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.