APPLICATION FOR RELOCATION ASSISTANCE

Part I

Applicant Name: ____________________________  ____________________________  ____________________________
(Last) (First) (M.I.)

Mailing Address: ____________________________  ____________________________  ____________________________  ____________________________
(Street or P.O. Box) (City) (State) (Zip Code)

Residence: ____________________________  ____________________________  ____________________________  ____________________________
(if different) (Street) (City) (State) (Zip Code)

Relocation to: ____________________________  ____________________________  ____________________________  ____________________________
(County) (Street) (City) (State) (Zip Code)

Is the individual currently receiving KTAP [K-TAP]? [ ] Yes; Continue [ ] No; Deny

Request reason? [What is the reason for this request?] [ ] Domestic Violence; Complete Part II [Skip Part III]
[ ] Employment; Complete Part III [Skip Part II] [ ] Housing Crisis; Complete Part IV

Part II - Domestic Violence

Is the domestic violence situation verified? [ ] Yes [ ] No

Part III - Employment

Has the household [previously] received employment related Relocation Assistance (RAP) within the last 12 months? [ ] Yes; Deny [ ] No; Continue

Has the individual been offered employment? [ ] Yes [ ] No

Has the individual [Have you] been employed at the [your] current job for less than 90 days? [ ] Yes [ ] No

Employer Name: ____________________________  Phone: ____________________________

Employer Address: ____________________________

Job Start Date: _______________  Hours weekly: _____  Hourly Pay Rate: $ ______  Monthly Job Wage: $_______

Employment Verification Source: ____________________________

Was employment [this] reported and verified timely? [ ] Yes; Continue [ ] No; Deny

Is the employment pay amount equal to or greater than minimum wage x 30 hours per week? [ ] Yes; Continue [ ] No; Deny

Is the employment more than 10 miles from the current residence and is the new residence closer to the employment? [ ] Yes; Continue [ ] No; deny

How was the new residence verified? : ____________________________

Is the employed adult active on OTIS? [ ] Yes [ ] No

Part IV - Housing Crisis

Is the household experiencing a housing crisis? [ ] Yes; Continue [ ] No; Deny

What type of assistance is needed to help with the crisis? [ ] Rent [ ] Utilities [ ] Other ____________________________

Will assistance help the household maintain their current residence without fear of eviction? [ ] Yes; Continue [ ] No; Deny

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Part V [IV]- RAP Facts

(READ TO APPLICANT)

Relocation Assistance (RAP):
1. Is limited to once in a twelve (12) month period except for victims of domestic violence.
2. Assists in cost of first month's rent, security deposit, utility fees, moving van rental, and other moving related costs.
3. Offer of employment must be at least pay amount equal to minimum wage multiplied by 30 hours per week.
4. Housing crisis includes rent, utilities, etc. to keep current residence/housing situation.
5. Will pay actual verified costs up to $1,500 ($500).

<table>
<thead>
<tr>
<th>Part VI [IV] - Relocation Costs</th>
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<tr>
<td>A. Client Stated Amount</td>
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<td>B. Verified Amount</td>
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<td>C. Verification Source</td>
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<tr>
<td>[1st Month's] Rent</td>
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<tr>
<td>Security Deposit</td>
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<tr>
<td>Utility Fees:</td>
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<td>Gas</td>
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<td>Water</td>
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<td>Moving Van Rental</td>
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<tr>
<td>Other</td>
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<tr>
<td>Total</td>
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Part VII [V]- Rights and [And] Responsibilities

All the information I provided to the Department for Community Based Services on page 1 of this form is complete and true to the best of my knowledge. I may be asked to repay any amounts issued because of any false statement to use the benefits for intended purposes pursuant to KRS 205.211.

To file a complaint of discrimination with the Commonwealth of Kentucky, write the Office of Human Resource Management, EEO Compliance Branch, 275 East Main Street, 5C-D, Frankfort, Kentucky 40621 or call (502) 564-7770.

To file a complaint of discrimination with the Department of Health and Human Services, write or call the Office of Civil Rights, 200 Independence Avenue, SW, H.H.H. Building, Room 509-F, Washington, DC 20201 or call 1-800-368-1019 or (TTY) 1-800-537-7697 (Atlanta Federal Center, Suite 3B70, 61 Forsyth St., SW, Atlanta, GA 30303-8909, (404) 562-7886 or (TDD) (404) 562-7884).

I understand that I have a right to request a hearing within 30 days if I disagree with action taken on my Relocation Assistance application. I may request a fair hearing by calling 1-855-306-8959 or writing to the Division of Administrative Hearings, Families and Children, Administrative Hearings Branch, 105 Sea Hero Road, Suite 2, Frankfort, KY 40601.

At the hearing:
- I may tell my side of the story or bring a friend, relative, or lawyer to speak for me.
- I can bring witnesses and papers to help tell my story.
- The hearing officer will decide what the state will do after hearing both sides of the story.
- I will be told what to do if I disagree with the hearing officer’s decision.

Applicant’s Signature ________________________ Date __________

Part VIII [VII] - Eligibility Summary

Approved ______________________

Denied ______________________ Reason: __________________________________________________________

Worker Signature ______________________ Date __________

Concurred By ______________________ Title ______________________ Date __________

Part IX [VIII] - Comments

____________________________________________________________________________________

____________________________________________________________________________________

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