



**Children's Health Home of Upstate New York**  
*Family Driven Care Management Services*

Vehicle Information Sheet

Member Name:

CIN:

CMA:

Date:

Project #

Project Type:

Vehicle Owner Name:	Vehicle Owner Signature
Vehicle Owner Relationship to Member:	Date:

<input type="checkbox"/> Check box to indicate that the recipient attests that this is intended to be his/her long-term primary vehicle.
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VIN #:	Vehicle Year:
Vehicle Make/Model:	MFR/Model of Wheelchair (if available):

<p><b>Required Supporting Documentation:</b></p> <ul style="list-style-type: none"> <li>Copy of Driver's License.</li> <li>Copy of Adapted Driver's License for Operating Accessible Vehicle (if applicable).</li> <li>Copy of Registration.</li> <li>Proof of valid/current Vehicle Insurance.</li> <li>Proof vehicle is less than 5 years old and Vehicle has less than 50,000 miles.</li> <li>Owned: Copy of Title (leased vehicles do not meet Vehicle Modification Qualifications)</li> </ul>
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