

Transportation Waiver Taxicab



I verify that _____ has been transported by _____ taxicab and the taxicab has been instructed to take _____ to the assigned facility for drug and alcohol testing and then provide transportation to the individual's home.

Signature of person observing individual entering taxicab: _____

Printed Name: _____

Date: _____

Return completed form to your Clinical Supervisor or Program Director.