoke this authorization at any time in writing to Channel Islands Social Services ("the agency"), and that the agency can revoke approval based upon factors that may be confidential (eg. The Respite Caregiver's driving record, expired driver's license or auto insurance, etc...)

If I suspect the Respite Caregiver is under the influence of any substance that may impair their ability to drive or to safely supervise my child, I will contact the agency immediately by calling 384-0983 (ext.9 after-hours), and I will not allow the Respite Caregiver to supervise or to drive my child.

I also understand that according to CA laws, children MUST be secured in an appropriate child passenger restraint (safety seat or booster seat) IN THE BACK SEAT OF A VEHICLE until they are at least 6 years old or weigh at least 60 pounds.

Signature of Parent or Primary Caregiver

Date

Respite Caregiver Travel Agreement:

I have read the above travel authorization and agree to abide by its terms. I agree to drive safely, avoid all substances which may impair my driving, use seatbelts and mandatory car seats, and to immediately notify the family and the agency if my driving record changes or my driver's license or auto insurance are cancelled/revoked.

I understand that the agency shall not be held liable for personal injuries caused during transportation to myself or any other passengers or involved parties, regardless of driver fault. I agree to report all accidents immediately to the family and to the agency after seeking necessary emergency care for myself and the passengers. Lastly, I understand that I am not allowed to drive to personal errands, transport family members, or take the person receiving care to my personal home unless a separate written agreement (In-Home Waiver) has been completed by all parties.

All items such as car seats, keys, etc, shall be returned to the family or the agency when I cease to provide care.

Respite Caregiver Signature

Date