Kansas Department for Children and Families Rehabilitation Services

Vehicle purchase agreement

Make/Model/Year:	
Purchase Date:	
Purchase Price:	
I understand that this vehicle is being purchased for t complete my rehabilitation plan and become employe receiving this vehicle, I agree to cooperate fully with n job.	ed. Therefore, as a condition of
I agree that while my rehabilitation case is active, I wi without prior written approval of the counselor. If I for rehabilitation plan I agree to sell this vehicle for fair management proceeds of that sale to Rehabilitation Services.	ail to successfully complete my
The vehicle will be titled in my name only. I have reset there are no liens against it.	earched the title for this car and
I understand that Rehabilitation Services does not guarantee the ongoing operation of the vehicle. I will be responsible for all follow-up maintenance, repairs and insurance costs that are not specifically listed in my plan for employment.	
Client signature	Date
Witness signature	Date