

Central Mass Safety Council
186 West Boylston Street
West Boylston, MA 01583
Tel: 508-835-2333
Fax: 508-835-2869
centralmasafety.com



Welcome to the CMSC Adaptive Driving Program

You are receiving this intake packet because you have recently inquired about our Adaptive Driving Program. Let us start by gathering all the pertinent information and documents that we need to set up your initial clinical evaluation.

ADAPTIVE DRIVING PROGRAM INTAKE FORM

Please complete all the fields in this packet. A copy of your license/permit should also be remitted along with the doctor's order form that is included. Any missing documents or incomplete forms will delay scheduling

1. CLIENT INFORMATION

Full Name: _____

Date of Birth: _____

Height (ft/in): _____

Address: _____

City/State/Zip: _____

Mailing Address (if different):

Cell Phone# _____ Home# _____

Email: _____

Emergency Contact Name: _____

Emergency Contact phone# _____

2. FUNDING SOURCE

Will you be a private pay client? Yes No

If you are a private pay client, have rates been explained? Yes No

If funded by an agency, please provide the agency name and contact info:

3. HOW DID YOU HEAR ABOUT US?

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4. MEDICAL INFORMATION

Do you have medical clearance to drive? Yes No

If no, please briefly explain: _____

Diagnosis: _____

Diagnosis date: ____/____/____

Do you have any driving concerns?

Have you ever had a seizure? Yes No

If so, date of last seizure: ____/____/____

Do you take any daily medications (do not list names)? Yes No

Do you have a service animal? Yes No

5. DRIVING HISTORY

Are you a licensed driver? Yes No If not, do you have a Learner's Permit? Yes No

If your license is from out-of-state, how long have you lived in MA? ____Years____Months

License/Permit Number: _____

Issue Date: ____/____/____ Expiration Date: ____/____/____

Are there any restrictions listed on your license? Yes No

If yes, what restrictions? _____

Is your license currently suspended or revoked? Yes No

Do you self-restrict when/ where you drive? Yes No

If yes, please explain? _____

What is the year/make/model of the vehicle you drive/or intend to drive? _____

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Do you currently use any adaptive driving equipment? Yes No

If yes, describe your adaptive equipment

Any difficulty using the equipment? Yes No

6. COGNITIVE ABILITIES

Difficulty concentrating Memory difficulties

Please explain, if applicable: _____

7. PHYSICAL ABILITIES

Left Hand impaired Right Hand impaired

Left Arm impaired Right Arm impaired

Left Foot impaired Right Foot impaired

Left Leg impaired Right Leg impaired

Any head movement difficulty? Up Down Left Right

Neuropathy: Yes No Vision Difficulty: Yes No

Do you use any of the following mobility aids? Walker Yes/ No Cane Yes/ No

Crutches Yes/ No Scooter Yes/ No

Manual Wheelchair Yes/ No Power Wheelchair Yes/ No

Manual Chair Make/Model: _____ Height: _____ in

Power Chair Make/Model: _____ Height: _____ in

*Are you able to **independently** transfer to/from a sedan or small size SUV? Yes No

*Are you able to **independently** load/unload your mobility device (wheelchair/walker/other) into this same size vehicle? Yes No

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8. LANGUAGE ACCESS STATEMENT

To support safety and effective instruction, we ask participants to share their preferred spoken and written language. This helps ensure clear communication during evaluations and behind-the-wheel training. Language preference information is used only to support access to services and does not affect eligibility or participation.

Preferred language for:

- Spoken communication: _____
- Written materials: _____

9. CANCELLATION AND ARRIVAL POLICY

- No call/no show fee: \$150.00 if not canceled within 24 hrs. prior to the appointment.
- Please try to arrive 15 minutes before your appointment to ensure everything is in order.

10. ATTENTION MASSABILITY CLIENTELE:

MassAbility clients acknowledge their evaluation information and subsequent driving lesson documentation may be shared with their MassAbility counselors upon request as part of third-party payment requirements.

11. SIGNATURES (Please sign and date this page to avoid delays in scheduling)

Client Signature: _____

Date: ____/____/____

Parent/Guardian Signature (if minor): _____

Date: ____/____/____

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DOCTOR ORDER - Occupational Therapy
Must be filled out by an MD, NP or PA

Office Name:	
Provider Name:	
Address:	
Phone:	
Fax:	
Patient Name:	
Patient DOB:	
Diagnosis: (mandatory to complete)	
Based on the client's current medications, are there any concerns or contraindications that may impact his or her ability to drive safely? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please briefly explain: _____ _____

Provider's signature: _____

Date: ____/____/____

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ENROLLMENT CHECKLIST

- Intake form- fully completed, signed and dated
- Doctor's Order- include the completed order with this packet or send it to your Dr. and have them fax it to us.
- Copy of your License/Permit or Mass ID attached
- Terms & Conditions waiver- signed and dated

Questions? Call/text (508) 835-2333 and choose **option 3** to leave a message for our Adaptive Department

or

email our Adaptive Coordinator, **Jennifer Bounville** @
jbounville@cmscautoschool.com

Thank you for choosing the CMSC Adaptive Driving Program!



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CMSC TERMS AND CONDITIONS, LIABILITY WAIVER & MEDIA RELEASE **Updated and implemented on March 10, 2026**

Participants under 18 must have this form signed by a parent or legal guardian.

Central Mass Safety Council Auto School, Inc. Including CMSC Cape Cod Inc., CMSC South Shore Inc., and CMSC Metro West. Doing business as "CMSC Auto School," "CMSC Driving School," "CMSC Cape Cod Driving School," and "CMSC South Shore Driving School." (the "CMSC Group")

1. DEFINITIONS & SCOPE

"CMSC" refers to Central Mass Safety Council Auto School, Inc., its subsidiaries, affiliates, the CMSC Group, and their owners, officers, managers, directors, employees, licensed Professional Driving Instructors (PDIs), independent contractors, insurers, successors, assigns, and the owners of vehicles, equipment, or property used by CMSC. This Agreement applies to all CMSC programs and all CMSC-operated or CMSC-used locations.

2. ACKNOWLEDGEMENT OF RISK

Driving and learning to drive involve inherent risks, including collisions, injury, emotional distress, property damage, paralysis, illness, and death. CMSC uses commercially reasonable efforts to reduce risk but cannot eliminate it. Participant acknowledges the foregoing and voluntarily assumes all risks.

3. PARTICIPANT REPRESENTATIONS

Participants represent that they are medically and psychologically fit to participate in CMSC programs; will not participate under the influence; understand risks including those caused by ordinary negligence; acknowledge no guarantee of licensure; and must present a valid permit before each lesson.

A. CMSC Statement on Customer Acquisition and Installation of Adaptive Driving Equipment

- I. *CMSC will continue to promote and support the best practice use of NMEDA (National Mobility Equipment Dealers Association) approved driving equipment and installation of said equipment by a reputable/certified equipment installer.*
- II. *CMSC Adaptive Driving Department customers have the right to refuse this best practice advice with the understanding that by signing this document, they release CMSC and its employees from any and all legal, financial responsibilities, and/or injury claims pursuant to the customer's use of equipment not approved by NMEDA in their personal vehicle(s). Customers are encouraged to verify coverage for such equipment under their current vehicle insurance policies.*
- III. *CMSC Adaptive Driving Department clients may continue to use CMSC vehicles for road test driving competency examinations.*

4. NON-CMSC DRIVING RESPONSIBILITY

CMSC is not responsible for any accident, injury, or damage occurring outside CMSC-provided lessons, including home practice, third-party instruction, or post-licensure driving. CMSC does not supervise or control driving outside CMSC programs.

5. INSTRUCTOR AUTHORITY & SAFETY

Participant agrees to follow instructor directions. CMSC may end a lesson and/or refuse service for Participant behavior deemed by CMSC and/or an instructor to be unsafe. Participants may be financially responsible for damage caused by misconduct or refusal to follow instructions.

6. ASSUMPTION OF RISK, LIABILITY WAIVER & RELEASE

In no event will CMSC be liable with respect to any subject matter of these Terms under any contract, negligence, strict liability or other legal or equitable theory for: (i) any special, incidental or consequential damages; (ii) the cost of procurement for substitute services; or, (iii) for any amounts that exceed the fees paid by Participant to CMSC under these Terms during the twelve (12) month period prior to the cause of action. CMSC shall have no liability for any failure or delay due to matters beyond its reasonable control.

Continued from page 1 - 6. ASSUMPTION OF RISK, LIABILITY WAIVER & RELEASE

Participant assumes all risks associated with CMSC programs, including, without limitation, those arising from negligence of CMSC, its instructors or its other representatives or agents. Participant and Participant's parent/legal guardian release CMSC from all claims for injury, loss, any damage, including negligent instruction, supervision, or maintenance. **CMSC accepts no liability for loss of, theft of, or damage to personal property, belongings, or equipment brought onto CMSC premises or left in any CMSC vehicle.** Participant and Participant's parent/legal guardian agree not to sue CMSC for any covered claim.

The foregoing shall not apply to the extent prohibited by applicable law.

7. INDEMNIFICATION

Participant and Participant's parent/legal guardian agree to indemnify and hold CMSC harmless from claims and expenses, including attorneys' fees, brought by third parties that result from Participant's actions or misconduct during CMSC programs, and/or conducted by Participant outside of CMSC, including, without limitation, home practice or post-licensure driving.

8. MEDIA, TESTIMONIAL & SOCIAL CONTENT RELEASE

CMSC may use in-car cameras during lessons for quality assurance, training and safety purposes. These cameras may include video and/or audio recording. The Participant and the Participant's parent/legal guardian consent to the use of audio and/or video recording devices during in-car lessons. Participant further acknowledges and consents that audio and/or video recording may also occur in classrooms, buildings, offices, parking lots, and other areas where CMSC conducts its business. The Participant and the Participant's parent/legal guardian release and hold harmless CMSC, as well as their agents, from any claims arising out of or connected to any allegations of eavesdropping, wiretapping or privacy infringement.

Participant grants CMSC the right to record, use, and publish photos, videos, safety recordings, testimonials, and public social media posts referencing CMSC taken of Participant as part of a CMSC program or posted by Participant for any lawful purpose and without compensation to Participant. Participant waives all rights to royalties or approval.

9. FEES, CANCELLATIONS & NO-SHOWS

Participant understands that scheduled lessons reserve instructor time and CMSC resources.

A. Late Cancellation / No-Show:

A cancellation made **less than 24 hours** before a scheduled road lesson, or failure to appear for a scheduled lesson, will be charged as follows:

- I. **CMSC Central Mass and Metro West:** \$99 per lesson
- II. **CMSC Cape Cod and South Shore:** \$120 per lesson
- III. **CMSC Adaptive Driver Rehabilitation Program:** \$150 per appointment

B. Timely Cancellation:

Cancellations made **24 hours or more** in advance will not incur a late cancellation or no-show charge and may be rescheduled subject to availability.

C. CMSC Motorcycle Programs:

Motorcycle classes are subject to the following rules:

- I. **No Refunds** apply if the student fails to attend class, arrives more than **20 minutes late**, is dismissed for lack of required riding gear or for safety reasons, voluntarily leaves or misses any portion of the class, cancels less than **ten (10) days** prior to the start date, fails the riding test, or has previously rescheduled any motorcycle class.
- II. **No Refunds / Fee Applicability:** All fees are non-refundable once services are provided and apply under any circumstances, including cancellation, withdrawal, or termination by Participant or CMSC.
- III. **Cancellations:** Submitted by email more than **ten (10) days** prior to the class start date of the class may receive a refund, **minus a \$40 cancellation fee.**
- IV. **Reschedule:** Requests to reschedule must be submitted by email to info@cmscautoschool.com more than **seven (7) days** prior to the class start date and are subject to a **\$50 rescheduling fee**; Each student may reschedule **one (1) time only** to another similar class within the same calendar year; No rescheduling is permitted with less than seven (7) days' notice or if the class was booked within seven (7) days of the start date.

D. Processing Fees

For all CMSC locations, a **non-refundable processing fee** applies as follows: \$20 for purchases under \$200, and \$40 for purchases of \$200 or more.

10. CANCELLATION OR RESCHEDULING BY CMSC

CMSC reserves the right, in its sole discretion, to cancel, postpone, or reschedule any classroom session, behind-the-wheel lesson, evaluation, or other program activity for any reason, including but not limited to insufficient enrollment, instructor unavailability, weather conditions, safety concerns, facility issues, or other unforeseen or unavoidable circumstances. In the event CMSC cancels or reschedules a session, reasonable efforts will be made to notify affected Participants and to arrange a make-up session or rescheduled appointment, subject to availability. Such cancellation or rescheduling by CMSC shall not constitute a breach of this Agreement.

11. SIGNATURES

This Agreement may be transmitted between and signed by the parties electronically or in person, including, electronic signature, typed names, and digital acknowledgement. In such event, it is recognized by the parties that differences in computer software and hardware may result in the Agreement being printed in a manner visually dissimilar, though substantively identical. This difference in form shall in no way diminish the validity or enforceability of this Agreement. Unless signed electronically, each party agrees to circulate original execution copies of this Agreement to the other party.

12. PARENT/GUARDIAN CONSENT

A parent/guardian signing for a minor accepts all obligations and liability under this Agreement and affirms legal authority to sign.

13. GOVERNING LAW, SEVERABILITY & SURVIVAL

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Massachusetts, without regard to principles of conflicts of law. The Parties irrevocably and unconditionally agree to the exclusive jurisdiction of the state and federal courts of Massachusetts for any actions, suits or proceedings arising out of or relating to the enforcement of the Agreement. Any term or provision of this Agreement which is invalid or unenforceable in any jurisdiction shall, as to that jurisdiction, be ineffective to the extent of such invalidity or unenforceability without rendering invalid or unenforceable the remaining terms and provisions of this Agreement or affecting the validity or enforceability of any of the terms or provisions of this Agreement in any other jurisdiction. All representations, warranties and indemnities of each of the parties hereto shall survive the completion or termination of the CMSC programs subject hereto and remain in full force and effect.

14. CHANGES TO TERMS

CMSC reserves the right, in its sole discretion, to modify, amend, or update these Terms and Conditions at any time. Any such modification shall become effective upon adoption or publication by CMSC. Continued participation in any CMSC program following such modification shall constitute the Participant’s acceptance of the revised Terms and Conditions.

FINAL ACKNOWLEDGMENT

Participant acknowledges that they have read this three-page Agreement, understand that they are waiving substantial legal rights, voluntarily assume all risks, and enter into this Agreement freely and voluntarily.

SIGNATURES

Print Participant First, Last Name	Date	Participant Signature (Below)
Print Parent/Legal Guardian First, Last Name If Under 18 Yrs. Old	Date	Parent/Legal Guardian Signature If Under 18 Yrs. Old
Relationship		Relationship
Emergency Contact Full Name		Emergency Contact Number

PRE-DRIVER/DRIVER READINESS CHECKLIST

This checklist should be completed by the potential driver and an additional copy should be completed by a parent/guardian/caregiver. Responses should be to the best of your knowledge based on activities over the last 6 months. After each item, place a check in the box of the column that most appropriately describes the potential driver's abilities in that area.

Task	Independent	With Prompting	Not Able
Chooses appropriate clothing for the weather			
Initiates/manages time to complete a self-care routine to be ready for appointments, school, and work.			
Initiates cleaning/organization in the home			
Laundry (uses washer and dryer, puts clothes away)			
Completes assigned chores/homework on time			
Plans meals, can follow a recipe, and utilize several appliances simultaneously			
Operates stove, oven, and/or microwave safely			
Substitutes items for cooking			
Can verbalize how to respond in an emergency			
Can be home alone for several hours			
Asks for help if needed			
Resolves conflicts on their own and compromises			
Rides a bike, scooter, or other motorized equipment on streets with shared traffic			
Navigates as a pedestrian in unfamiliar places using a map or apps			
TOTALS			

Completed by: _____

Relationship to potential driver: _____

Date: _____

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