

Youth in Agency Custody – Request to Obtain Driver's License

WORKER OF RECORD AND/OR INDEPENDENT LIVING CASEWORKER/SUPERVISORY REVIEW – Form D

(Worker of Record and the Independent Living Support Caseworker can complete separate forms or complete a form together)

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

No Change/Additional Information to Provide

Additional Information (if needed)

WORKER OF RECORD RECOMMENDATION THAT YOUTH'S BEHAVIOR IS CONSISTENTLY APPROPRIATE

AWOL Activity

☐ Yes ☐ No

Additional Information (if needed)

Youth is actively engaged in school

☐ Yes ☐ No

Additional Information (if needed)

Does youth have any recent Juvenile Court or other legal involvement?

☐ Yes ☐ No

Additional Information (if needed)

Does youth use any drugs? (nicotine, marijuana, etc.)

☐ Yes ☐ No

Additional Information (if needed)

Are there any safety concerns with youth?

☐ Yes ☐ No

Additional Information (if needed)

Other (if needed)

For youth in PPLA, please provide information about birth parents' involvement with youth and contact made regarding youth's request for driver's education and driver's license.

Worker of Record Signature

Date

Worker of Record Supervisor Signature

Date

Independent Living Support Caseworker Signature
(if applicable)

Date

Independent Living Supervisor Signature
(if applicable)

Date