

YWCA Empowerment Center
DRIVER'S LICENSE RECOVERY PROGRAM
SCREENING

2040 South Park Street • Madison, WI 53713 • (608) 257-1436

Fax: (608) 395-2598

Name Today's Date

Email Address

Home Address City, State Zip

Phone Number Other Number

What day and time is the best time to call? _____

DL/ID Number Social Security Number

(This number is only requested to speed the process of obtaining information from governmental agencies, and will be kept confidential.)

Date of Birth: _____ Race: _____

Gender: Male Female

Are you currently employed? Y / N

Status of Driver's License (please check all that apply)

My driver's license has been suspended because of child support

My driver's license has been suspended due to non-payment of fines

I owe \$ _____

My driver's license has been suspended due to _____

I have never had a driver's license

I have never taken the written road test

Are you on Probation or Parole? _____

4/4/2018

How long has it been since you were employed? _____

Any job leads? _____

How did you hear about this program? _____

Do you consider yourself as having a disability? Please describe: _____

By signing this document you agree to the following:

- I give permission to YWCA staff to provide information such as my social security number, name, address and other information to government agencies in order to achieve desired goals.
- I certify that the information above is true to the best of my knowledge.
- I understand that I need to follow through with all court dates, judgments, and other activities required by the courts or YWCA staff. **Failure to do so will result in termination of services.**
- **I understand that enrollment in this program is a one-time opportunity, and if I am enrolled, I will not be eligible for enrollment in the future.**

Signature

Date

