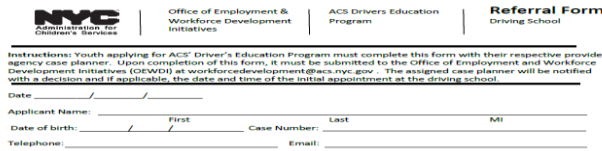


Driver's Education Referral Process

STEP 1:

In order for youth to apply and be considered for a slot for ACS' Driver's Education Program youth must complete the referral form with their respective provider agency case planner. Referral forms must be sent by the respective provider agency case planner, referral form will **NOT** be accepted if sent by youth.



The form header includes the following logos and text: **NYS** Department of Community Services, Office of Employment & Workforce Development Initiatives, ACS Drivers Education Program, and Referral Form Driving School. Below the header, the instructions state: "Instructions: Youth applying for ACS' Driver's Education Program must complete this form with their respective provider agency case planner. Upon completion of this form, it must be submitted to the Office of Employment and Workforce Development Initiatives (OEWDI) at workforcedevelopment@acs.nyc.gov. The assigned case planner will be notified with a decision and if applicable, the date and time of the initial appointment at the driving school." The form contains fields for Date, Applicant Name (with sub-fields for First, Last, and MI), Date of birth, Telephone, and Email.

STEP2:

Upon completion of this form, it must be submitted to the Office of Employment and Workforce Development Initiatives (OEWDI) via email workforcedevelopment@acs.nyc.gov , subject: Driver's Education Referral.



The image shows an email composition interface. The 'To...' field contains the email address acs_sm_EmploymentandWorkforceDevelopment. The 'Subject' field contains the text "Driver's Education Referral". There is a 'Send' button on the left side of the form.

STEP3:

The ACS coordinator of the Driver's Education Program will review the application and make a decision to accept or deny the application.

STEP4:

The ACS Driver's Education Team will work with the Case Planner and the youth's availability and contact the Driving School to schedule an appointment.

Step 5:

The assigned case planner and driving school will be notified with a decision and if applicable, the date and time of the initial appointment at the driving school.



Office of Employment & Workforce Development Initiatives

ACS Drivers Education Program

Referral Form

Driving School

Instructions: Youth applying for ACS' Driver's Education Program must have an active Learner's Permit and complete this form with their respective provider agency case planner. Upon completion of this form, it must be submitted to the Office of Employment and Workforce Development Initiatives (OEWDI) at workforcedevelopment@acs.nyc.gov. The assigned case planner will be notified with a decision and if applicable, the date and time of the initial appointment at the driving school.

Date ____/____/____

Applicant Name: _____

Date of birth: _____ / _____ / _____ Case Number: _____

Telephone: _____ Email: _____

Emergency Contact: _____
Name Phone Number

- Current Education Status: High School Freshman Junior Sophomore Senior
- Undergraduate Graduate Not enrolled in school
- Enrolled in a vocational training program
- Pursuing a High School Equivalency

ACS PROVIDER AGENCY

ACS Provider Agency: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Case Planner Name: _____

Case Planner Email: _____

Case Planner Telephone Number: _____

STUDENT ASSESSMENT

Currently has a: NYC Permit

Are there any documented medical or mental health or emotional conditions that would significantly impair the youth's functioning and judgment when operating a motor vehicle?

Yes No

Have you assessed the youth's readiness to obtain a driver's license?

Yes No

In your opinion does the youth display age-appropriate behavior, and often using good judgment?

Yes No

PLEASE ATTACH A COPY OF YOUTH'S DRIVING PERMIT.

Preference

Which location would you prefer to attend? (Please circle one)

Bronx, NY, 10469

OR

Brooklyn/Queens, NY, 11423

What date/time would be convenient for your first scheduled appointment? (Please circle one)

Business hours

Evening

Weekend

No preference

ACS Official Use Only:

Date referral received: ____/____/____

Received by (ACS employee) _____

Title: _____

ACS office name: _____

Date of decision: ____/____/____

Student: Approved

Not approved

Driving School Appointment date: ____/____/____

Reason not approved: _____

