



WASHINGTON STATE DEPARTMENT OF
LICENSING

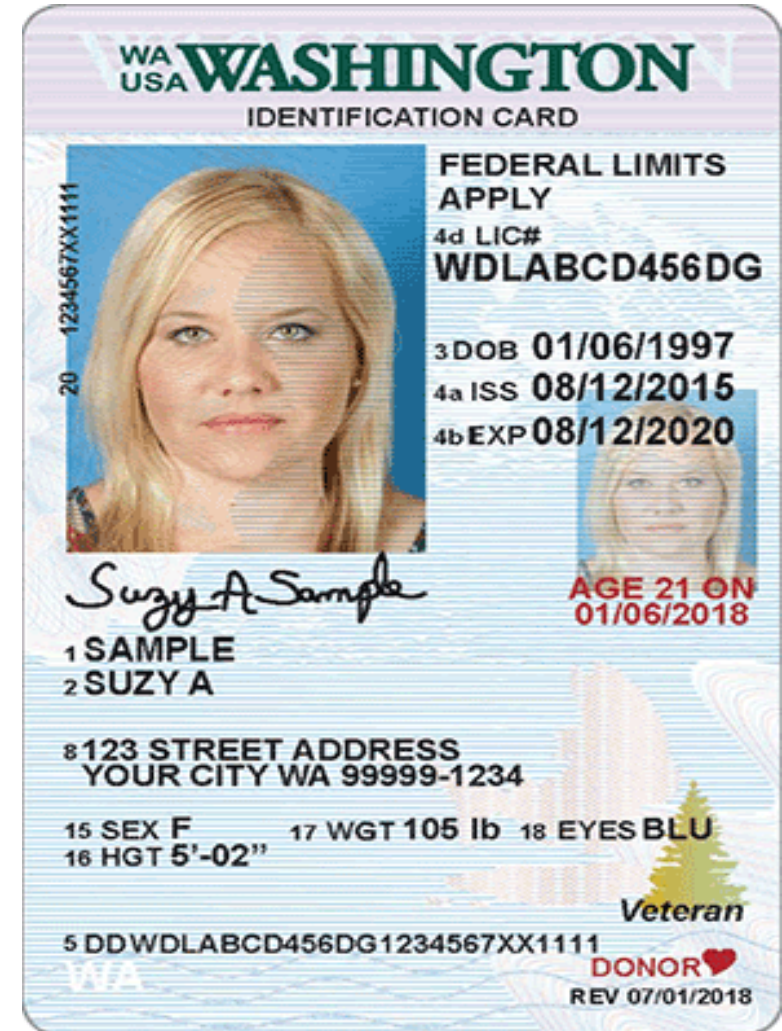
**Identification For Unhoused Youth
Training and Policy Unit
Driver Licensing Program**



WASHINGTON STATE DEPARTMENT OF
LICENSING

AGENDA

- Options for Unhoused Youth
- Fees
- ID Reviews and More





- **Unhoused Youth ages 24 and under**
 - **Foster Care Students**
 - **Migrant Students**
 - **McKinney Vento Students**
 - **Students at Risk**



Youth Identification Process

| <u>Step 1</u> Identify Youth | <u>Step 2</u> Youth ID Form | <u>Step 3</u> Youth gets ID |
|---|---|---|
| <ul style="list-style-type: none">• McKinney-Vento Liaison or Point of Contact (POC) meets with Youth• Take a picture of Youth front faced from the shoulders up• McKinney-Vento Liaisons and POCs will use school record (Skyward) for identity• If names on documents do not match, email DOL at: YouthIDVF@dol.wa.gov | <ul style="list-style-type: none">• McKinney-Vento Liaisons or POCs complete Identocard Request Form• If unable to add photo to form, print photo separately• Print Identocard Request Form and give to Youth | <ul style="list-style-type: none">• Youth schedules an appointment at dol.wa.gov or walks into a Licensing Service Office• Youth presents Youth Identification Packet (Identocard Request Form and school record) to Licensing Service Representative)• Youth obtains temporary State Identocard followed by a hard copy.• For questions, please contact: YouthIDVF@dol.wa.gov |



Task: Verifying Youth's Identity

| System | Action |
|-----------------------|--|
| School Records System | <ol style="list-style-type: none"> 1. Accesses Original School Record – if school record is unavailable, obtains original school record 2. Meets with youth 3. Verifies youth's names match School Record and asks the following Security Questions: What is your full name? What is your date of birth? What are your parents' names? If answers do not match record, sends to youthIDVY@dol.wa.gov for further review. 4. Verifies answers match any other documentation available: immunization records, birth certificate, Social Security Card. If answers do not match record, sends to YouthIDVF@dol.wa.gov for further review. |
| Adobe | Completes Youth Identocard Request Form |

| | |
|---------------------------|----------------------------|
| Task: TPU-0701-01F-TSK | Verifying Youth's Identity |
| Effective date: | November 4, 2021 |

When establishing identity for a youth the School Liaison or Point of Contact:

| System: | Step: | Action: |
|-----------------------|-------|---|
| School Records System | 1. | Accesses Original School Record <ul style="list-style-type: none"> ○ If school record is unavailable, obtains original school record |
| | 2. | Meets with youth |
| | 3. | Verifies youth's names matches School Record and asks the following Security Questions: <ul style="list-style-type: none"> • What is your Full Name • What is your Date of Birth • What are your Parents Names <ul style="list-style-type: none"> ○ If answers do not match record, sends to YouthIDVF@dol.wa.gov for further review. |
| | 4. | Verifies answers match any other documentation available: <ul style="list-style-type: none"> • Immunization Records • Birth Certificate • Social Security Card <ul style="list-style-type: none"> ○ If answers do not match record, sends to YouthIDVF@dol.wa.gov for further review. |
| Adobe | 5. | Completes Youth Identocard Request Form, See task Completing Identocard Request Form |



Task: Completing Identocard Request Form

| | |
|----------------------------------|------------------------------------|
| Task: TPU-0701-01D-TSK | Completing Identocard Request Form |
| Effective date: | November 4, 2021 |

| System | Action |
|--|--|
| Adobe PDF Identocard form (Youth Info Section) | <ol style="list-style-type: none"> 1. Opens Youth Identocard Request form 2. Records true name in the "True name" field. If filled out by liaison or POC, use true name as it appears on the School Record. If filled out by a Case Manager, use true name as it appears on the Birth Certificate or other approved ID document. 3. Records the mailing address where the youth can receive the Identocard in the "Current mailing address" field. 4. Records the date of birth in the "Date of birth" field as found on the School Record, Birth Certificate, or other ID document. 5. Asks youth their gender and records their attestation 6. Records height in the "Height" field 7. Records weight in the "Weight" field 8. Ask youth their hair color and selects from the drop-down menu in the "hair color" field 9. Ask youth their eye color and selects from the drop-down menu in the "eye color" field |
| Adobe | <ol style="list-style-type: none"> 1. Uploads photo to Identocard Request form. If liaison, point of contact, or case manager does not have Adobe skips to next section (PDF Identocard form Requester Section) 2. Right click blank space on form to open the right click menu 3. Selects "add image..." option to open file browser 4. Finds and selects photo of youth |
| PDF Identocard form (Requester Section) | <ol style="list-style-type: none"> 1. Records School District, School, or Organization in the "Name of organization/department/school" field 2. Records work Mailing Address in "Mailing Address" field 3. Records contact number in the "10-digit phone number" field 4. Records work email in the "Email" field 5. Records name, title, date and place, and signature of certified personnel in declaration field 6. Saves the completed form as a PDF 7. Prints completed form. If not using Adobe to attach photo to form, Prints the photo separately. If completed by district liaison or school point of contact, also prints school record 8. Hands completed Identocard request form with photo and accompanying required records to youth |

After verifying the youth's identity, the District Liaison, Point of Contact (POC), or DCYF or OHY Case Manager:

| System: | Step: | Action: |
|--|-------|--|
| Adobe | 1. | Opens Youth Identocard Request form |
| PDF Identocard form (Youth Info Section) | 2. | Records true name in the "True name" field <ul style="list-style-type: none"> o If filled out by Liaison or POC, use true name as it appears on the School Record o If filled out by a Case Manager, use true name as it appears on the Birth Certificate or other approved ID document, see appendix Alternative Youth Identification Documents |
| | 3. | Records the mailing address where the youth can receive the Identocard in the "Current mailing address" field |
| | 4. | Records the date of birth in the "Date of birth" field as found on the School Record, Birth Certificate, or other ID document |
| | 5. | Asks youth their gender and records their attestation |
| | 6. | Records height in the "Height" field |
| | 7. | Records weight in the "Weight" field |
| | 8. | Ask youth their hair color and selects from the drop-down menu in the "Hair color" field |
| | 9. | Asks youth their eye color and selects from the drop-down menu in the "Eye color" field |
| Adobe | 10. | Uploads photo to Identocard Request form <ul style="list-style-type: none"> o If Liaison, Point of Contact, or Case Manager does not have Adobe skips to step 14 |
| | 11. | Right click blank space on form to open the right click menu |
| | 12. | Selects "Add image..." option to open file browser |
| | 13. | Finds and selects photo of youth |
| PDF Identocard form (Requester Section) | 14. | Records School District, School, or Organization in the "Name of organization/department/school" field |
| | 15. | Records work Mailing Address in "Mailing Address" Field |
| | 16. | Records contact number in the "10-digit phone number" field |
| | 17. | Records work email in the "Email" field |
| | 18. | Records name, title, date and place, and signature of certified personnel in declaration field |
| | 19. | Saves the completed form as a PDF |
| | 20. | Prints Completed form <ul style="list-style-type: none"> o If not using Adobe to attach photo to form, Prints the photo separately. o If completed by District Liaison or School POC, also Prints school record |
| | 21. | Hands Completed identocard request form with photo and accompanying required records to youth |



Identicard Request

The youth who presents this document

| | | |
|--|--------------------|---------------|
| True name (Last, First, Middle) Doe, Rachael Sarah | | |
| Current mailing address (Street or PO Box, City, State, ZIP code) 1125 Washington ST SE, Olympia, WA, 98503 | | |
| Date of birth (mm/dd/yyyy) 10/11/2006 | | |
| Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> X | Height 5'4" | Weight 125 |
| Hair color Brown | Eye color Brown | |



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Requester

| | |
|---|-------------------------------------|
| Name of organization/department/school ABC School District | |
| Mailing address (Street address or PO Box, City, State, ZIP code) 1111 School District Way, Seattle, WA, XXXXX | |
| 10-digit phone number 222-333-4444 | Email SchoolDistrict@example.com |
| <p><i>I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.</i></p> <div style="text-align: right; margin-right: 50px;"> <p>Chris Reading</p> <p>TYPE OR PRINT Name</p> <p>Training and Policy Specialist</p> <p>Title</p> <p>X Chris Reading</p> <p>Signature</p> </div> | |
| <p>10/12/21 Office</p> <p>Date and place</p> | |



Resources for At Risk Youth

[Office of Homeless Youth \(OHY\) – Washington State Department of Commerce](#)



OFFICE OF HOMELESS Y

Youth Residential Programs (ages 12-17)

Crisis Response

| Street Outreach Services | Young Adult Shelter (ages 18-24) | HOPE Center | Crisis Residential Center | Secure CRC (co-located in detention center) | Transitional Living Program (ages 16-17) |
|--------------------------|----------------------------------|-------------|---------------------------|---|--|
| | | | | | |
| | | 4 | | | |
| | | | | | |
| X | | | | | |

*This is not a comprehensive list of services available in Washington, please contact providers in your area for more information on available resources. Also search for these OHY-funded programs via [Google maps](#).

| County | Program | Contact |
|--------|---|--|
| Adams | New Hope- Grant County | 888-560-6027 311 W 3rd Ave Moses Lake, WA 98837 |
| Benton | Catholic Charities Serving Central Washington | 509-946-4645 2139 Van Giesen Richland, WA 99354 |
| | My Friends Place- Safe Harbor Support Center | 509-438-0079 1112 N Grant Pl Kennewick, WA 99336 |
| | Communities in Schools Benton-Franklin | 509-212-5601 PO Box 1310 Richland, WA 99352 info@cisbf.org |
| | Three Rivers Therapy | 509-378-5553 10505 W Clearwater Ave Kennewick, WA 99336 info@3riverstherapy.com |



Additional Information

- ID Reviews
- Upcoming Changes
- Fees
- Appointments DOL.WA.GOV

“ Helping every Washington resident
LIVE, WORK, DRIVE, AND THRIVE. ”



Contact Information



- Youth ID Verification
YOUTHIDVF@DOL.WA.GOV
- Customer Contact Center
360-902-3900



QUESTIONS AND COMMENTS

