

Dear Individual Transportation Participant,

On behalf of LogistiCare Solutions, LLC, I welcome you as a potential Individual Transportation Participant (ITP) and hope you will find providing transportation services rewarding.

Enclosed are the following enrollment items needed to complete the application process:

- ITP Enrollment Packet
- Disclosure and Authorization Form (**Non-Family Members Only**)
- Acknowledgement and Authorization of Background Check (**Non-Family Members Only**)

Please read **ALL** of the enclosed information carefully and return original signed copies to the address provided in the enrollment packet.

For any application with a relationship status of "Non-Family Member", LogistiCare will be required to conduct a criminal background check and motor vehicle driving record check on the participant's behalf.

Best Regards,

Dennis Halmai
Director of Operations, Transportation
LogistiCare Solutions, LLC