



ARKANSAS DEPARTMENT OF HUMAN SERVICES
Division of Children & Family Services

APPLICATION & AGREEMENT TO PARTICIPATE IN
DCFS FOSTER CARE DRIVER'S LICENSE PROGRAM

Section 1: Child in Foster Care

I _____ (printed name), request permission to participate in the Foster Care Driver's License Program. I have read, understand and accept all of the responsibilities placed upon me while operating a vehicle I own or owned by my placement foster parents.

I fully understand that: [Read and initial each of the eight items of information below]

Initials

Read Each Item of Information Carefully

- 1. _____ I understand that my participation in this program is voluntary and I may not participate without the written consent of the DCFS Director or their designee, and continued compliance with all requirements.
2. _____ I agree to abide by all State of Arkansas laws and any DCFS requirements including safe driving standards and recommendations (for example: using safety belts, no use of cell phone or allowing anyone in the vehicle to use a cell phone or other electronic device that may distract the driver from concentrating on safely operating a vehicle).
3. _____ I agree to never operate any motor vehicle without obtaining permission to participate in the DCFS Program and being a specifically insured driver on an insurance policy that meets the minimum requirements of the State of Arkansas, or DHS Office of Chief Counsel, or DCFS.
4. _____ I understand that if I receive a ticket for any moving violation or an at-fault accident, I will immediately cease from driving and inform my foster parents, and/or my designated Family Service Worker (or within twenty-four hours, or by the next working day after a weekend or holiday), and allow my driver's license to be taken until a review of the situation can be conducted.
5. _____ I understand that I am not allowed to drive a car with any passengers under eighteen (18) years of age present, unless there is a licensed adult (twenty-one [21] years of age or older) present in the car.
6. _____ I agree to abide by all DCFS requirements and consequences that establish the privilege to participate in this program and consequences including allowing DCFS to take my driver's license, suspend my driving privileges, and recommend that the Arkansas Office of Driver's Services revoke my license.
7. _____ A copy of any ticket issued to me for any violation will be submitted to my Foster Parents or the appropriate or designated Family Service Worker for forwarding to the Foster Care Driver's License Program, P.O. Box 1473, Slot S-561 or faxed to (501) 683-5421. Violations will NOT be voided by probationary or civil status.

Name of Child in Foster Care (Print)

Signature _____

Date _____

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DCFS FOSTER CARE DRIVER'S LICENSE PROGRAM, cont.

Section 1: Child in Foster Care (continued)

AUTHORIZATION TO OBTAIN TRAFFIC VIOLATION RECORD

STATE AGENCY: DEPARTMENT OF HUMAN SERVICES

AGENCY CODE: 710 / Division of Children & Family Services

You are hereby authorized to obtain my Traffic Violations Record from the Office of Driver Services as permitted by (Arkansas Code Ann. 27-50-908. This record will include material normally excluded by Arkansas Code Ann. 27-50-802.

Signature of individual appearing below shall constitute consent for the release of such records to the state agency named on this form.

I understand that this authorization to obtain my Traffic Violations Record will remain in force until I decide to discontinue my participation in the Children and Family Services Driver's License Program or my relationship with DCFS has ended.

Name of Child in Foster Care

Date of Birth

Driver's License Number (if existing)

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DCFS FOSTER CARE DRIVER'S LICENSE PROGRAM, cont.

Section 2: Foster Parent

I, _____ (printed name), request permission to participate in the Foster Care Driver's License Program. I have read, understand and accept all of the responsibilities placed upon me when I allow a child in foster care placed in my home to operate a motor vehicle.

I fully understand that: **[Read and initial each of the eight items of information below]**

- | <u>Initials</u> | <u>Read Each Item of Information Carefully</u> |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. _____ | I understand that my participation in this program is voluntary. |
| 2. _____ | If I elect to participate in this program, I agree to abide by all State of Arkansas laws and any DCFS requirements and guidelines. |
| 3. _____ | I agree to abide by the insurance requirements of the State of Arkansas, or DHS Office of Chief Counsel, or DCFS, and add the child in foster care to my insurance coverage including specific designation for each car that the child will be allowed to drive. |
| 4. _____ | I agree to take the driver's license of the child in foster care if they receive a traffic citation for a moving violation or at-fault accident, and immediately (or within twenty-four hours, or by the next working day after a weekend or holiday) inform the designated or appropriate Family Service Worker so that a review of the situation can be conducted. |
| 5. _____ | If I am provided with a copy of any ticket issued to the child in my care I will forward it to the designated or appropriate Family Service Worker for forwarding to the Foster Care Driver's License Program, P.O. Box 1473, Slot S-561 or faxed to (501) 683-5421. Violations will NOT be voided by probationary or civil status. |

Name of Foster Parent (Print)

Signature _____

Date _____

DCFS EMPLOYEE CERTIFICATION STATEMENT

I have reviewed this form and certify that the persons named above have **initialed** all items of information indicating that he or she has **read** and **understands** these requirements of the Division of Children and Family Services Driver's License Program **AND** has **signed** and **dated** the form. Additionally I have ensured that the following required documents have been attached and all necessary CHRIS documentation has been completed.

- Written statement by the FSW concerning placement stability.
- Written statement by the FSW of the child's behavior history over the last six (6) months.
- Appropriate academic records/statement or report cards.
- Proof of participation in the Independent Living Program.

Name of Family Service Worker or other designated by the Area Director (Print)

Signature _____ Date _____

I have reviewed this form and certify that all of the requirements of the Children and Family Services Driver's License Program have been met and all necessary documentation has been provided. All necessary CHRIS documentation has been completed.

Area Supervisor Name (Print)

Signature _____ Date _____

I have reviewed this form and certify that all of the requirements of the Children and Family Services Driver's License Program have been met and all necessary documentation has been provided. All necessary CHRIS documentation has been completed.

Name of Area Director (Print)

Signature _____ Date _____