



Acknowledgment Of No Car Insurance

I, _____, acknowledge that I do not drive, and as a result, I am not required to have vehicle insurance on file.

1. I understand that this exemption from vehicle insurance requirements applies to my non-driving status.
2. I also recognize that documentation of vehicle insurance is necessary for employees who provide participant transportation in their own vehicles.
3. I understand the importance of complying with this requirement for employees engaged in participant transportation using their personal vehicles.

SIGNATURE

Home Care Aide

Date: