



1605 Eustis Street | Saint Paul, MN 55108
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DRIVER'S LICENSE & AUTO INSURANCE VERIFICATION

APPLICANT #1

 First Middle Last

 Drivers License # Date of Birth

 Foster Parent Signature Date

APPLICANT #2

 First Middle Last

 Drivers License # Date of Birth

 Foster Parent Signature Date

AUTO INSURANCE CO. _____

POLICY # _____ **EXPIRATION DATE** _____

NAME OF AGENT _____ **PHONE** _____

- I HAVE INCLUDED A COPY OF MY MOST CURRENT AUTO INSURANCE CARD WITH THIS FORM.
- I HAVE INCLUDED A COPY OF MY DRIVER'S LICENSE WITH THIS FORM.