Medically Dependent Children Program

Vehicle Evaluation

Instructions

Evaluate the following mechanical areas to determine if each area is functioning sufficiently to allow for safe operation of this vehicle and write your evaluation below.

If an area passes, no comment is necessary. If an area fails, state specifically the work needed to correct the problem.

Any payment required for conducting the evaluation will be the responsibility of the vehicle's owner. **The Texas Department of Aging and Disability Services will not pay for the cost of repairs or adjustments.**

Is the Inspection Sticker Current?..... ☐ Yes ☐ No
Is the Vehicle Registration Current?..... ☐ Yes ☐ No

Name of Registered Owner of Vehicle	Vehicle ID No.
Make/Model/Year of Vehicle	Mileage

Mechanical Areas	Pass	Fail	Comments
Battery	☐	☐	
Battery Cables	☐	☐	
Charging Systems	☐	☐	
Engine Cranking Systems	☐	☐	
Brake System Fluid Leaks	☐	☐	
Transmission Fluid Leaks	☐	☐	
Shifting Mechanism	☐	☐	
Power Steering Operation	☐	☐	
Fluid Leaks	☐	☐	
Condition of Drive Belts	☐	☐	
Condition of Hoses	☐	☐	
Emission Control System	☐	☐	
Tires	☐	☐	

Additional Comments

Mechanic Experience (documentation of experience/expertise to be able to evaluate this vehicle):

Mechanic's Printed Name	Mechanic's Signature	Date
Address (Street, City and ZIP Code)		Area Code and Telephone No.