

## Legal Guardian Consent and Waiver

This form grants permission for a minor (16-17 years old) to travel alone using Non-Emergency Medical Transportation (NEMT). This form must be completed and returned to Alivi before transport.

Members 0-15 years of age are not authorized to travel alone, require an escort, and a waiver will not be accepted.

Members under the age of 18 and enrolled in Sunshine Health Pathway to Shine are not authorized to travel alone and a waiver will not be accepted.

Full Name of Minor: \_\_\_\_\_ (the "Minor") Member ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

1. I, \_\_\_\_\_ (legal guardian name), residing at \_\_\_\_\_ (street, apt. #, city, state, zip), affirm that I am the legal guardian of the Minor.
2. By signing this Legal Guardian Consent and Waiver, I acknowledge and affirm that: (a) I have read and understood this document; (b) I am signing this document voluntarily and fully intending to be bound by its terms; and (c) I am at least eighteen (18) years of age. I understand that this is a legal document which is binding on me and those who may claim by or through me.
3. I understand that EpicMD Technologies LLC d/b/a Alivi NEMT Network ("Alivi") is contracted with Minor's health plan to schedule transportation for the Minor with third party transportation providers for non-emergency medical services.
4. I consent to the Minor riding with any transportation provider under contract with Alivi for Minor's transportation for non-emergency medical services.
5. I hereby confirm that the Minor:
  - *Is fully capable of being transported without an adult escort;*
  - *will not be disruptive to the driver or passengers;*
  - *will follow all rules communicated by the driver; and*
  - *does not need an escort to provide emotional or any other type of support.*

6. I understand that if any of the factors in paragraph 5, listed above, cease to apply, Alivi will no longer schedule rides with transportation providers to transport the Minor without an escort. I agree to promptly inform Alivi if any of the factors in paragraph 5 change.
7. I agree to inform Alivi within 24 hours if for any reason I am no longer the legal guardian of the Minor, and to inform Alivi of the name and address of the new legal guardian.
8. As part of Alivi's agreement to transport the Minor without an escort, I hereby, on behalf of myself and the Minor, release Alivi, and its employees, officers, agents, and subcontractors, from any and all liability, causes of action, or claims in connection with the Minor's transportation as scheduled by Alivi or provided by any third-party transportation provider under contract with Alivi.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Guardian	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Printed Name of Guardian	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Name of minor for whom consent applies

This form can be faxed or emailed to Alivi at 855-621-8962 or [memberservices@alivi.com](mailto:memberservices@alivi.com).

If you have any questions, please call Alivi at the numbers below.

Alivi Reservation Line – Sunshine Health LTC/COMP	786-724-1976
Alivi Reservation Line – Sunshine Health LTC/COMP (Toll-Free)	888-863-0248
Alivi Reservation Line (Toll Free) – Sunshine Health MMA (Toll-Free)	844-352-0134
Alivi Reservation Line (Toll Free) – Sunshine Health Mindful Pathways (Toll-Free)	844-352-1485
Alivi Reservation Line (Toll Free) – Sunshine Health Pathway to Shine (Toll-Free)	844-352-0414
Alivi Reservation Line (Toll Free) – Sunshine Health Power to Thrive (Toll-Free)	888-588-9413



This information is available for free in other formats and languages. Please contact Member Services at 1-866-796-0530 (TTY 1-800-955-8770) Monday through Friday, 8 a.m. to 8 p.m.

Sunshine Health complies with applicable Federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, age, disability, sex, pregnancy or sexual orientation. Sunshine Health provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, other formats. We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact us at the number above. If you believe that Sunshine Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, pregnancy or sexual orientation, you can file a grievance with: 1557 Coordinator, P.O. Box 31384, Tampa, FL 33631, Phone: 1-833-236-9680 (TTY 711), Fax: 1-866-388-1769, Email: SM\_Section1557Coord@centene.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TTY). Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>. This notice is available at Sunshine Health's website: [SunshineHealth.com/non-discrimination](https://SunshineHealth.com/non-discrimination).

Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con nuestro número de servicio al cliente al 1-866-796-0530, TTY 1-800-955-8770 de lunes a viernes, de 8 a.m. a 8 p.m.

Si oumenm, oubyen yon moun w ap ede, gen kesyon nou ta renmen poze sou Sunshine Health, ou gen tout dwa pou w jwenn èd ak enfòmasyon nan lang manman w san sa pa koute w anyen. Pou w pale avèk yon entèprèt, sonnen nimewo 1-866-796-0530 (TTY 1-800-955-8770).

Ces informations sont disponibles gratuitement dans d'autres langues. Veuillez contacter les services aux membres au 1-866-796-0530, TTY 1-800-955-8770 du lundi au vendredi, de 8 heures à 20 heures.

Queste informazioni sono disponibili gratuitamente in altre lingue. Contattare il Servizio Membri al 1-866-796-0530, TTY 1-800-955-8770 dal lunedì al venerdì, dalle 8:00 alle 20:00

Эту информацию можно бесплатно получить на других языках. Обращайтесь в Отдел обслуживания по телефону 1-866-796-0530, телефону с текстовым дисплеем 1-800-955-8770 с понедельника по пятницу с 8:00 до 20:00.