TO: All CFSA Staff

FROM: Audrey L. Sutton, Deputy Director for Programs

DATE: October 1, 2007

RE: Driver’s Licenses for Youth in Care

It is the mission and intent of the Child and Family Services Agency (CFSA) to protect all youth served by CFSA. This mission is especially crucial during the teenage years when youth experience new levels of independence, including the privilege of operating a motor vehicle. By District law, youth age sixteen and six (6) months are eligible for a permanent driver’s license. They may not, however, drive with two or more persons under the age of 21 in the car [except for family members] until they themselves reach age 18. For this reason and additional concerns related to safety and liability issues, it is the policy of CFSA to waive paying the costs associated with driver’s education until the youth in care reaches the age of 18, regardless of residency.

The purpose of this administrative issuance is to set forth the requirements and procedures for CFSA youth between the ages 18-21 to have an opportunity to participate in a driver’s education program for the purpose of obtaining a driver’s license.

If you have any questions about this administrative issuance please contact the program manager for the Center of Keys for Life (CKL).

General Guidelines

1. The Agency may pay for the cost of a youth’s initial driver’s education course up to $800.00.
2. Youth shall be responsible for any additional costs associated with obtaining their driver’s license, including additional courses.
3. All requests for a driver’s education course shall be reviewed by the Program Manager for CKL on a case-by-case basis.

Eligibility Requirements

1. The youth must be at least 18 years of age.
2. The youth must demonstrate social and personal responsibility while being in compliance with all known requirements of their case plan, including social worker visits, and regular attendance at school and/or employment.
3. CFSA reserves the right to refuse to pay for a driver’s education for any youth with a history of involvement with the juvenile justice system.

Procedures

1. Once the parent(s), social worker, foster parents, and the youth have mutually determined that the youth is mature enough to handle the responsibility of operating a motor vehicle, the youth’s social worker shall submit a memorandum to his or her supervisor, program manager, and the
Supervisory Independent Living Specialist in CKL requesting payment for a driver’s education course.

Note: If the parent cannot be consulted, the social worker, foster parents, and the youth must mutually determine that the youth is mature enough to handle the responsibility of operating a motor vehicle.

2. The social worker shall attach a signed Parent Consent Form (if applicable) and Foster Parent Consent Form to the above-cited memorandum (see Attachment A: Parent Consent Form and Attachment B: Foster Parent Consent Form).

3. For youth residing in a congregate care setting the parent(s) shall be consulted along with the child’s social worker and the social worker must first receive authorization from a supervisor in order to exercise the authority to give written consent for the youth to request payment for the driver’s education course (see Attachment A: Parent Consent Form and Attachment C: Congregate Care Consent Form).

4. The social worker shall facilitate the selection of an appropriate and convenient driver’s education course for youth on his or her caseload.

5. Youth must meet all local Department of Motor Vehicles (DMV) requirements. The current requirements for the Washington Metropolitan area are as follows:

   a. The District of Columbia
      i. Valid proof of birth, social security number and DC residency (photocopied documentation is not acceptable).
      ii. No outstanding debts to the District of Columbia or unpaid fines for moving traffic violations in other jurisdictions.
      iii. Must not have admitted to, been liable for, or convicted of an offense for which points may be assessed for at least 12 consecutive months.
      iv. Successful completion of the eye test, the knowledge test, and the road skills test.

   b. Maryland
      i. Proof of age, identity, and Maryland residency [photocopied documentation is not acceptable].
      ii. Youth will be required to disclose a social security number. Applicants not eligible for a social security number will be required to provide a self-certification letter.
      iii. Successful completion of the Maryland Graduated Licensing System (Learner’s Permit, Provisional License, Full Driver’s License).
      iv. Successful completion of a knowledge and road skills test.
      v. Proof of age, identity and Maryland residency.
      vi. Successful completion of a vision test or submission of a “Vision Screening Form” (DL-043).

   c. Virginia
      i. Valid proof of identity, legal presence, Virginia residency, and social security number (photocopied documentation is not acceptable).
      ii. If the youth is under age 19, he/she must complete a state-approved driver education program.
      iii. If the youth is age 19 or older, and has never held a driver’s license issued by Virginia, another state, a U.S. territory, or foreign country, or cannot show proof that they previously held such a license, they must show proof that: (1) they passed an approved driver education course; or (2) have held a Virginia learner’s permit at least 30 days before taking the DMV road skills test.

Note: These requirements are subject to change.
ATTACHMENT A

CHILD AND FAMILY SERVICES AGENCY

Parent Consent Form
Driver’s Education
(For Youth Ages 18-21 Residing in a Foster Home or a Congregate Care Setting)

Name of Child_________________________________________

Date of Birth________________________________________

Client ID ____________________________________________

Name of Foster Parent__________________________________

As the parent of _______________________________________[name of youth], I hereby consent to his/her participation in a driver’s education program. Furthermore, I agree to discuss with him/her the serious responsibility of operating a motor vehicle, in addition to shepherding him/her through the process of successfully receiving a full driver’s permit.

________________________________________________________

Name of Parent

________________________________________________________

Address

________________________________________________________

Signature of Parent                                      Date
Foster Parent Consent Form
Driver’s Education
(For Youth Ages 18-21 Residing in a Foster Home)

Name of Child_________________________________________

Date of Birth___________________________

Client ID ______________________________

Name of Foster Parent_________________________________

As the parent of _____________________________________[name of youth], I hereby consent to his/her participation in a driver’s education program. Furthermore, I agree to discuss with him/her the serious responsibility of operating a motor vehicle, in addition to shepherding him/her through the process of successfully receiving a full driver’s permit.

________________________________________________________________________

Name of Foster Parent

________________________________________________________________________

Address

________________________________________________________________________

Foster Parent’s Signature ___________________________ Date ___________________
ATTACHMENT C

CHILD AND FAMILY SERVICES AGENCY

Social Worker Consent Form
Driver’s Education
(For Youth Ages 18-21 Residing a Congregate Care Setting)

Name of Child__________________________________

Date of Birth___________________________

Client ID ______________________________

Name of Social Worker_________________________________

As the social worker of _______________________________________[name of youth], I hereby consent to his/her participation in a driver’s education program. Furthermore, I agree to discuss with him/her the serious responsibility of operating a motor vehicle, in addition to shepherding him/her through the process of successfully receiving a full driver’s permit.

___________________________________________________________
Signature of Social Worker

___________________________________________________________
Telephone Number

___________________________________________________________
Signature of Supervisor ___________________________ Date