

Maryland State Department of Education
Division of Rehabilitation Services
Consumer Approval to Proceed with Vehicle Modifications

Consumer Name: _____ PID #: _____

Vehicle Owner: _____ Relation to Consumer: _____

WTC Driving Program Specialist (hereafter "WTC Specialist")

WTC Specialist: _____ Email: _____

Certified Driving Rehabilitation Specialist (hereafter "CDRS")

CDRS: _____ Email: _____

DORS Counselor: _____ DORS Office: _____

Date of Meeting: _____

Persons Present at Meeting: _____

Check the box indicating your agreement/understanding as each item is explained to you:

☐ **I agree with:** The following adapted driving equipment and vehicle recommended by my CDRS:

☐ **I agree to:** Keep the team of DORS staff assisting with my driving rehabilitation/vehicle modification process (WTC Specialist, WTC Driving Program Supervisor, DORS Counselor) on all email or other communications with the mobility equipment dealer and my CDRS.

DORS Vehicle Requirements:

☐ **I understand that:** If I am purchasing a **sedan** for modifications, DORS' requirement for year and mileage is not more than five (5) years old or 50,000 miles.

☐ **I understand that:** If I am purchasing a **van** for conversion and modifications, DORS' requirement for year and mileage is not more than three (3) years old or 36,000 miles.

Shopping for a Vehicle:

☐ **I understand that:** I **must** work closely with my CDRS when identifying a vehicle for modification.

☐ **I understand that:** When shopping for a vehicle, I **must** email my CDRS the following information about the vehicle I am interested in purchasing so the CDRS can check the vehicle's compatibility with the adapted driving equipment and, if applicable, the van conversion manufacturer:

- Vehicle make
- Vehicle model
- Vehicle year
- Vehicle VIN#
- Print out of the window sticker

☐ **I understand that:** If I purchase a vehicle without having my CDRS check the compatibility before the purchase, it's possible I could buy a vehicle that will not work with my recommended adapted driving equipment.

After the purchase:

- ☐ **I understand that:** Once I have purchased my vehicle, I **must** send the following to the WTC Specialist named above:
- Purchase agreement or bill of sale
 - Temporary registration.
- ☐ **I understand that:** DORS **will not fund** new vehicle modifications for **at least 10 years** from receipt of my modified vehicle.
- ☐ **I understand that:** DORS **does not repair or replace** vehicle modifications damaged or destroyed in an accident.

If you are paying cash for your vehicle:

- ☐ **I understand that:** If I am paying cash for my vehicle, I am **highly encouraged** to purchase **"Replaceable Value Insurance"** for **both** the **adapted driving equipment** and **vehicle**. Replaceable value insurance costs more than standard vehicle insurance but it will allow me to replace my vehicle and modifications if I purchased it for both.
- ☐ **I understand that:** If I do not purchase **"Replaceable Value Insurance,"** in the event of an accident I will only get reimbursed for another vehicle minus the "depreciation" that occurred as soon as I drove the original vehicle off of the lot.

If you are financing the purchase of your vehicle:

- ☐ **I understand that:** If I am financing the purchase of my vehicle, I am **highly encouraged** to purchase **"Gap Insurance"** in case of a vehicle accident that totals my vehicle. In the case of an accident that totals my vehicle, Gap Insurance will pay off my vehicle loan if it is not already paid off.
- ☐ **I understand that:** If I am financing the purchase of my vehicle, I am **highly encouraged** to purchase **"Replaceable Value Insurance"** for the **adapted driving equipment**. Replaceable value insurance for the adapted driving equipment will add additional cost but it will allow me to replace my modifications if they are destroyed in an accident.

The Maryland State Procurement Process:

- ☐ **I understand that:** The procurement process is handled by the Maryland State Department of Education (MSDE) and they follow Maryland State Procurement Laws.
- Once MSDE Procurement posts my vehicle modification project on eMaryland Marketplace, the solicitation remains open for four (4) weeks.
 - MSDE will open all bids on the "Bid Due Date."
 - Once a contract has been executed, the WTC Specialist will contact me to let me know which mobility dealer will be performing the modification.
- ☐ **I understand that:** It can take a few weeks to get an executed contract after the bids have been opened.
- ☐ **I understand that:** I will need to make myself available to attend a Pre-Bid Meeting. This meeting will include the mobility equipment dealers who want to bid on my vehicle modification project, the MSDE Procurement Officer, my CDRS and DORS staff. The meeting will give the mobility equipment dealers an opportunity to meet me and my CDRS, and ask questions about the prescribed equipment to make sure that each Bidder will be bidding on the same thing.

- ☐ **I understand that:** MSDE must adhere to the Maryland State procurement process and that I will **not** be able to choose the mobility equipment dealer.

The modification process:

- ☐ **I understand that:** The winning mobility equipment dealer will have my vehicle for up to _____ months.
- ☐ **I agree that:** After the contract is signed between DORS and the mobility equipment dealer, any perceived need for change in the scope of work, as described in the modification specifications and priced out by the dealer, **requires prior written request and justification by the CDRS**. The CDRS is responsible to recommend any changes to the scope of work in writing to DORS. Changes to the scope of work should not take place without prior approval and contract amendment.
- ☐ **I agree that:** I will make the vehicle modification process a priority and make every effort to work with the CDRS and mobility equipment dealer in scheduling appointments within their work hours. Appointments **will not** be scheduled outside of their work hours.
- ☐ **I understand that:** I will need to participate in _____ **fitting/fittings** at the mobility equipment dealer's location. Fittings ensure my equipment is installed and located properly so that I can utilize the gas/brake and steering and access my secondary controls in a safe and comfortable manner. My CDRS will be there to assure the equipment is in the proper place for my and all settings are per my CDRS' prescription.

Post-modification:

- ☐ **I understand that:** I will need to participate in _____ **hours** of post-modification training:
- ☐ Before I take possession of my vehicle
 - ☐ Before I can use my vehicle alone
 - ☐ Before I can begin my mentored training with my parents/significant other
- ☐ **I understand that:** My mobility equipment dealer will provide maintenance on the adapted driving equipment **for the first year** after I have received my adapted vehicle.
- ☐ **I understand that:** It is **my** responsibility to make appointments with my mobility equipment dealer to provide the maintenance per manufacturer warranty.
- I realize that failure to do so could void the manufacturer warranty for my equipment.
 - It is also my responsibility to drive or deliver my vehicle to the mobility dealership for maintenance and repairs.
 - It is also my responsibility to pick up my vehicle after maintenance and repairs are completed.
- ☐ **I understand that:** I should call my mobility equipment dealer if there is a problem with my vehicle and/or modifications (**not** general vehicle maintenance). The mobility equipment dealer will be able to advise me whether to take the vehicle to the mobility dealership or to a commercial or OEM repair facility.
- ☐ **I understand that:** If I take my vehicle to a commercial or OEM repair facility without my mobility equipment dealer's consultation, **I may void my equipment warranties**.

My Responsibilities:

- ☐ **I understand that:** It will be **my** responsibility to maintain, repair and provide upkeep to the vehicle modifications in keeping with any relevant warranties. **Failure to do so could void my equipment or vehicle warranties.**
- ☐ **I understand that:** I am **highly encouraged** to keep accurate and up-to-date records of all maintenance and repairs to my vehicle and modifications. These records should be kept together in a safe and easy-to-get-to place.
- ☐ **I understand that:** It is **my responsibility** to ask my mobility equipment dealer for all of the equipment manufacturer warranty information. Equipment manufacturers do not always have the same warranty coverage and timeframes for maintenance.
- ☐ **I understand that:** If I have issues with my modifications once I take possession of my vehicle, I must keep the WTC Specialist on all email and phone communications with the mobility dealer and make sure that the WTC Specialist is aware of any issues that arise with the modifications. This commitment is for one year; throughout the one-year warranty period that DORS has purchased for my vehicle modifications.

DORS Responsibilities:

- ☐ **I understand that:** DORS will not repair or replace vehicle modifications that have been damaged or destroyed by mechanical or electrical accessories installed post-modification.
- ☐ **I understand that:** DORS does not fund extended warranties or repairs to adapted driving equipment or vehicle modifications.
However, extended warranty and maintenance plans can possibly reduce the costs involved in maintaining and repairing my modifications.
- ☐ **I understand that:** DORS will not pay for vehicle modifications more frequently than every 10 years.

Comments:

DORS Consumer Signature/Date

Vehicle Owner Signature/Date (if different than Consumer)

DORS Counselor Signature/Date

WTC RTS Staff Signature/Date