**Student Agreement for Transportation Services Program:
Gas Vouchers**

**I acknowledge:**

1. The CAI Adult Education program will provide gas cards to me for the sole purpose of getting to and from Adult Education classes.
2. I am using these services because I am in need and have no other way to attend classes.
3. I currently am not receiving transportation services from another AEL program for the same purpose.
4. The CAI Adult Education Program does not provide the actual transportation nor is it legally responsible for any accidents or injuries related to the transportation.
5. The gas voucher amount I receive each week depends on the distance to and from the adult learning center where I am attending classes and the number of days each week I attend class.
6. Gas card vouchers will be given to me based upon my attendance in class. New gas card vouchers will be issued at the end of each week.
7. Abuse or misuse of these services, or violations of any of the rules or policies, may result in loss of transportation services.

**I agree to:**

1. Use these transportation services for travel to and from adult education classes only.
2. Use the gas card only for purchasing gas, and not redeem the gas cards for cash, trade the card for any goods or services, or use the card to purchase anything other than gas.
3. Inform my Adult Education Instructor or Coordinator if I am receiving transportation services from another agency.
4. Make sure that the driver of the vehicle has a valid driver’s license and proof of current liability insurance.
5. Maintain at least an 90% monthly attendance rate while receiving transportation support services or have written documentation for any excused absences.

My signature below attests that I do not have funds to pay for travel to and from class and that I acknowledge and agree with the above statements. **If I am found to have intentionally falsified information in order to receive transportation services, I may be prosecuted for fraud and liable for the cost of all supportive services that I have received.**

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Participant Signature Printed Name Date

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Signature of Adult Ed Staff Member Printed Name Date