



CHILDREN WITH SPECIAL HEALTH CARE NEEDS SERVICES PROGRAM

Family Support Services Request Vehicle Evaluation | FSS Packet Form C

Instructions: Please evaluate the following mechanical areas to determine if each area is functioning sufficiently to allow for safe operation of this vehicle. If extra space is needed to complete this form, attach a separate sheet of paper.

Notes: If the vehicle is 10 or more years old or has 100,000 miles or more on the odometer, additional justification for special consideration for approval of vehicle modifications must be added in the comments section if the condition of the vehicle justifies the expense that will be incurred for making the modifications to the vehicle. Cost of repairs or adjustments are not covered by the CSHCN Services Program.

Name of Registered Owner of Vehicle:

Vehicle ID Number (VIN):

Mileage:

Make:

Model:

Year:

Current Inspection Yes
 No

Comments:

Proof of Insurance Yes
 No

Comments:

MECHANICAL AREAS. If an area passes, no comment is necessary. If an area fails, please state specifically the work needed to correct the problem. Any payment required for conducting the evaluation will be the responsibility of the owner of the vehicle. Attach additional sheets of paper if necessary.

Battery Pass
 Fail

Comments:

Battery Cables Pass
 Fail

Comments:

Charging System Pass
 Fail

Comments:

Engine Cranking System Pass
 Fail

Comments:

Brake System	Pass	Comments:
Fluid Leaks	Fail	
Brake Pad/ Linings, etc.	Pass	Comments:
	Fail	
Transmission	Pass	Comments:
Fluid Leaks	Fail	
Shifting Mechanism	Pass	Comments:
	Fail	
Power Steering Operation	Pass	Comments:
	Fail	
Fluid Leaks	Pass	Comments:
	Fail	
Condition of Drive Belts	Pass	Comments:
	Fail	
Condition of Hoses	Pass	Comments:
	Fail	
Emission Control System	Pass	Comments:
	Fail	
Tires	Pass	Comments:
	Fail	

**Additional
Comments:**

Mechanic Signature:

Date:

X _____

Original signature required.

List Company Represented or Mechanic Certification/Credentials: