

## STATEMENT OF UNDERSTANDING FOR VEHICLE PURCHASE

I, \_\_\_\_\_ understand that DCF is making a  
(Client Name)

vehicle purchase in my behalf to provide transportation necessary for me to participate in activities assigned by my worker and/or to obtain and maintain employment. Special Services Allowance funding will be used to pay for the vehicle.

Upon receipt of the vehicle, I agree:

- to title the vehicle in my name only or if married, in my name and my spouse's name;
- to provide vehicle maintenance (i.e., oil change);
- to maintain liability insurance;
- not to give away or sell the vehicle without prior approval from my worker as long as I continue to receive cash benefits through DCF.

I understand that only one vehicle purchase per life time is allowed.

I have read and understand the terms of this agreement.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Worker Signature

\_\_\_\_\_  
Date

This form supersedes form ES-4313, 01-05.