

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

Self-Direction Medicaid Waiver

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

**All individuals who provide transportation services of any sort to a Self-Direction member/participant 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**
- **Current Vehicle Registration**

**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.**