GATEWAY COMMUNITY PARTNERS, INC. (GCP)
1305 Tulane Dr
Lufkin, Texas 75901-4843
936.639.1291/2

TRANSPORTATION RELEASE

By signing this transportation release form, I give permission for

FIRST NAME MIDDLE NAME LAST NAME

ADDRESS

to be transported by GCP staff to and from the workshop and/or to and from their home to special activities.

_____ _____
Consumer Signature Date

_____ _____
Signature of Guardian (if required) Date

_____ _____
Case Manager or QMRP/QMRPA/QIDP Signature Date

_____ _____
GCP Staff Person Date

PROVIDER:
_____ Burke
_____ EduCare
_____ Gateway
_____ Innovative
_____ St. Giles

WORKSHOP:
_____ ABS
_____ Burke
_____ Gateway
_____ Innovative
_____ Oak Creek

LIVE:
____ Apartment
____ Foster Home
____ Group Home
____ Parents