



Driver's Assistance Application Form

Use this form to request funding or reimbursement from Treehouse for Washington State ID, Driver's Education Course, Washington State Learner's Permit, Washington State Driver's License or Auto Insurance. The Licensing Coordinator will contact you within 2-3 business days to discuss your request.

Prefer to fill this form out electronically? Visit treehouseforkids.org/our-services/drivers-assistance/drivers-assistance-request-form

Please Note:

- For reimbursement Treehouse will still need to determine your eligibility as well as receive a receipt of your payment.

Applicant Information: Please Print Legibly

Your Name: _____ Date: _____

Email Address: _____

Relationship to Driver:

- Self-Request (I am the driver this request is for)
- Caregiver (I am the caregiver or guardian)
- Social Worker / Case Worker (I am the youth's social worker/case worker)
- Other (Please specify): _____

Driver Name (skip if you are self-requesting): _____ Driver Birthdate: _____

Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone Number: _____

Is the driver currently in foster care or extended foster care?

- YES
- NO

If the driver is in foster care, what is their social worker/case worker's name and phone number?

Social Worker / Case Worker Name

Social Worker / Case Worker Phone Number

What is the driver's CA number? _____

Have you already paid for one of the services listed below and are seeking reimbursement?

Y		N	
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If so, what have you paid for? _____

What is the total amount you paid? _____

If you are requesting new services, what services are you requesting? *(please select all that apply)*

- *Please note that if you are applying for a license you must first have a Washington State ID*

- State ID
- Driver's Education Course
- Learner's Permit
- Driver's License
- Auto Insurance

If requesting reimbursement how would you like to receive the check?

- Mail to Vendor
- Mail to My Address
- Pick-Up the check at Treehouse

Payment To: _____
(If multiple payments are needed please include all "payment to" names)

Payment to Address: _____

<i>Street Address</i>	<i>Suite or Unit #</i>	
<i>City</i>	<i>State</i>	<i>ZIP Code</i>

Phone Number: _____ **Payment Due By:** _____

Please note that all requests take 5-7 business days to process, 7-10 days for a check request and an additional 2-3 business days for the payment to arrive if a payment is being mailed. If a payment is urgent and needed before it can be processed in this timeframe, please contact Driver's Assistance immediately at licensing@treehouseforkids.org or (206) 267-5180

Submitting Your Request

Please review and ensure that all the information is correct. Return the completed form to Treehouse in one of the following ways.

- Mail: Treehouse Attn: Licensing Coordinator, 2100 24th Ave S., Suite 200. Seattle WA 98144
- Fax: (206) 767-7773, Attn: Licensing Coordinator
- Scan and E-mail: licensing@treehouseforkids.org
- Drop off In-Person: Give your form to Treehouse Staff in the reception area of Treehouse's Office (Suite 200 in the 2100 Building, address is listed above)