

# **APPENDIX to EMPLOYEE AGREEMENT CHECKLIST for PROVIDERS OF TRANSPORTATION SERVICES**

Participant/Self-Direction Medicaid Waiver

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

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

**Employee Name**\_\_\_\_\_

- 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;
- have 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 (EOR) Signature:** \_\_\_\_\_

**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 Participant/Self-Direction. Without these documents, transportation cannot be provided.**