Approved Driver Application

Resident's Name: _____ ID#_____ Date: _____

Driver's Name _____
                 (first   middle   last)

Driver's Relationship to Resident: _____

Address _____
                           Street   City   State   Zip

Phone (_____) _____

Driver's License # _____ Issuing State: _____ Driver's License Exp Date: ___/___/___

Make/Model/Year/Color of vehicle: _____/_____ / _____ / _____

Registration Exp. Date: ____/____/_____

Insurance Carrier: _____ Insurance Exp. Date : ____/____/____

Vehicle Owner's Name : _____ Relationship to Driver: _____

(NOTE: ALPHA STAFF ARE TO ATTACH A PHOTOCOPY OF THE TO THIS APPLICATION)

Copy of Driver's License ☐
Copy of Registration ☐
Copy of Proof of Insurance ☐

All questions must be answered truthfully by the proposed Driver. Any false or misleading information will void this and any future applications.

Are you under the supervisor of either State or Federal Probation or Parole? ☐ Yes ☐ No

If yes, for what offense(s): _____ Discharge Date _____

Supervising Officer's Name: _____ Phone Number _____

Do you currently have any pending charges against you? ☐ Yes ☐ No

If yes, what charge and what are the circumstances: _____

Note: if the applicant is on active supervision, they will require Case Manager approval.

Driver Rules and Requirements

1. I may only drive the resident in the vehicle noted on this application.
2. I will never allow the resident to drive the vehicle.
3. I agree to bring in updated driver's license, registration, and proof of insurance prior to any of them expiring, or I will not be permitted to drive the resident until updated documentation is brought in.
4. I agree to only go to locations pre-approved on the resident's schedule and will not deviate from the schedule based on my own needs.

Enter Approved Driver info in TOM, then Route to Records (along with all supporting documents) to file in the Case File

<u>I AGREE TO ABIDE BY ALL OF THE ABOVE CONDITIONS OR I UNDERSTAND I MAY NO LONGER BE ABLE TO DRIVE FOR THIS RESIDENT.</u>

_____   _____   _____
Signature   Printed Name   Date

Conweb Verified ☐ **Federal Inmate Locator Verified** ☐
Special Program Status Requirements Verified (i.e. SO/PFMA requirements) ☐
    <u>Note: All requests for SO residents must go to their CM for approval.</u>
(To be completed by the Alternatives Staff member reviewing the application)

☐ Approved ☐ Denied

_____
Case Manager / Client Advisor Approving   Date

Notes for Denials:
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