

COMMUNITY BASED CARE
KEYS TO INDEPENDENCE

Placement Update Form

Attention Youth and Caregivers: Anytime a youth moves placements, an Initiative Support Manager must be contacted. If a youth moves to a different out-of-home placement, they are still eligible for the program, but must submit a new Participant Roles & Responsibilities Agreement signed with the appropriate caregiver. An Initiative Support Manager will work with the youth and their new caregiver to transition insurance coverage, if applicable. If the youth is not covered by a policy during the transition, the youth should stop driving during this period.

If a youth's status changes and they are no longer in out-of-home-care (ex: adoption, reunification, legal guardianship or relative placement), they may still be eligible for the program for up to 6 months. Contact your Initiative Support Manager at 321-441-2060.

Questions should be directed to an Initiative Support Manager at info@keystoindependence.org or 321-441-2060.

YOUTH INFORMATION (please print):

Name: _____
Date of Birth: _____ Current Age: _____
Address: _____
Phone: _____
Email: _____
Current Placement Type: Foster Home Group Home Residential Program Relative Non-Relative
 Other (please describe): _____
Client ID: _____ Case Manager Name: _____
Case Management Agency/County: _____

CAREGIVER INFORMATION (please print):

Name: _____
Address: _____
Phone: _____
Email: _____
Relationship to Youth: _____

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 Relative
 Non-Relative
 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.

YOUTH AND CAREGIVER: By signing below, we certify that:

- ✓ Both applicant youth and caregiver have read and understand the entire application packet (see www.keystoindependence.org), including Eligibility Requirements, Process for Licensure, Documentation Requirements, Reimbursement Limits and Frequently Asked Questions.
- ✓ Both applicant youth and caregiver understand that youth must complete a driver’s education course to be reimbursed for costs associated with auto insurance.
- ✓ Should a placement change occur after enrollment, the Initiative Support Manager must be contacted immediately
- ✓ Should the youth’s licensure be revoked, suspended or restricted, the Initiative Support Manager must be contacted immediately

Signature of Youth

Date

Signature of Caregiver

Date