



NO TRANSPORTATION OF CLIENT FORM

DATE: _____

EMPLOYEE NAME

I AGREE NOT TO TRANSPORT CLIENTS FOR THE
FOLLOWING REASON:

- NO CAR INSURANCE
- NO VALID DRIVERS LICENSE
- I DO NOT HAVE MY OWN VEHICLE

EMPLOYEE SIGNATURE

Cc: Employee Personnel File

Ph: 517.394.3389 • Fax: 517.887.9802 • 5700 Executive Dr. Lansing, MI 48911
www.homecarealternatives.net