

## CFS-593

### Arkansas State Vehicle Safety Program Additional Requirements for DCFS Drivers

#### PURPOSE

The CFS-593 (09/2007) is used to certify that all persons affiliated with DCFS have read and understand the additional requirements for their mandatory participation in the Arkansas State Vehicle Safety Program (ASVSP).

#### INSTRUCTIONS FOR THE CFS-593

A. The form must be **completed AND certified**:

1. **DCFS employees** will complete this form **and** their supervisor or the supervisor's designee will certify it;
2. **Job applicants** will complete this form **and** the Hiring Official will certify it **before** the person may be selected for a position within the Division;
3. **Foster Parents** will complete this form **and** the Family Services Worker (FSW) or County Supervisor will certify it;
4. **Volunteers** will complete this form **and** the organizational staff member assisting the affiliate will certify it;
5. **Stipend Students** will complete this form **and** the University IV-E Stipend Coordinator will certify it;
6. **Other DCFS affiliates** will complete this form **and** the organizational staff member assisting the affiliate will certify it.

B. The person who fills out the first page of the form will:

1. Read all eight of the numbered items on page 1 **and** sign his or her **INITIALS** to the left of each item, indicating that he or she has **read and understands** each item;
2. Where the form asks for the nature of the person's affiliation with DCFS, check **only one box** to indicate if he or she is a DCFS employee, job applicant, foster parent, volunteer, stipend student **or** Other DCFS Affiliate;  
**NOTE:** If "Other DCFS Affiliate" is checked, the person must specify the nature of the affiliation in the space provided
3. Print his or her name **and** sign and date the form.

C. The person as identified above in Item A. 1-6, will:

1. Check one box under "Certification Statement" indicating their relationship with the person filling out the form;
2. Print his or her name **and** sign and date the form.

NOTE: The person who signs the Certification Statement must check to ensure the person filling out the DCFS-593 has in fact (a) initialed **and** understands each of the eight (8) items on the first page, (b) checked one box identifying the nature of their affiliation with DCFS and (c) signed and dated the form.

#### Routing

- A. Send the original completed form with the packet of documents being prepared (i.e. hire packet).
- B. Send a copy to the DCFS Vehicle Safety Program Manager, Slot S561 or Fax a copy to (501) 683-5421.
- C. Give a copy to the person who filled out the first page of the form CFS-593.