



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

Eligibility Verification for Homeless Youth ID Card

Bring or mail this completed form to any Minnesota driver exam station. For addresses, visit drive.mn.gov and select "Find office locations". For questions, call (651) 297-3298 or (651) 282-6555 (TTY).

Homeless Youth Information:

Form fields for First Name, Middle Name, Last Name, Date of Birth, Sex, Height, Weight, Eye Color

- Form needs to be submitted every renewal.
Minnesota ID card available at no fee for homeless youth up to age 24.
Must submit certified copy of birth certificate.

Tennessen Notice:

What is the purpose of supplying the requested information?

The Department of Public Safety - Driver and Vehicle Services ("DPS-DVS") collects the information on this form to evaluate the application for an identification card for homeless youth form under Minnesota Statutes, section 171.07 subdivision 3b, and for identification and record keeping purposes as required by the Minnesota Government Data Practices Act, Minnesota Statutes, section 13.04(2).

Am I required to provide the requested information?

You are not legally required to complete this form.

What will happen if I do not provide the requested information?

You can refuse; however, DPS-DVS may consider your application incomplete and will not issue an identification card.

Who will have access to the requested information?

DPS-DVS may disclose personal information when it relates to the operation or use of a vehicle or to public safety. The use of personal information relates to public safety if it concerns the physical safety or security of drivers, vehicles, pedestrians or property. The personal information you provided is classified by 18 U.S.C. § 2721 and the Minnesota Government Data Practices Act, Minnesota Statutes Chapters 13, and is subject to the disclosure in accordance with these laws. The information you provide may also be shared upon court order or provided to the state or legislative auditor.

I verify that the above individual qualifies as a homeless youth as defined by Minnesota Statutes, section 171.071, subdivision 3b. I attest I am an employee of a human services agency that receives public funding to provide services to homeless youth, runaway youth, youth with mental illness or youth with substance abuse disorders OR staff member from a school that provides services to homeless youth OR school social worker; complete the following verification, according to statute.

VERIFICATION OF HOMELESS YOUTH ID ELIGIBILITY

Verification form with fields for Signature of Human Services Agency employee, School Staff, School Social Worker, Date of Signature, Name and Title (PRINT OR TYPE) / Employee ID Number (if applicable), Office Address, School or Agency Name, Phone number (TYPE - NO DASHES OR SPACES)