

**Hamilton County Job & Family Services
Transportation Services Consent Form
Please fax to: 513-946-1830**

Children's Services Information (if applicable):			
Caseworker's Name:	Phone:	Case Number:	
Supervisor's Name:	Phone:	Does HCJFS have custody of child? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Parent/Legal Guardian Information:							
Parent/ Legal Guardian's Name(s):				Parent/ Legal Guardian's Name:			
Street Address:				Street Address:			
City:	State:	Zip:	Home Phone: Work/Cell:	City:	State:	Zip:	Home Phone: Work/Cell:

Child's Information:							
Child's Name:				Date of Birth:		Weight:	
Medical Problems/Special Needs:							
Child's Caregiver (if not living with parent/guardian listed above):				Home Phone:		Work/Cell Phone:	
Street Address:			City:			State:	Zip:

Emergency Information: Please provide an emergency contact person below & the name of child's doctor & preferred hospital			
Emergency Contact Person:		Relationship to child:	Phone:
Doctor's Name:		Phone:	
Doctor's Address:		Preferred Hospital:	

Drop-Off Locations/Names: Please list any person to whom the contracted vendor may release the child and the drop off locations.			
Authorized Drop-Off Names	Relationship to Child	Address/Zip Code	Phone #:

My signature below indicates that:

- ▶ **I reviewed the NET transportation rules (HCJFS 3547) and authorize** the child(ren) named above to be taken to the person(s) and address(es) indicated above when the transportation provider picks up the child(ren) from the Provider.
- ▶ I give my permission to the Hamilton County Job & Family Services to arrange transportation to and from the therapeutic program for the child named above.
- ▶ **I understand an adult must be home at the time of drop-off.** If no adult is home, the transportation provider will attempt to make contact with all persons named above for drop-off. If unsuccessful, the driver will contact Hamilton County Children's Services (child's caseworker, supervisor, or 241-KIDS) to receive direction on the most appropriate drop-off point for the child. I understand my child may be suspended from transportation services should no one be at home for drop off three times within a school year.
- ▶ I understand If the child presents with severe behavioral issues, the child may be suspended from transportation after 3 incidents within a school year. Children presenting serious risks or inflicting injury to self of others may be suspended at least temporarily after the first incident. Service will not be restored until a licensed professional documents the child is safe to transport.
- ▶ **I understand** this consent may be revoked by me at any time.

Signature of Parent or Legal Guardian:	Date:
Witness:	Date:

Original: Retained in case record
 Copy 1: Vendor
 Copy 2: Parent/Guardian
 Copy 3: Children Services
 Copy 4: DT/PH Program Site