

COMMUNITY BASED CARE
KEYS TO INDEPENDENCE

YOUTH INFORMATION (please print):

Name: _____
Date of Birth: _____ Current Age: _____
Address: _____
Phone: _____
Email: _____
Case Manager Name: _____
Case Management Agency/County: _____
IL/Other Case Manager: _____

CAREGIVER INFORMATION (please print):

Name: _____
Address: _____
Phone: _____
Email: _____

GUARDIAN AD LITEM INFORMATION (please print):

Name: _____ Phone: _____
Email: _____

WHICH MILESTONES HAVE YOU COMPLETED? (Please attach supporting documentation)

- 4 Hour Drug & Alcohol (TSAE) Course
- Written Learner's License/Road Signs Exam
- 6 hours of behind-the-wheel driving lessons at a driving school
- I have held my Learner's License for 12+ months
- I am currently listed on a valid auto insurance policy
- I own a car

Submit this application to info@keystoindependencefl.org. Your application will be processed within 30 calendar days. By submitting this application, you agree that you've read the program eligibility requirements.

PARTICIPANT ROLES & RESPONSIBILITIES

Attention Caregivers: Utilize this form for discussion when considering the readiness of any youth who desires to obtain a Learner’s License or Driver’s License.

YOUTH INFORMATION

Name: _____
Date of Birth: _____ Current Age: _____
Address: _____
Phone: _____
Other Contact Information: _____
Current Placement Type: Foster Home Group Home Residential Program
 Other (please describe): _____
Client ID: _____ Case Manager Name: _____
Caregiver Name: _____

Youth Responsibilities

I, _____ (please print clearly), understand that to participate in the Florida Keys to Independence Program that I have certain responsibilities that will be placed upon me for full participation and reimbursement.

I understand that:

1. My participation is voluntary.
2. Participation and reimbursement for eligible expenses is subject to monitoring and review
3. I will abide by all Florida laws and DMV requirements while I am learning to drive.
4. I agree to abide by all Florida safe driving laws and practices including:
 - Following the posted speed limits
 - Using seat belts
 - Not using my cell phone for calling or texting while driving
5. I agree to not operate a motor vehicle unless I am insured and have permission to drive the vehicle.
6. If I receive a ticket for a moving violation or an at-fault accident that I will inform my caregiver immediately, cease driving and comply with all DMV regulations for revocation, suspension or restriction of my license.
7. If I am requesting reimbursement for any eligible expenses, I must complete a Reimbursement Request form along with my caregiver, and provide all related documentation for the expense.

Caregiver Responsibilities

I, _____ (please print clearly), understand that to participate in the Florida Keys to Independence Program that I have certain responsibilities that will be placed upon me for full participation and reimbursement. I will use a “reasonable and prudent parent” standard with a youth who is participating in the program.

I understand that:

1. My participation is voluntary.
2. Participation and reimbursement is subject to review and monitoring.
3. I will ensure that the youth abides by all Florida laws and DMV requirements while they are learning to drive, including when they have their Learner’s License and Intermediate License.
4. I agree to encourage the youth to abide by all Florida safe driving laws and practices including;
 - Following posted speed limits
 - Using seat belts
 - Not using a cell phone for calling or texting while driving
5. I agree to not allow a youth to drive a car without insurance.
6. If the youth receives a ticket for a moving violation or an at-fault accident, I will enforce all DMV regulations regarding revocation, suspension or restriction of their license.
7. If I am requesting reimbursement for any eligible expenses I must fill out a Reimbursement Request along with the youth, and provide all related documentation for the expense.

Signature of Youth

Date

Signature of Caregiver

Date

OFFICE USE ONLY										
Date Rcvd.		Staff		Status	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>