# Kimmie’s Recovery Zone

## Driver’s License & ID Voucher Program Intake Form

### Section 1: Applicant Information

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DL#: \_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address or Shelter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Section 2: Eligibility Verification

Check all that apply:

☐ Homeless or unstably housed

☐ Unemployed

☐ Recently discharged from recovery/treatment program (within 90 days)

☐ No suspended or revoked license

☐ Credential is valid and not expired

☐ No fines, fees, or stops on DMV record

### Section 3: Supporting Documentation

☐ Shelter letter or verification of homelessness

☐ Discharge paperwork from treatment/recovery center

☐ Proof of identity (expired ID, legal document, etc.)

☐ Signed Consent to Release Information Form

### Section 4: Staff Use Only

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference Number Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Voucher Approved: ☐ Yes ☐ No Reason if Denied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Submitted to LCTC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scheduled Appointment Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Section 5: Client Consent

I certify that the above information is true and correct to the best of my knowledge. I authorize Kimmie’s Recovery Zone to release my information to the Lee County Tax Collector’s Office to assist in the issuance of a replacement ID or driver's license.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Section 6: Statement of Need (Optional)

Please provide a brief statement (up to 500 words) explaining your current situation and why you are requesting assistance through the Driver’s License & ID Voucher Program. This helps us better understand your circumstances and prioritize support based on need.