

PROGRAM TRANSPORTATION INFORMATION

PROGRAM NAME _____ Certificate/ ID # _____

Does your ministry or exempt program plan to transport children while they are in your care? NO YES

If you have answered **NO** to the above, please sign below to confirm your intent. If we decide at a later date to begin offering transportation on a regular or occasional basis, we will contact The Office of Early Childhood and Out of school learning to demonstrate compliance with CCDF Provider Eligibility Standards prior to transporting children.

I am an authorized representative of the ministry or exempt program and I affirm the above statement is true and correct.

Signed _____ Title _____ Date _____

THIS PORTION OF THE FORM MUST BE COMPLETED IF YOU INTEND TO TRANSPORT CHILDREN

*When transporting children in our care, we will use one of the vehicles listed below. * May use multiple forms*

VEHICLE #1

VEHICLE #2

YEAR: _____

YEAR: _____

MAKE: _____

MAKE: _____

MODEL: _____

MODEL: _____

COLOR: _____

COLOR: _____

State &
PLATE Number _____

State &
PLATE Number _____

INSURANCE COMPANY: _____

INSURANCE COMPANY: _____

You must provide a copy of the registration and insurance card for EACH vehicle.

When transporting children in our care, one of the following drivers, who is at least 18, holds a valid driver's license and is an Employee or Volunteer will be responsible for driving and securing children.

DRIVER #1

DRIVER #2

DRIVER #3

NAME: _____

NAME: _____

NAME: _____

BIRTH DATE: _____

BIRTH DATE: _____

BIRTH DATE: _____

**You must provide a copy of a valid driver's license for each driver. (keep on file)*

By my signature below, I confirm I understand CCDF Provider Eligibility Standards require us to ensure the following:

- ✓ The vehicle is properly plated and insured at all times; and
- ✓ The drivers is at least 18 years of age and holds a valid driver's license; and
- ✓ The driver is considered an employee or volunteer and therefore has met all CCDF Provider Eligibility Standards.

Further, I understand the children must be transported safely and we must follow proper seatbelt procedures as required by Indiana state law.

Applicant Signature: _____ Title _____ Date: _____