

Youth in Agency Custody – Request to Obtain Driver's License
YOUTH REQUEST FORM – Form B

Youth's Name	Living with (name & address)	SACWIS Case ID
Tell us more about why you would like to obtain your driver's license:		
Where do you attend school?	How many high school credits do you have toward graduation?	What grade are you in?
How are you doing in school? (provide a copy of the last grade card or other reports)		
Additional Information (if needed, for example, extra-curricular activities, etc.)		
Are you currently working? (please note: youth must be employed in order for LCCS to be able to consider approving reimbursement of costs utilizing IL Chafee/TANF funds)		
<input type="checkbox"/> NOT Employed		
<input type="checkbox"/> Employed (please include information about employer and number of hours worked – provide copy of last two pay stubs)		
Additional Information (if needed)		
Do you go AWOL or miss curfew? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Information (if needed)		
Do you have any recent Juvenile Court or other legal involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Information (if needed)		
Do you use any drugs? (nicotine, marijuana, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Information (if needed)		

DRIVER'S EDUCATION INFORMATION – TELL US MORE ABOUT YOUR PLAN

Driver's Education Provider's Name	Anticipated Start Date	Cost \$
What is your plan for covering the driver's education cost?		

INSURANCE COSTS – TELL US MORE ABOUT YOUR PLAN

Does the driver's education training cover you for liability and collision coverage for the duration of the training? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide documentation; if No, please explain:
Who will be insuring you so that you can legally drive?

Youth's Signature

Date