



Community Alternatives, Inc.

863 Glenrock Rd., Suite 200
Norfolk, VA 23502
HR@comalt.org



Tel: (757) 468-7000

TDD: (757) 468-2011

Fax: (757) 468-7007

Dear Applicant:

Thank you for your interest in Community Alternatives, Inc. To better assist you in the application process, please review our expectations and requirements for employment.

- All applicants **must** have a valid driver's license and an appropriately clean driving record in addition to proof of 1) eligibility to work in the US and 2) proof of current auto insurance coverage.
- Community Alternatives, Inc. performs all of the following checks on a candidate: **criminal background**, pre-employment drug screening, work references, and current **driving record**. Please be aware all newly-hired employees are hired contingent on passing these checks. If it is discovered that you did not pass all of these checks your employment will end immediately. Also, background checks will be done every 2 years after initial processing to ensure all employees continue to meet the requirements for the positions held.
- If you are able to meet all requirements and are selected for a position, you will be required to attend a **two-week orientation** for **Program positions** or a **one day orientation** for **Non-Program positions**. Orientation will be held from **9AM to 4PM Monday-Friday** during the **first week of orientation only**. Before this orientation period you will be required to obtain a Tuberculin Test and provide negative results before moving forward with orientation. Community Alternatives, Inc. will provide training for CPR, First Aid, and Medication Assistance.
- Processing of your application is contingent on the application being completed **in full**. Attaching a resume in lieu of completing all sections of the application and indicating "see attached" will not be accepted. Be sure to include all information requested regarding **references and work history** in the application. **Any omissions will delay the processing or eliminate you from consideration.**
- Submit your application package to begin the application process. **We will be in contact with you if we are interested in scheduling an interview.**

Again, thank you for your interest in Community Alternatives, Inc.



EMPLOYMENT APPLICATION



Date: _____

APPLICANT INFORMATION			
Last Name	First	M.I.	
Street Address		SSN	
City	State	ZIP	
Phone	E-mail Address		
Date Available to Start Work	Have you lived in another state(s) in the last 3 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
List the dates you lived in another state(s)		Which state(s)?	
How did you hear about CAI? <input type="checkbox"/> Career Bulder <input type="checkbox"/> Pilot Online <input type="checkbox"/> Newspaper <input type="checkbox"/> Monster <input type="checkbox"/> HotJobs <input type="checkbox"/> Other/Website: _____			

WORK ELIGIBILITY			
Position Applied for			
<i>Applicants applying for management positions are required to submit a copy of their diplomas with this application.</i>			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?
			YES <input type="checkbox"/> NO <input type="checkbox"/>

EDUCATION			
High School		City/State	Year Grad.
If no High School Diploma, do you have a GED? <input type="checkbox"/> Y <input type="checkbox"/> N		City/State	Date Rec.
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College/University		City/State	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Trade School/Other		City/State	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES			
<i>Please list three professional references.</i>			
Full Name	Supervisor <input type="checkbox"/>	Co-Worker <input type="checkbox"/>	Other Manager <input type="checkbox"/>
Company Worked Together		Phone ()	
Address			
Full Name	Supervisor <input type="checkbox"/>	Co-Worker <input type="checkbox"/>	Other Manager <input type="checkbox"/>
Company Worked Together		Phone ()	
Address			

Full Name	Supervisor <input type="checkbox"/>	Co-Worker <input type="checkbox"/>	Other Manager <input type="checkbox"/>
Company	Phone ()		
Address			

PREVIOUS EMPLOYMENT

Applicants submitting resumes must complete ALL portions of this application. "See Attached" will not be accepted.

Company	Phone ()		
Address	Supervisor		
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> If No, Why?			

Company	Phone ()		
Address	Supervisor		
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> If No, Why?			

Company	Phone ()		
Address	Supervisor		
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> If No, why?			

DRIVING INFORMATION

Do you have a valid driver's license?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you currently insured?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Driver's License No.	State of Issue	What is your means of transportation to work?	
<i>Please note: If you are employed by CAI/CCI in a position that requires driving, you will be required to show proof of insurance</i>			
Any automobile-related accidents in the last 3 years?	YES <input type="checkbox"/> NO <input type="checkbox"/>	How many?	
Any moving violations in the last 3 years?	YES <input type="checkbox"/> NO <input type="checkbox"/>	How many?	

CONVICTIONS		
Have you been convicted for any violations of the law, including moving traffic violations, in the past 7 years?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Description of Offense		
Statute or ordinance (if known)	Date of charge	Date of conviction
County, City, State of Conviction		

SHIFT/STATUS INFORMATION		
Which shifts will you accept?	Day <input type="checkbox"/>	Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotating <input type="checkbox"/> Weekend <input type="checkbox"/>
Which status will you accept?	Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Specify shift hours
In which cities are you willing to work?		

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

PREVIOUS EMPLOYMENT WITH CAI/CCI/CAMG	
Have you previously worked for CAI, CCI, or CAMG?	YES <input type="checkbox"/> NO <input type="checkbox"/> Dates worked
Were you referred by a current or former employee?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, who referred you?	
Your exit from the company was: <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY Reason you left:	

DISCLAIMER AND SIGNATURE
<p>State law prohibits licensed homes for adults and licensed day support centers from hiring any individuals convicted of certain crimes, known as "barrier crimes." The following list includes some, but not all, of the crimes specified as barriers to employment in the Code of Virginia: murder, abduction for immoral purposes, assaults and bodily wounding, robbery, sexual assault, arson, pandering, crimes against nature involving children, taking indecent liberties with children, abuse and neglect of children, failure to secure medical attention for an injured child, obscenity offenses, abuse and neglect of an incapacitated adult, or any felony violation relating to the distribution and/or possession of drugs.</p> <p>The information requested in this application for employment is for a legally permissible reason, including, without limitation, national security consideration, and a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most states also prohibit some or all of the above listed types of discrimination, as well as additional types, such as discrimination based on ancestry, marital status, sexual orientation, and physical or mental disability.</p> <p>I hereby certify that all entries on all sides of this application are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment with Community Alternatives, Inc., Community Choices, Inc., and Community Alternatives Management Group. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references, former employers, and educational institutions listed being contacted regarding this application.</p>
Signature _____ Date _____



Reference Check Form

To be completed by applicant



To Whom It May Concern:

I hereby authorize the individual, company, or institution listed below to furnish Community Alternatives, Inc. /Community Choices Inc. with any information it may have concerning me which is on record or otherwise, and do hereby release the above individual, company, or institution and all individuals connected therewith, including Community Alternatives, Inc. /Community Choices Inc. from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

Signature of Applicant

Date

Applicant's Name [Print] _____

Previous places of employment:

Employer/Business Name: _____

Phone Number: _____

Dates of Employment: From: _____ to: _____

Position Title: _____

Employer/Business Name: _____

Phone Number: _____

Dates of Employment: From: _____ to: _____

Position Title: _____

Employer/Business Name: _____

Phone Number: _____

Dates of Employment: From: _____ to: _____

Position Title: _____

Community Alternatives, Inc.
863 Glenrock Rd., Suite 200
Norfolk, VA 23502
Ph: (757) 468-7000 Fax: (757) 468-7007



Disclosure, Authorization & Waiver of Liability for Background Search

I authorize Community Alternatives, Inc. to conduct a background search, which may include state or federal criminal history, education, employment verification and DMV as a condition of my employment or my continued employment with Community Alternatives, Inc.

I hereby release from liability and promise to hold harmless under any and all possible claims or causes of action (i) any and all persons or entities who shall furnish such information to Community Alternatives, its officers, agents or employees, and (ii) Community Alternatives, its officers, agents or employees for any statements, acts or omissions in the course of obtaining said information.

Furthermore, I understand that this release is signed, free from duress, and with the full knowledge and understanding that any information obtained will be used in assessing my relative fitness for employment with Community Alternatives.

Print Name: _____

Signature: _____ Date _____

Social Security Number: _____

Please Note: Upon receipt of favorable references and recommendation for employment, we will follow up with you to request your date of birth so we can proceed with performing required background checks.

Dear Applicant for Employment or Promotion:

Re: Invitation to Self Identify for Individuals with Disabilities and Qualified Protected Veterans

1. CAI is a Federal/Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, and subject to Section 503 of the Rehabilitation Act of 1973, as amended, which requires federal/government contractors to take affirmative action to employ and advance in employment qualified disabled veterans, qualified protected veterans and qualified individuals with disabilities.
2. An invitation to the veterans of the Vietnam Era only: If you are a veteran of the Vietnam Era, we would like to include you under our affirmative action program. If you would like to be included under the affirmative action program, please tell us. The term "veteran of the Vietnam Era" refers to a person who served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred in the Republic of Vietnam between February 28, 1961 and May 7, 1975 or between August 5, 1964, and May 7, 1975, in all other cases. The term also refers to a person who was discharged or released from active duty from service-connected disability if any part of such active duty was performed in the Republic of Vietnam between February 28, 1961 and May 7, 1975 or between August 5, 1964 and May 7, 1975, in all other cases.

An invitation to qualified disabled veterans only: If you are a qualified special disabled veteran, we would like to include you in our affirmative action program. If you would like to be included in the affirmative action program, please tell us. This information will assist us in placing you in an appropriate position and in making accommodations for your disability. The term "qualified special disabled veteran" refers to a veteran who is entitled to compensation (or who but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability rated at 30 percent or more, or rated 10 or 20 percent in the case of a veteran who has been determined by the Department of Veterans Affairs to have a serious employment handicap. The term also refers to a person who was discharged or released from active duty because of a service-connected disability.

An invitation to individuals with disabilities: If you have a disability and would like to be considered under the affirmative action program, please tell us.

3. You may inform us of your desire to benefit under the program at this time and/or at any time in the future.
4. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, or with section 503 of the Rehabilitation Act.
5. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of qualified disabled veterans or qualified individuals with disabilities, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that may require emergency treatment; and (iii) government officials engaged with enforcing laws administered by the OFCCP, or enforcing the Americans with Disabilities Act, may be informed.
6. If you are a qualified disabled veteran or qualified individual with disabilities, it would assist us if you tell us about (i) any special methods, skills and procedures which qualify you for positions you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind, and (ii) the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, provision of personal assistance services or other accommodations.
7. A written copy of this Affirmative Action Program is available for inspection by any employee or applicant for employment upon request. It is also available on the company website (www.comalt.org). Those interested in reviewing the Affirmative Action Plan should contact Human Resources.

Note: Paragraph 6 (ii) will be omitted if this invitation to self-identify is being extended prior to an offer of employment. This avoids conflict with EEOC's guidance under the ADA, which in most cases precludes asking a job applicant about potential reasonable accommodations prior to a job offer being made.

CAI is an affirmative action, equal opportunity employer. CAI is providing this "Notice of Non-Discrimination" as required by laws and regulations including those implementing Title VI, Title VII, Title IX, Americans with Disabilities Act, Section 504, and the Age Discrimination Act. This notice serves to inform all employees, persons receiving services, stakeholders and guests, that Community Alternatives, Inc., prohibits discrimination and harassment against individuals on a basis of race, color, religion, gender, marital status, veteran status, disability, or national origin.

Notice of Non-Discrimination

This public notice of non-discrimination is required by several federal laws and regulations including those implementing Title VI, Title VII, Title XI, and Americans with Disabilities Act, Section 504 and the Age Discrimination Act. This notice serves to inform all employees, persons receiving services, stakeholders and guests that Community Alternatives, Inc. prohibits discrimination and harassment against individuals on the basis of race, color, religion, gender, age, marital status, veteran status, disability, or national origin, in both its employment practices and service provisions.

The following are applicable federal and state Civil Rights laws that prohibit discrimination:

Title I of the American with Disabilities Act of 1990 prohibits employment discrimination against qualified individuals with disabilities by employers with 15 or more employees. The U.S. Equal Employment Opportunities Commission and the Office of Civil Rights are the agencies assigned to enforce Title I of the ADA.

Title II of the American with Disabilities Act of 1990 prohibits disability discrimination by public entities, including public colleges and universities whether or no they receive Federal financial assistance. The Office for Civil Rights (U.S. Department of Education) is the law enforcement agency charged with enforcing Title II of the ADA.

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color or national origin in any program or activity receiving Federal financial assistance and **Title VII of the Civil Rights Act of 1964** prohibits discrimination. Programs and activities that receive Federal financial assistance for the United States Department of Education are covered by Title VI. The Office for Civil Rights (U.S. Department of Education) is the law enforcement agency charged with enforcing Title VI.

Title VII of the Civil Rights Act of 1964 protects individuals against unlawful employment practices based on their race, color, sex and national origin. The Civil Rights Act of 1991 significantly extended plaintiffs' rights under Title VII. The U.S. Equal Employment Opportunity Commission is the law enforcement agency charged with enforcing Title VII.

Age Discrimination in Employment Act of 1967 protects individuals who are 40 years of age or older. The U.S. Equal Employment Opportunity Commission is the law enforcement agency charged with enforcing the ADEA.

The Equal Pay Act of 1963 protects men and women who perform substantially equal work in the same establishment from sex-based wage discrimination. The U.S. Equal Employment Opportunity Commission is the law enforcement agency charged with enforcing the EPA.

Section 504 of the Rehabilitation Act of 1973 protects people from discrimination in admission, employment, treatment or access based on disabilities in programs or activities receiving Federal assistance. The Office for Civil Rights (U.S. Department of Education) is the law enforcement agency charged with enforcing Title VI.

Executive Order 11246 requires certain government contractors to engage in affirmative action and to not discriminate based on race, sex or national origin. The Office of Federal Contract Compliance Programs (U.S. Department of Labor) is the agency charged with enforcing the EO 11246 and ensuring that federal contractors are in compliance.

For additional information or assistance contact:

Community Alternatives, Inc.
EEO Officer
3133 Magic Hollow Blvd.
Virginia Beach, VA 23453
757-468-7000 phone
757-468-7007 fax
www.comalt.org

CAI is an affirmative action, equal opportunity employer.

VETS-4212 EMPLOYMENT SURVEY

EMPLOYEE NAME: _____

JOB POSITION: _____

DEPARTMENT: _____

DATE: _____

Our Company is a federal contractor subject to various federal laws, regulations, and Executive Orders, which require that federal contractors take affirmative action to employ and to advance in employment qualified individuals without discrimination based on a covered veteran status. To fulfill statistical reporting and affirmative action monitoring requirements, we invite you to voluntarily identify your veteran status by answering the questions below. Submission of this information is voluntary and no adverse consequences will result from either the disclosure or refusal to provide this information. The information that you submit will also be kept confidential as required under applicable federal and/or state laws. Should you decide not to self-identify at this time, you may do so at any time in the future.

Please check all boxes that apply to you:

- I do not want to identify my veteran status
- I am not a veteran
- I am a veteran but not covered by the definitions listed on this form
- Disabled Veteran

Either (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

- Recently Separated Veteran

Any veteran during the three year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Discharge Date (mm/dd/yyyy) : _____ / _____ / _____

- Armed Forces Service Medal Veteran

Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985. (For the current list of military operations for which an Armed Forces Service Medal was awarded, visit <http://www.opm.gov/staffingportal/vgmedal2.asp> - Appendix A.

- Active Duty Wartime or Campaign Badge Veteran

A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense. (For the current list of campaigns and expeditions for which a campaign badge was authorized, visit <http://www.opm.gov/staffingportal/vgmedal2.asp> - Appendix A.

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYEE QUESTIONNAIRE

EMPLOYEE NAME: _____

JOB POSITION: _____

DEPARTMENT: _____

DATE: _____

Our Company is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite our employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

PLEASE CHECK ONE OF THE FOLLOWING EQUAL EMPLOYMENT OPPORTUNITY IDENTIFICATION GROUPS WHICH YOU MOST CLOSELY IDENTIFY:

Race and ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. Definitions of the race and ethnicity categories are as follows:

_____ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

_____ **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

_____ **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



INFORMATION REQUEST

REQUESTER INFORMATION

Organization Name Community Alternatives, Inc.			
Street Address 863 Glenrock Rd., Suite 200		Telephone Number (757) 468-7000	
City Norfolk	State VA	Zip Code 23502	Federal Tax ID
Use Agreement Number (if applicable)		Access Code (if applicable)	
Reason for Request (Please be specific)			
<i>I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I further certify that the information I have requested with this form will be used only for the stated purpose.</i>			
Requesters Signature			Date

SUBJECT'S PERSONAL INFORMATION

Subjects Name	Last	First	Middle
Address	City	State	Zip Code

SUBJECT'S DRIVING INFORMATION

Driver's License Number	
Driver's Authorization (required for employers and others not authorized by Virginia Code): <i>I authorize the Department of Motor Vehicles to furnish information pertaining to my driving record to the requestor identified above. This authorization covers the initial MVR request, and each annual MVR request, made annually by Community Alternatives, Inc.</i>	
Driver's Signature	Date