

FOSTER YOUTH/FORMER FOSTER YOUTH
APPLICATION FOR FUNDING DRIVER'S EDUCATION

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ (home)
_____ (cell) Text messaging available

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____

ILP WORKER & AGENCY (if applicant is 18 and older): _____

DHS SOCIAL WORKER (if under 18): _____

RESOURCE CAREGIVER (if applicable): _____

LEGAL CUSTODIAN (if applicable): _____

TELEPHONE NUMBER OF ILP WORKER/LEGAL CUSTODIAN: _____

WHY DO YOU WANT TO GET YOUR DRIVER'S LICENSE?

DATE: _____ **YOUTH/YOUNG ADULT'S SIGNATURE:** _____

On behalf of the referring agency/individual, I acknowledge and ensure that the applicant will enroll with a driver education instructor who has been certified pursuant to Hawaii Administrative Rules §§19-139.

ILP WORKER/DHS SOCIAL WORKER/LEGAL GUARDIAN'S SIGNATURE: _____

DATE: _____

***Please email this application with a copy of the driver education instructor certificate to
Amphay.M.Champhong@courts.hawaii.gov.**

FOR ADMINISTRATIVE USE ONLY:

Name of the Driver's Education Program: _____

Address of Driver's Education Program: _____

Telephone Number for Driver's Education Program: _____

Anticipated Start Date: _____

Anticipated Completion Date: _____

Cost/Check# _____