

APPENDIX TO EMPLOYEE AGREEMENT CHECKLIST FOR PROVIDERS OF TRANSPORTATION SERVICES

Self-Direction Medicaid Waiver

This form is ONLY required if driving the member is your job function or part of your assigned tasks.

| EMPLOYEE INFORMATION | | |
|----------------------|------------------|--|
| Full Name | ID/Last 4 of SSN | |

All individuals who provide transportation services of any sort to a Self-Direction participant must possess the following qualifications:

- Possess a valid New Mexico driver's license
- Be at least 18 years of age
- Be free of physical or mental impairment that would adversely affect driving performance
- Have no driving while intoxicated (DWI) convictions or chargeable (at fault) accidents within the previous two years
- Possess a current insurance policy and vehicle registration

I attest that I have verified that my transportation provider possesses each of these qualifications. (Please complete and sign in ink.)

| Employer Printed Name | Employee/Vendor Printed Name |
|-----------------------|------------------------------|
| Employer Signature | Employee/Vendor Signature |
| Date | Date |

Please attach copies to this form of the following documents from the provider (employee) listed above:

- Valid New Mexico driver's license
- Current Insurance Policy listing the employee that will be providing transportation
- Current Vehicle Registration of the employee that will be providing transportation

These documents are necessary in order to verify if the provider is qualified to perform transportation services within Self-Direction. Without these documents, transportation cannot be provided.

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