

AUTHORIZATION FOR TRANSPORTATION

Client (or holder of Power of Attorney/Guardian): _____

I authorize any employee of Generations Home Healthcare LLC to provide transportation services on my behalf.

I agree to pay the mileage fee stated in the Schedule of Services and Rates. I acknowledge that, while it maintains non-owned automobile coverage, Generations Home Healthcare LLC's insurance may not cover loss or damage caused by employees' operation of any vehicle, and I accept responsibility for any and all claims, including negligence, related to employees' operation of a vehicle to transport me.

This Authorization will remain in effect until specifically revoked in writing and delivered (by mail or fax) to Generations Home Healthcare LLC at its Warren office.

Client Signature _____

Date _____