

DRIVER'S LICENSE RECOVERY SCREENING

SCREENING CONTACT INFORMATION FOR DRIVER'S LICENSE RECOVERY SCREENING

Please complete both sides of this screening application, remembering to sign & date.
Return to: YWCA Empowerment Center • 2040 South Park Street • Madison WI 533713 •
(608) 257-1436 or fax: (608) 395-2598.

NAME _____ TODAY'S DATE _____

EMAIL _____

HOME ADDRESS _____ CITY, STATE _____ ZIP CODE _____

PHONE NUMBER _____ OTHER NUMBER _____

WHAT DAY AND TIME IS BEST TO CALL YOU? _____

DRIVER'S LICENSE/IDENTIFICATION NUMBER _____ SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____ RACE/ETHNICITY _____

GENDER: MALE FEMALE ARE YOU CURRENTLY EMPLOYED: YES NO

ARE YOU ON PROBATION OR PAROLE? _____

IF UNEMPLOYED, HOW LONG HAS IT BEEN SINCE YOU WERE EMPLOYED? _____

IF UNEMPLOYED, DO YOU CURRENTLY HAVE ANY JOB LEADS? _____

HOW DID YOU HEAR ABOUT THIS PROGRAM? _____

DO YOU CONSIDER YOURSELF AS HAVING A DISABILITY? IF SO, PLEASE DESCRIBE: _____

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

QUESTIONS!

Contact **Aneesha Mitchell**, Driver's License Recovery Coordinator at
608.257.1436, option 3 or amitchell@ywcamadison.org

PLEASE SEE OTHER SIDE

**DRIVER'S LICENSE RECOVERY PROGRAM
SCREENING ACKNOWLEDGMENT**

BY SIGNING THIS DOCUMENT YOU AGREE TO THE FOLLOWING:

- I give permission to YWCA Madison 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 provided here 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 court or YWCA Madison 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

COORDINATOR CHECK LIST *(Internal use only)*

Screened in DMV Database.

QUESTIONS!

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