

## **CFS-389 Instructions**

### **DCFS Foster Care Driving Insurance Reimbursement Program**

#### **PURPOSE**

The CFS-389 is used to certify that all persons participating in the Foster Care Driving Insurance Reimbursement Program, both children in foster care and foster parents, have read and understand the requirements for their participation. In addition, the form ensures that the child in foster care and the foster parent, the FSW, or other worker designated by the Area Supervisor or Area Director have initialed all agreement statements, attached all required documents, reviewed the forms for completion, documented in Chris, signed their approval, and forwarded to the Central Office.

#### **COMPLETION**

The form must be **completed** and all required supporting documents attached.

**Section 1** will be completed by the youth in foster care, and if necessary, the foster parent, the FSW or designated worker will assist them in ensuring that they understand the statements relating to each place where they are required to initial. The child in foster care must print their name, sign and date the form.

**Section 2** will be completed by the foster parent, and if necessary, the FSW or designated worker will assist them in ensuring that they understand the statements relating to each place where they are required to initial. The foster parent must print their name, sign and date the form.

**Certification Statement:** Each DCFS worker, must print their name in the appropriate title line, then sign and date the form verifying that they have reviewed the information and the child meets the minimum criteria to participate in the program, and that they have made all necessary documentation in the CHRIS system.

#### **ROUTING**

Upon completion of this form, the FSW will forward this form to the County Supervisor. After the County Supervisor reviews the form for accuracy and thorough completion, including all necessary attachments, the County Supervisor will forward the form to the Area Director. After reviewing the form for accuracy and thorough completion, including all necessary attachments, the Area Director will return the form to the originating FSW, who will then forward the form and all attached documentation to:

Foster Care Driver's License Program  
P.O. Box 1473, Slot S-561  
Little Rock, AR 72203-1437

A copy should be made of the form and all attachments for the case file.