



## Application for Payment of Driver's Education

First Name:		Last Name:	
Date of Birth:	Age:	Address:	
City:		Zip Code:	
Phone Number(s):		Email Address:	
CFFS/FPS/IL Agency: Phone: Email Address:		Do you have a valid learners permit? Yes___ No___ Permit Number: Expiration Date:	
Does your CFFS/FPS/IL Specialist support you taking this class? Yes___ No___			
Driver's Ed Program:  Address:  Contact Person: Phone:		Class dates:  Do you have transportation arranged to get to the classes? Yes___ No___	
Cost of Program:		Checks will be issued directly to Driver's Education providers.	
Are you interested in learning more about opportunities available to current/former foster care youth in your area? Yes___ No___		Are you willing to send a copy of your completion certificate to Central Plains Center for Services? Yes ___ No___	

\*Funds administered by Central Plains Center for Services through a grant from Nebraska Children and Families Foundation.

My signature below is to serve as my commitment to complete the driver's education course selected above and provide proof of completion to Central Plains Center for Services.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Completed applications can be sent to:  
**Central Plains Center for Services**  
 610 N 13th Ave  
 Broken Bow, NE 68822  
 (308) 872-6176  
 Email: [centralplains6176@msn.com](mailto:centralplains6176@msn.com)  
 Email: [ggeiselman@central-plains.org](mailto:ggeiselman@central-plains.org)  
 Fax: (308) 872-6596, 308-888-4031

**Eligibility Criteria**  
 Currently between the ages of 15-23  
 Currently or formerly a state ward of NE  
 Commitment to complete the course  
 Recommendation of Service Provider