

9/2020



CABINET FOR HEALTH AND FAMILY SERVICES  
COMMONWEALTH OF KENTUCKY  
275 EAST MAIN STREET, 3E-D  
FRANKFORT, KY 40621  
DEPARTMENT FOR COMMUNITY BASED SERVICES  
DIVISION OF PROTECTION AND PERMANENCY  
AN EQUAL OPPORTUNITY EMPLOYER

DCBS Office Address:

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Circuit Court Clerk of \_\_\_\_\_ County:

This letter is to verify that \_\_\_\_\_ (child's name),  
resides at \_\_\_\_\_, is in the custody of the  
Cabinet for Health and Family Services and has been approved to pursue his/her application for an  
operator's license, motorcycle operator's license, intermediate license, or any instruction permit, in  
accordance with KRS 186.450 and KRS 186.470.

The following person is authorized to sign the driver's application for this child:

\_\_\_\_\_  
**Name of adult authorized to sign:**

**Date**

Thank you,

\_\_\_\_\_  
**Regional Independent Living Specialist**  
Cabinet for Health and Family Services  
Department for Community Based Services

\_\_\_\_\_  
**Service Region Administrator/Designee**  
Cabinet for Health and Family Services  
Department for Community Based Services

**Required Documentation:**

- Original or certified copy of birth certificate
- Original Social Security card
- Proof of residency (this letter acts as proof of residency)
- School compliance verification form
- State I.D. of adult authorized to sign application