Kansas Department for Children and Families Rehabilitation Services

Vehicle purchase agreement

Make/ Model/ Year:

Vehicle ID#: Purchase Date:	
Purchase Price:	
I understand that this vehicle is being purchased complete my rehabilitation plan and become empreceiving this vehicle, I agree to cooperate fully wijob.	ployed. Therefore, as a condition of
I agree that while my rehabilitation case is active, without prior written approval of the counselor. I rehabilitation plan I agree to sell this vehicle for faproceeds of that sale to Rehabilitation Services.	If I fail to successfully complete my
The vehicle will be titled in my name only. I have there are no liens against it.	researched the title for this car and
I understand that Rehabilitation Services does no the vehicle. I will be responsible for all follow-up costs that are not specifically listed in my plan for	maintenance, repairs and insurance
Client signature	Date
Witness signature	Date