

Youth in Agency Custody – Request to Obtain Driver's License
FOSTER PARENT, FOSTER CARE CASEWORKER/SUPERVISOR OR OTHER CAREGIVER STATEMENT – Form C

Youth's Name	DOB	SACWIS Case ID
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Please review information provided by the youth and verify that it is accurate. Please add any additional information for each section, if required.

YOUTH'S EDUCATION STATUS

No Change/Additional Information to Provide
Additional Information (if needed)

YOUTH'S EMPLOYMENT STATUS

(Please note: youth must be employed in order for LCCS to be able to consider approving reimbursement of costs using IL Chafee/TANF funds) diff from form B

No Change/Additional Information to Provide
Additional Information (if needed)

PLACEMENT PROVIDER RECOMMENDATION THAT YOUTH'S BEHAVIOR IS CONSISTENTLY APPROPRIATE

AWOL Activity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Information (if needed)	
Youth is actively engaged in school	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Information (if needed)	
Does youth have any recent Juvenile Court or other legal involvement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Information (if needed)	
Does youth use any drugs? (nicotine, marijuana, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Information (if needed)	
Are there any safety concerns with youth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Information (if needed)	
Other (if needed)	

INSURANCE COVERAGE

Please verify that you plan to put youth on your auto insurance			<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Insurance Provider Name	Estimated Cost \$	Make/Model/Year of vehicle youth will be driving	

Caregiver Signature Date

Foster Care Caseworker Signature (if applicable) Date Foster Care Supervisor Signature (if applicable) Date