



BEHAVIORAL AIDE (BA) & TRANSPORTATION SERVICES AGREEMENT

For foster parents, caregivers, and authorized child-welfare placements

Client/Foster Parent: _____	Date: _____
Child(ren): _____	Service Date(s): _____

1. SERVICES AND AUTHORIZATION

Smiths' Priority LLC (the 'Provider') may provide scheduled transportation, non-clinical Behavioral Aide (BA) supervision/support, or both, as selected below. Transportation is limited to locations and purposes authorized by the client and, when required, DFCS, the case manager, court order, facility, or other responsible authority. BA services do not replace therapy, medical care, emergency response, or legal custody.

☐ Transportation	☐ BA / Supervision	☐ Both	Approved destination(s): _____
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2. RATES, DEPOSIT, PAYMENT, AND WAIT TIME

Transportation	\$30 per scheduled trip, including up to 20 total service miles measured from the client's home through approved destination(s) and return. Miles beyond 20 are \$0.75 per mile.
BA / Supervision	\$25 per hour. Minimum 3 hours and maximum 5 hours per scheduled BA service block.
Wait time	A 10-minute grace period applies. Waiting beyond 10 minutes caused by the client, child, facility, visit, appointment, or authorized adult is billed at \$10 per each started 15-minute period.

Reservation deposit. A signed agreement and a 50% deposit of the estimated charges are required before a service date is reserved or placed on the schedule.

Final pre-service payment. The remaining estimated balance must be received no later than 24 hours before service begins. If it is not received by that deadline, the Provider may cancel the service and the deposit is non-refundable.

Post-service balance. Variable charges incurred during service, including excess mileage, waiting time, parking, tolls, or approved food purchases, must be paid within 24 hours after service completion and receipt of the final invoice. If the balance remains unpaid, the Provider may pursue lawful collection or legal action. The client agrees to pay the unpaid balance plus reasonable court costs, collection costs, and attorney fees to the extent permitted by applicable law.

Accepted payment methods only: Zelle _____ Cash App _____. Cash, checks, cards, and other payment methods are not accepted unless the Provider agrees in writing.

3. CANCELLATION AND RESCHEDULING

The client must give at least 24 hours written notice to cancel or reschedule. On the first timely cancellation, the deposit may be transferred one time to the next mutually agreed service date. If the client cancels a second time, the deposit becomes non-refundable and cannot be transferred again. A cancellation made less than 24 hours before the scheduled start time is treated as a late cancellation and the deposit is non-refundable. If the Provider cancels and the parties do not reschedule, prepaid amounts for the canceled service will be returned.

4. PICKUP, RELEASE, AND CHILD PASSENGER SAFETY

The client must identify authorized pickup and release persons and provide all required approvals before service. The Provider will not release a child to an unauthorized person. The client must provide a legally appropriate car seat or booster when one is required for the child. The Provider may delay or refuse transportation if the child cannot be safely secured, the required seat is unavailable or defective, a vehicle-safety requirement cannot be met, or the child's behavior creates an immediate driving hazard.

5. FOOD, MEDICATION, AND PERSONAL ITEMS

The Provider will ensure the child has access to age-appropriate snacks/food and water during service. Standard light snacks and water may be provided. The client must disclose dietary needs and allergies and should supply meals or special-diet items when needed. Any approved meal or special-food purchase may be added to the final invoice. Medications must be disclosed below and transported only in the original labeled container. Administration is allowed only with written authorization and when the Provider is legally permitted and qualified to administer it.

6. SAFETY, BEHAVIOR DISCLOSURE, AND EMERGENCIES

The client must disclose known behaviors, diagnoses, triggers, safety plans, supervision needs, allergies, medical concerns, and restrictions that could affect safe service. This includes aggression, self-harm statements or attempts, elopement, sexualized behavior, property destruction, substance use, possession of weapons, or other conduct that may endanger the child, Provider, passengers, or public. Material failure to disclose a known safety risk may result in immediate suspension or termination of service.

If an immediate safety or medical emergency occurs, the Provider may stop transportation, move to a safe location, contact the client, case manager/DFCS, crisis support, or 911 as reasonably necessary, and follow any written safety plan provided in advance. The Provider does not guarantee that a specific behavioral outcome can be achieved.

7. CLIENT RESPONSIBILITIES AND SERVICE LIMITS

The client must provide accurate contacts, approved destinations, pickup/release instructions, and required DFCS or case-management approvals. The Provider may refuse or end service when conditions are unsafe, required information is missing, the child is medically unstable, or service would violate law, agency requirements, or a written safety plan. The client remains responsible for costs arising from materially inaccurate or withheld information to the extent permitted by law.



CHILD INFORMATION, SAFETY SCREENING & AUTHORIZATION

Complete one form for each child when needs, medications, allergies, or safety concerns differ.

A. CHILD AND CASE INFORMATION

Child name: _____	DOB: _____
Foster parent/caregiver: _____	Relationship: _____
DFCS / Case manager: _____	Phone: _____
Emergency contact: _____	Phone: _____

B. TRANSPORTATION AND RELEASE CHECKLIST

☐ Car seat required ☐ Booster required ☐ No child seat required
☐ Client will provide child seat ☐ Provider has confirmed seat is available
Authorized pickup location: _____
Authorized drop-off location: _____
Authorized adult(s) for release: _____
☐ DFCS/case-manager approval required and obtained ☐ Not required / N/A

C. BEHAVIOR AND SUPERVISION SCREENING

☐ No known behavior concerns	☐ Defiance / refusal
☐ Verbal aggression / cursing	☐ Physical aggression / fighting
☐ Elopement / running away	☐ Self-harm or suicidal statements/behavior
☐ Sexualized behavior / boundary concerns	☐ Property destruction
☐ Bullying / threats	☐ Smoking / vaping / substance use
☐ Stealing / dishonesty concerns	☐ Weapon access or possession concern

Known triggers / warning signs: _____

Effective calming/redirection strategies: _____

Required supervision level / safety plan: _____

D. HEALTH, MEDICATION, ALLERGIES, FOOD, LIKES & DISLIKES

☐ No known allergies	☐ Allergies present List: _____
☐ No medication during service	☐ Medication required Name/time: _____
☐ Provider may offer standard snack/water	Dietary restrictions / food allergies: _____
☐ Client will supply meal / special-diet items	Food preferences / instructions: _____
Likes / preferred activities: _____	Dislikes / avoid: _____

Medical conditions, mobility needs, communication needs, or other precautions: _____

E. INCIDENT, EMERGENCY, AND COMMUNICATION AUTHORIZATION

I authorize the Provider to communicate with me and, when necessary for the child's immediate safety or approved service, the listed emergency contact, case manager/DFCS, receiving facility, school, visit supervisor, crisis support, law enforcement, or emergency medical services. I authorize reasonable emergency action when I cannot be reached promptly. I understand that the Provider will document material incidents and may end a service if safe supervision or transportation cannot continue.

F. ACKNOWLEDGEMENT AND SIGNATURES

By signing, I confirm that I have reviewed the rates, deposit rules, payment deadlines, cancellation terms, mileage and wait-time charges, safety requirements, and the child-information disclosures in this agreement. I certify that the information I provided is accurate and complete to the best of my knowledge. I understand that scheduling is not confirmed until the Provider receives this signed agreement and the required 50% deposit.

Client/Foster Parent Signature: _____	Date: _____
Printed Name: _____	Phone: _____
Smiths' Priority LLC Representative: _____	Date: _____

Document version: October 6, 2026. This agreement does not override DFCS, court, placement-agency, school, medical, or other child-specific requirements that apply to the service.