



THRIVE DAY HABILITATION
Alternate Pick Up Authorization Form



Consumer Name:	
Date of Birth:	DDD ID #:
ALTERNATE PICK-UP PERSON (1)	
Name:	
Phone #:	Relationship:
Participant can identify driver? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Notes:	
ALTERNATE PICK-UP PERSON (2)	
Name:	
Phone #:	Relationship:
Participant can identify driver? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Notes:	

PLEASE NOTE: We will ask your alternate pick-up individual(s) for identification the first time they come to Thrive.

 Applicant Signature (if applicable)

 Parent/Guardian/Caregiver Name (please print)

 Parent/Guardian/Caregiver Signature

 Today's Date