



Division of Children & Family Services
700 Main Street Little Rock, AR 72201
Pulaski County-Central Office

Arkansas Driver Control Offices:

This document prepared by the Arkansas Department of Human Services (DHS), Division of Children and Family Services (DCFS) verifies that:

_____ is currently in the custody of the Department
(Child's Name) (Date of Birth)
of Human Services. _____ is a provisional or approved resource parent
(Resource Parent's Name)
(i.e., foster parent) through DHS or other licensed child welfare agency who is responsible for
the daily care and supervision of the youth named above.

Please consider this document, along with the resource parent's identification, as proof of the youth's status in foster care. This form also serves as the DCFS Director's authorization, pursuant to A.C.A. § 27-16-702, that the resource parent named above is authorized to sign the application for the youth's instruction permit, a learner's license, an intermediate driver's license, or a motor-driven cycle or motorcycle license. If you need additional information and or confirmation regarding this youth, please call 501-320-6012.

For general information about the Arkansas DHS, DCFS, please visit:

<https://humanservices.arkansas.gov/divisions-shared-services/children-family-services/>.

Thank you,

DHS Division of Children and Family Services Representative Name

DHS Division of Children and Family Services Representative Signature