



ROYAL PALM ADULT DAY CARE CENTER

TRANSPORTATION AUTHORIZATION & ACKNOWLEDGMENT

Participant Information

Participant Full Name: _____

Date of Birth: _____

Start of Care (SOC) Date: _____

Transportation Arrangement

Transportation to and from Royal Palm Adult Day Care Center, Inc. will be provided by (check one):

- Third-Party Transportation
 - Family / Caregiver
 - Facility-Provided Transportation
-

Facility-Provided Transportation Fees

When Facility-Provided Transportation is selected, a fee of ten dollars (\$10.00) each way will be charged and billed in accordance with the Facility's billing cycle.

Authorization and Acknowledgment

I acknowledge that transportation arrangements have been explained to me. I understand that Royal Palm Adult Day Care Center, Inc. is not responsible for transportation services provided by third-party transportation companies or family/caregivers and does not control schedules, routes, or delays associated with such transportation.

I further acknowledge that it is my responsibility, or the responsibility of the legal representative or caregiver, to ensure that accurate transportation information is provided and updated as needed.

Changes to Transportation

Any changes to transportation arrangements must be communicated to the Facility in a timely manner.

Acknowledgment & Signature

By signing below, I acknowledge that the transportation arrangements and related responsibilities have been explained to me and that I understand this information.

Participant / Legal Representative Signature: _____

Printed Name: _____

Date: _____

Relationship to Participant (if applicable): _____