



DECLINATION OF TRANSPORTATION SERVICES

In lieu of signing the transportation waiver, I, _____, responsible party for _____, decline transportation services from Acacia Care, LLC.

I understand that the employee named below is not cleared to provide transportation services at any time, for any reason without the appropriate documentation and I decline all such services at this time.

Print Responsible Person Name Signature Date

Print Member Name Signature Date

Print Staff Name Signature Date