



ARKANSAS DEPARTMENT OF HUMAN SERVICES
Division of Children & Family Services

APPLICATION & AGREEMENT TO PARTICIPATE IN
DCFS FOSTER CARE DRIVING
INSURANCE REIMBURSEMENT PROGRAM

Section 1: Child in Foster Care

I, _____ (printed name), request to participate in the Foster Care Driving Insurance Reimbursement Program. I have read, understand and accept all of the responsibilities placed upon me while participating in the Foster Care Driving Insurance Reimbursement Program.

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 is voluntary and I may not participate in this program without approval to participate in the DCFS Driver's License Program, written consent of the DCFS Director or designee, and continued compliance with all requirements.
2. _____ I understand my continuation in the program is subject to monitoring and ongoing review.
3. _____ I agree to abide by all State of Arkansas laws and any DCFS requirements including safe driving standards and recommendations (for example: always maintaining a safe speed, using safety belts, and 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).
4. _____ I agree to never operate any motor vehicle without obtaining permission to participate in the DCFS Driver's License and Insurance Reimbursement Programs.
5. _____ I agree to never operate a motor vehicle unless specifically insured as a driver on an insurance policy that meets the minimum requirements of the State of Arkansas, or DHS Office of Chief Counsel, or DCFS.
6. _____ I understand that if I receive a ticket for any moving violation or an at-fault accident, I will immediately cease from driving, inform my foster parents, immediately within twenty-four hours, (or by the next working day after a weekend or holiday) notify my designated Family Service Worker, and allow my driver's license to be taken until a review of the situation can be conducted.
7. _____ I understand that I am not allowed to drive a car with any passengers under eighteen (18) years of age present, unless there is an adult (twenty-one [21] years of age or older) present in the car.
8. _____ I agree to abide by all DCFS requirements and consequences that establish the privilege to participate in this program 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.
9. _____ If I own my own car I agree to provide DCFS with a legible copy of the insurance policy and premium notice that specifically lists me as a designated driver for that particular car, and delineates the cost of the insurance.
10. _____ 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.

If child in foster care owns the car, amount requested for reimbursement: _____ \$

Name of Child in Foster Care (Print)

Signature

Date

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
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**APPLICATION & AGREEMENT TO PARTICIPATE IN
DCFS FOSTER CARE DRIVING
INSURANCE REIMBURSEMENT PROGRAM**

Section 2: Foster Parent

I, _____ (printed name), request to participate in the Foster Care Driving Insurance Reimbursement Program. I have read, understand and accept all of the responsibilities placed upon me while participating in the Foster Care Driving Insurance Reimbursement Program.

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.
2. _____ I understand that participation in the DCFS Driving Insurance Reimbursement Program requires the written consent of the DCFS Director or designee, and continued compliance with all requirements.
3. _____ I understand continuation in the program is subject to monitoring and ongoing review.
4. _____ I agree to require and encourage the child 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).
5. _____ I agree to never allow a child in foster care to operate any motor vehicle without obtaining permission to participate in the DCFS Driver's License and Insurance Reimbursement Programs.
6. _____ I agree to never allow a child in foster care to operate a motor vehicle unless specifically insured as a driver on an insurance policy that meets the minimum requirements of the State of Arkansas, or DHS Office of Chief Counsel, or DCFS.
7. _____ I understand that if the child receives a ticket for any moving violation or an at-fault accident, the child must immediately cease from driving, I will take their driver's license and immediately (or within twenty-four hours, or by the next working day after a weekend or holiday) inform the designated Family Service Worker and not allow the child to drive until a review of the situation can be conducted.
8. _____ I understand that I will not allow the child to drive a car with any passengers eighteen (18) years of age present, unless there is a licensed adult (twenty-one [21] years of age or older) present in the car.
9. _____ I agree to abide by all DCFS requirements and consequences that establish the privilege to participate in this program.
10. _____ I agree to provide DCFS with a legible copy of the insurance policy and/or premium notice that specifically lists the child in foster care as a designated driver for a particular car, and delineates the additional cost for insuring the child.
11. _____ A legible copy of any ticket issued to the child in foster care for any violation will be submitted to 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.

If foster parent owns the car, amount requested for reimbursement: _____ \$

Name of Child in Foster Care (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.

Name of Area Supervisor (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
