



A program of the South Carolina Foster Parent Association.

APPLICATION

Full Name: _____

Age: _____ Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____ Driver's License #: _____
(Please include a clear copy of your license. A drivers license is required to apply for On The Road Again.)

On The Road Again is for youth currently in foster care.

Caregiver Name/Placement: _____

Caregiver Contact Information (phone): _____ (email): _____

DSS Caseworker Name: _____

Caseworker Contact Information (phone): _____ (email): _____

County: _____ Are you currently enrolled in school: _____

Name of school: _____

Employer: _____ Address: _____

Phone: _____ Average number of hours working a week: _____

How long have you been employed with this employer: _____

Insurance: Applicant will be required to obtain auto insurance before receiving a vehicle. I certify that I will be able to purchase and maintain auto insurance. I will remain in compliance with South Carolina motor vehicle insurance laws. _____ *(initial and date)*