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| **DEPARTMENT OF HEALTH SERVICES**  Division of Care and Treatment Services  F-02616 (02/2020) | |  | **STATE OF WISCONSIN** | | |
| **SUPERVISED RELEASE (SR) CLIENT VEHICLE PURCHASE REQUEST** | | | | | |
| **NOTICE:** | This form is used as a formal request by a client to have a vehicle purchase approved. This form is to be filled out by the client prior to making an offer to purchase. Turn this form into your assigned case manager upon completion for review. You will receive a copy upon completion indicating if the vehicle request has been approved or not and a copy will be placed in your client file. | | | | |
| Name – Client (Last, First, MI) | | | | | ID Number |
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| **I have reviewed and understand the vehicle purchase guidelines outlined below.**  **Initial requirements:**   1. Client must have a valid driver’s license before a vehicle can be purchased. 2. The Community Reintegration Team (CRT) approves the client to own and operate a vehicle. 3. The client is substantially contributing to his cost of care. 4. The client shall have a safety plan in place if required by the CRT. 5. The client shall have a backup transportation plan in place that is approved by the CRT. This backup plan should not rely upon the SR contracted monitoring/transportation service provider.   **Purchase Process:**   1. The purchase shall be made through a dealership. Purchases through private parties, social media or marketplaces (i.e. Craigslist, etc.) are not allowed. 2. If needed, a client’s cost of care may be adjusted to help save towards a vehicle purchase. The assigned Contract Specialist shall be consulted and must approve this request. 3. Typically, loans will not be approved for the purchase of a vehicle. The assigned Contract Specialist shall be consulted and must approve this request. 4. Clients must provide a minimum of three vehicle choices for review. 5. The overall cost and budget associated to the vehicle should be discussed with the Contract Specialist. These costs include, but are not limited to, license and title fees, insurance, sales tax, etc. 6. The SR Section Chief provides written approval for the vehicle purchase.   **Post Purchase:**   1. The client is responsible for all vehicle related expenses (maintenance, repairs, etc.). 2. The client will need to request CRT approval for financial expenses and locations related to gas station, vehicle maintenance and repairs. 3. Report required vehicle information to the Sex Offender Registry Program (SORP). | | | | | |
| **Details of Vehicle options:**  Approved Budget Allowance: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (this amount needs to be discussed with your case manager) | | | | | |
| 1. (First Choice) Name of Dealership:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purchase Price: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vehicle Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Odometer Miles: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vehicle warranty(if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Estimated Insurance Cost: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Estimate of other costs (i.e., tax, title and registration): $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. (Second Choice) Name of Dealership:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purchase Price: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vehicle Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Odometer Miles: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vehicle warranty(if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Estimated Insurance Cost: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Estimate of other costs (i.e., tax, title and registration): $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. (Third Choice) Name of Dealership:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purchase Price: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vehicle Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Odometer Miles: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vehicle warranty(if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Estimated Insurance Cost: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Estimate of other costs (i.e.., tax, title and registration): $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| By signing below, I acknowledge that I have provided accurate information to the best of my knowledge. I also agree to comply with the expectations outlined below. **Failure to follow this agreement may result in the suspension of my driving privileges, and/or further disciplinary actions.**   1. I will fully comply with all rules and expectations outlined within this form. 2. I will fully comply with all SR rules and program policies. 3. I will fully comply with State laws related to owning and operating a motor vehicle in Wisconsin. | | | | | |
| **SIGNATURE** – Client | | | | Date Signed | |
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| **PRINT NAME** – Client | | Name of Agent | | Date Given to Case Manager | |
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| **This section is to be completed by the Case Manager** | | | | | | | | | | |
| Name – Client (Last, First, MI) | | | | | | | | | ID Number | |
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| The following items where reviewed with the potential client during the screening process:  I have reviewed the vehicle purchase guidelines with the client.  The client has the funds needed to purchase the vehicle and the vehicle choices are within the budget expectations.  The client has sufficient income to support the purchase and maintenance of a motor vehicle.  The CRT has discussed this request and supports the client owning and operating a motor vehicle (email attached). | | | | | | | | | | |
| Notes related to this purchase: | | | | | | | | | | |
| **SIGNATURE** – Case Manager | | | | | | | | | | Date Signed |
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| **PRINT NAME** – Case Manager | | | | | | | | | | |
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| **This section is to be completed by the Assigned SR Contract Specialist** | | | | | | | | | | |
| **Vehicle option**  ONE  TWO  THREE  **Vehicle purchase is**  Approved  **NOT** Approved  Reason why purchase is not approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Purchase has been approved by the SR Section Chief  Yes  No | | | | | | | | | | |
| **SIGNATURE** – SR Contract Specialist | | | | | | | | | | Date Signed |
|  | | | | | | | | | |  |
| **Vehicle Information (To be completed after vehicle is purchased and registered)** | | | | | | | | | | |
| Make: | | | Model: | | | | VIN #: | | | |
| Type: | * 2 door | | | * 4 door | | | Color: | License Plate: | | |
| * Car | * SUV | | | * Truck | |
| Insurance Provider: | | | | | | Vehicle Coverage: | | | | |