State of Illinois Department of Children and Family Services

Foster Home Motor Vehicle Insurance Certification

Please type or print:	
Foster Home Name	Provider ID Number
Street Address	Phone #
City/State/Zip Code	

L (DDINE NAME)	a driver and have shald mamber 16
I, (PRINT NAME),	otor vehicle used to transport foster children. I
Signature of Driver	Date
Insurance Carrier	Vehicle License Number

Certification of Insurance	
Octanication of model	
I, (PRINT NAME),	, a driver and household member 16 iy that I have in effect and I will maintain liability otor vehicle used to transport foster children. I
I, (PRINT NAME),	, a driver and household member 16 iy that I have in effect and I will maintain liability otor vehicle used to transport foster children. I
I, (PRINT NAME),	, a driver and household member 16 y that I have in effect and I will maintain liability otor vehicle used to transport foster children. I at I fail to have in effect the automobile liability
I, (PRINT NAME),	, a driver and household member 16 by that I have in effect and I will maintain liability notor vehicle used to transport foster children. In at I fail to have in effect the automobile liability Date Vehicle License Number
I, (PRINT NAME),	
I, (PRINT NAME), years of age or over in the above named foster home, do hereby certific coverage in accordance with the motor vehicle law on the identified must further agree to notify the foster home's licensing worker in the even insurance as stated. Signature of Driver Insurance Carrier **********************************	
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If more than three household members in this foster home are or will be transporting foster children, use additional CFS 688 forms.