

# On The Road Again

## Application to Receive a Vehicle

### Contact Information

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Driver's License # (please provide copy) \_\_\_\_\_ Renewal Date: \_\_\_\_\_

Upon being approved to receive a car and a car being available, you will be required to obtain a copy of your driving record within ten (10) days. This can be obtained at your local DMV or at [www.scdmvonline.com](http://www.scdmvonline.com). On the DMV website you will need to go to "public services." You will need to choose between a three (3) year or ten (10) year record. If you have had your driver's license for more than three (3) years, you will need to get a ten (10) year record. Please send a copy of this driving record to the South Carolina Foster Parents Association. You may fax to 800-475-7650 or email to [bcoolmarion@yahoo.com](mailto:bcoolmarion@yahoo.com). There will be a \$6.00 fee to obtain this record.

Caregiver Name/Placement: \_\_\_\_\_

Caseworker name and telephone number: \_\_\_\_\_

County/Regional Office: \_\_\_\_\_

### Educational Requirements

Current Educational status: \_\_\_\_\_

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### Employment

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Hours per week: \_\_\_\_\_

## Insurance Verification:

I certify that I am eligible for Insurance (name of Company):

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Agent Name: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

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I certify that I am able to purchase and maintain this insurance policy. I will remain in compliance with South Carolina motor vehicle insurance laws.

\_\_\_\_\_  
Initial and date

## Program Certifications

I understand that in order to receive a car through the SCFPA “On The Road Again” program I ***will be required*** to successfully complete a car maintenance and financial responsibility program through Co-operative Ministries in Columbia.

I understand that this course will be offered in Columbia only and I must come to Co-operative Ministries to attend this preparation program.

I understand that I am responsible for arranging my transportation to and from the program.

\_\_\_\_\_  
Your Signature and Date

**NOTE: A letter of recommendation from the foster youth’s caseworker is required in order to process this application.**