

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

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| AGENCY NAME Mississippi Department of Human Services | | CONTACT PERSON Don Thompson | | TELEPHONE NUMBER 601-359-4457 | |
| ADDRESS 750 N. State Street | | CITY Jackson | | STATE MS | ZIP 39202 |
| EMAIL Don.Thompson@mdhs.ms.gov | SUBMIT DATE 8/2/2010 | Name or number of rule(s): Drivers License for Youth in Care | | | |

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The youth must be at least 16 years old to obtain a drivers license. A 17 year old may sign the application but must be covered by liability insurance before he can drive. The changes are due to the Residential and child Placing Licensing Standards being updated.

Specific legal authority authorizing the promulgation of rule: Mississippi Code: 63-1-25

List all rules repealed, amended, or suspended by the proposed rule: Driver's License for Youth In Care

ORAL PROCEEDING:

An oral proceeding is scheduled for this rule on Date: September 10, 2010 Time: 10:00 a.m. Place: MDHS, 2nd floor training room

Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

| TEMPORARY RULES | PROPOSED ACTION ON RULES | FINAL ACTION ON RULES |
|--|--|---|
| <input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in ____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): ____ | Action proposed: <input checked="" type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): ____ | Date Proposed Rule Filed: ____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): ____ |

Printed name and Title of person authorized to file rules: Demetra Taylor, D DH Composite Care
 Signature of person authorized to file rules: *[Handwritten Signature]*

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| OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by | DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP <div style="border: 1px solid black; padding: 10px; text-align: center;">  </div> Accepted for filing by <i>[Handwritten Initials]</i> | OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by |
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