

Name: _____ Date: _____

ILC or Instructor Name: _____

Community Resources

Chafee Independence Program Life Skills Curriculum

Cabinet for Health and Family Services
Department for Community Based Services

Community Resources

- Where do you go when you need to have your electricity turned on?
- How do you find the location of a public swimming pool?
- Where can you buy postage?

Community resources are the agencies or businesses that help people with problems such as these. How do you find these resources in your community? The internet, newspaper and phone book are three tools you can use to locate resources in your community. Many people use internet search engines such as **Google** or **Yahoo** to search for community resources when a phonebook or newspaper is not handy. Below are a few activities to help you learn how to use these tools more effectively.

Directions: Use the internet, a newspaper or a phone book to answer the following questions:

- Find an unfurnished apartment advertisement in the classified section:
How many bedrooms is the apartment? _____
How much does it cost? _____
Is there a security deposit? _____
What is the ads phone#? _____
- Find a job advertisement in the classifieds that interests you and answer the following questions:
What is the job? _____
Does it say how much it pays? _____ If so, how much? _____
- Look in your local newspaper or on the internet and list a current movie that you would like to see.
Where is it playing? _____
What are the show times for weekdays? _____

Open or Closed?

All questions are not the same.

Close-Ended Questions will get you only “yes” or “no” answers.

Example: Is the clinic open on Sunday?

Open-Ended Questions result in longer, more detailed answers.

Example: When is the clinic open?

What types of questions are these?

	Open Ended	Closed Ended
1. How do I get a library card?	<input type="checkbox"/>	<input type="checkbox"/>
2. How much does a money order cost?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the park open at night?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the post office have tax forms?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a charge for checking accounts?	<input type="checkbox"/>	<input type="checkbox"/>

Below write three open ended and three close ended questions about obtaining employment.

Open ended questions

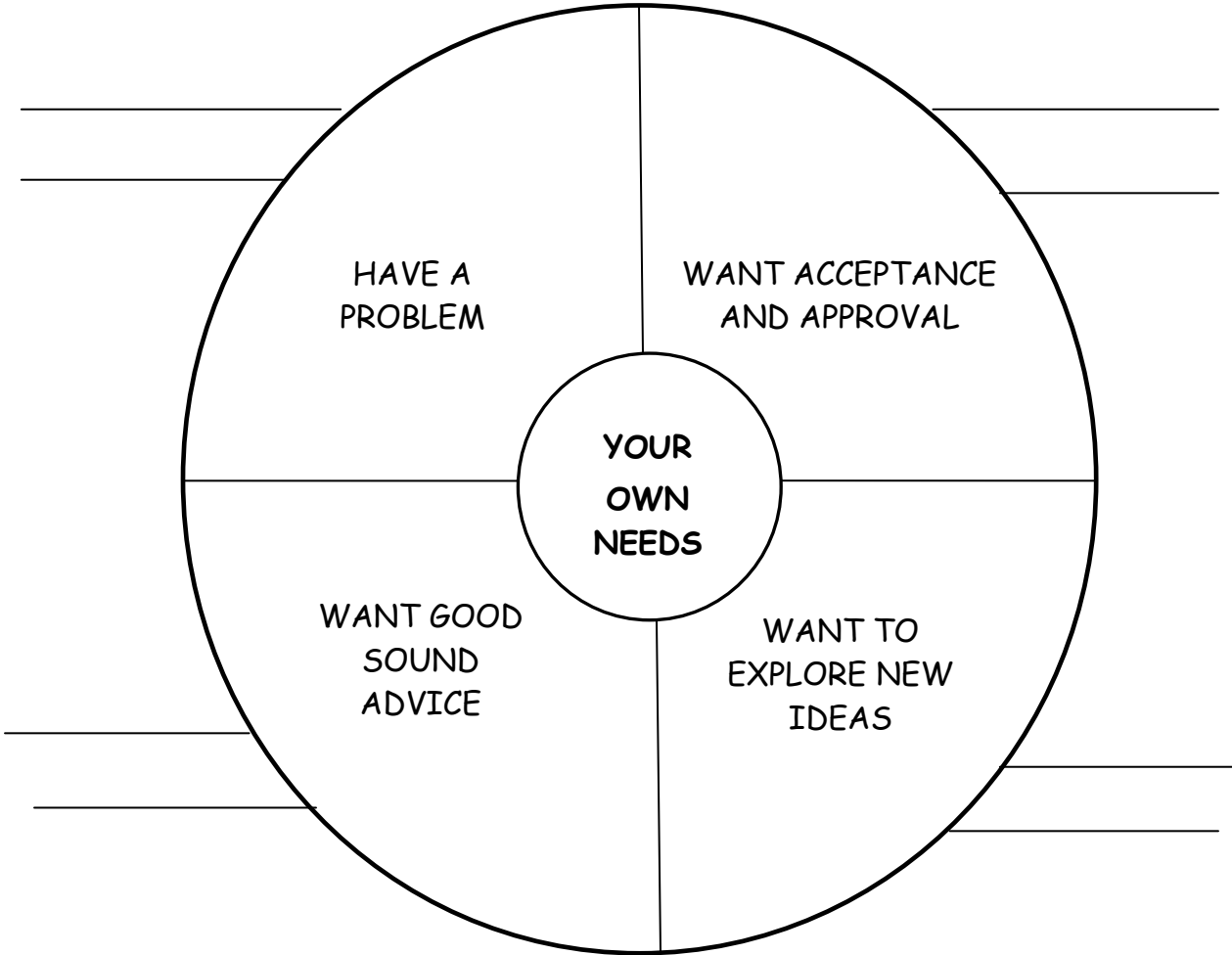
1. _____
2. _____
3. _____

Close ended questions

1. _____
2. _____
3. _____

Your Support Network

Who do you go to when you...



List three ways you can expand your personal support system.

1. _____

2. _____

3. _____

Community Scenarios

Consider each of the situations below. What would you do? Where would you go in your community for help?

You exit state's care at age 18 to move in with your best friend. Your best friend owns the house, so you do not have to pay any rent. In two months, your best friend says you have to move out. What options are there for housing? Who can you contact to assist in this decision?

You exit states care at age 18, you have a good job that offers Health Insurance, you are Enrolled in school and renting an apartment. Everything appears to be stable in your life, until you turn 19. At age 19, you learn that you are going to loose your employment, the Office is closing. What are options/steps t find new employment? What can you do for Health Insurance? Who can you ask in the community?

Personal Documents

There are three very important documents that you must have when you move out on your own:

1. social security card
2. birth certificate
3. state id or driver's license

Where can you go to get them or to have them replaced if you lose them?

Vital Statistics in Frankfort, KY handles all birth, death, marriage, and divorce certificates for the state of Kentucky. You can get an application at <http://chfs.ky.gov/dph/vital/birthcert.htm> or you can visit your local community health department. They assist Vital Statistics in gathering the information from their communities and sending it to Frankfort. They also have applications for getting a copy of a birth certificate.

As for your social security card, a federal agency is in charge of assigning and distributing these cards. It is called the Social Security Administration. If you need to apply or need a replacement card, you can contact the office closest to you for an application, or locate an application on line at www.ssa.gov/online/ss-5.html .

For State Identification cards and/or driver's license follow this link to locate your local court house. You will need to go to your local courthouse to apply for a state ID or to apply for a driver's permit. Check the web for hours of operation. <http://courts.ky.gov/counties/>

On the next few pages, you will find that we have included sample applications for both the birth certificate and the social security card. Please take your time and fill these out correctly.

**COMMONWEALTH OF KENTUCKY
STATE REGISTRAR OF VITAL STATISTICS**

Birth



APPLICATION FOR A CERTIFIED COPY OF BIRTH CERTIFICATE

Certificates of Birth that occurred in Kentucky since 1911 are on file in this office

Please Print or Type All Information Required On This Form

BIRTH CERTIFICATE INFORMATION					
1. Full Name at Birth	<i>First</i>	<i>Middle</i>	<i>Last</i>		
2. Date of Birth	<i>Month</i>	<i>Day</i>	<i>Year</i>	<i>Sex</i>	<i>Age Last Birthday</i>
3. Place of Birth	<i>Kentucky City or Town</i>	<i>Kentucky County</i>	<i>Name of Hospital</i>		
4. Mother's Maiden Name	<i>First</i>	<i>Middle</i>	<i>Last</i>		
5. Father's Name	<i>First</i>	<i>Middle</i>	<i>Last</i>		

If this child has been adopted, please give original name if known:

What is your relationship to the person whose certificate is being requested?

Signature and telephone number of the person requesting this certificate:

Signature _____ Telephone _____

DO NOT WRITE IN THIS SPACE	
Volume	
Certificate	
Year	
Date	
Searched by	

Certificates may also be ordered by the following methods:

Internet: Certificates may be ordered on the internet using a credit card (Visa, MasterCard, Discover or American Express) or check. An additional charge card fee will apply. This is in addition to the fee for each certified copy requested. Certificates requested via internet, www.vitalchek.com/kentucky-express-birth-certificates.aspx, may be returned by overnight courier for the cost of the additional shipment fee if that record is available.

Telephone: Orders may be placed by telephone using a credit card (Visa, MasterCard, Discover or American Express) or check. An additional charge card fee will apply. This is in addition to the fee for each certified copy requested. Certificates requested via telephone may be returned by overnight courier for the cost of the additional shipment fee. The telephone number to place your order is (800) 241-8322, choose option 1.

Mail: Orders are accepted by mail, using a check or money order for payment. It can take up to 30 working days to process your request from the date payment is posted. Mail to Vital Statistics, 275 East Main Street 1E-A, Frankfort, KY 40621. The Office of Vital Statistics telephone number is (502) 564-4212.

Walk-in: You may order a certified copy of the birth record by coming to this office. The office is located at the address above. Orders are accepted for same day issuance from 8:00 AM until 3:30 PM Monday through Friday.

FEES	
A fee is to be paid for certified copies or records, or for a search of the files or records when no copy is available. The fee for a certified copy of a birth certificate is \$10.00. Additional copies are \$10.00 each. Make check or money order payable to "Kentucky State Treasurer." This fee is non refundable.	
Certified Copies @ \$10.00 each	
How many	_____
Total Amount Enclosed	_____

THIS SECTION MUST BE COMPLETE FOR ALL ORDERS

REQUESTORS INFORMATION:

NAME: _____
MAILING ADDRESS _____
CITY, STATE, ZIP CODE _____

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Applying for a Social Security Card is free!

USE THIS APPLICATION TO:

- Apply for an original Social Security card
- Apply for a replacement Social Security card
- Change or correct information on your Social Security number record

IMPORTANT: You **MUST** provide a properly completed application and the required evidence before we can process your application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable. We will return any documents submitted with your application. For assistance call us at 1-800-772-1213 or visit our website at www.socialsecurity.gov.

Original Social Security Card

To apply for an original card, you must provide at least two documents to prove age, identity, and U.S. citizenship or current lawful, work-authorized immigration status. If you are not a U.S. citizen and do not have DHS work authorization, you must prove that you have a valid non-work reason for requesting a card. See page 2 for an explanation of acceptable documents.

NOTE: If you are age 12 or older and have never received a Social Security number, you must apply in person.

Replacement Social Security Card

To apply for a replacement card, you must provide one document to prove your identity. If you were born outside the U.S., you must also provide documents to prove your U.S. citizenship or current, lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

Changing Information on Your Social Security Record

To change the information on your Social Security number record (i.e., a name or citizenship change, or corrected date of birth) you must provide documents to prove your identity, support the requested change, and establish the reason for the change. For example, you may provide a birth certificate to show your correct date of birth. A document supporting a name change must be recent and identify you by both your old and new names. If the name change event occurred over two years ago or if the name change document does not have enough information to prove your identity, you must also provide documents to prove your identity in your prior name and/or in some cases your new legal name. If you were born outside the U.S. you must provide a document to prove your U.S. citizenship or current lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS

Public Law 108-458 limits the number of replacement Social Security cards you may receive to 3 per calendar year and 10 in a lifetime. Cards issued to reflect changes to your legal name or changes to a work authorization legend do not count toward these limits. We may also grant exceptions to these limits if you provide evidence from an official source to establish that a Social Security card is required.

IF YOU HAVE ANY QUESTIONS

If you have any questions about this form or about the evidence documents you must provide, please visit our website at www.socialsecurity.gov for additional information as well as locations of our offices and Social Security Card Centers. You may also call Social Security at 1-800-772-1213. You can also find your nearest office or Card Center in your local phone book.

EVIDENCE DOCUMENTS

The following lists are examples of the types of documents you must provide with your application and are not all inclusive. Call us at 1-800-772-1213 if you cannot provide these documents.

IMPORTANT: If you are completing this application on behalf of someone else, you must provide evidence that shows your authority to sign the application as well as documents to prove your identity and the identity of the person for whom you are filing the application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable.

Evidence of Age

In general, you must provide your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:

- U.S. Hospital record of your birth (created at the time of birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must show that the birth information was taken from the original birth certificate)

Evidence of Identity

You must provide current, unexpired evidence of identity in your legal name. Your legal name will be shown on the Social Security card. Generally, we prefer to see documents issued in the U.S. Documents you submit to establish identity must show your legal name AND provide biographical information (your date of birth, age, or parents' names) **and/or** physical information (photograph, or physical description - height, eye and hair color, etc.). If you send a photo identity document but do not appear in person, the document must show your biographical information (e.g., your date of birth, age, or parents' names). Generally, documents without an expiration date should have been issued within the past two years for adults and within the past four years for children.

As proof of your identity, you must provide a:

- U.S. driver's license; or
- U.S. State-issued non-driver identity card; or
- U.S. passport

If you do not have one of the documents above or cannot get a replacement within 10 work days, we may accept other documents that show your legal name and biographical information, such as a U.S. military identity card, Certificate of Naturalization, employee identity card, certified copy of medical record (clinic, doctor or hospital), health insurance card, Medicaid card, or school identity card/record. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card or other school record maintained by the school.

If you are not a U.S. citizen, we must see your current U.S. immigration document(s) and your foreign passport with biographical information or photograph.

WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD STUB OR A SOCIAL SECURITY RECORD as evidence of identity.

Evidence of U.S. Citizenship

In general, you must provide your U.S. birth certificate or U.S. Passport. Other documents you may provide are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

Evidence of Immigration Status

You must provide a current unexpired document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, I-688B, or I-766. If you are an international student or exchange visitor, you may need to provide additional documents, such as Form I-20, DS-2019, or a letter authorizing employment from your school and employer (F-1) or sponsor (J-1). We **CANNOT** accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card only if you need the number for a valid non-work reason. Your card will be marked to show you cannot work and if you do work, we will notify DHS. See page 3, item 5 for more information.

HOW TO COMPLETE THIS APPLICATION

Complete and sign this application LEGIBLY using ONLY black or blue ink on the attached or downloaded form using only 8 ½" x 11" (or A4 8.25" x 11.7") paper.

GENERAL: Items on the form are self-explanatory or are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

4. Show the month, day, and full (4 digit) year of birth; for example, "1998" for year of birth.

5. If you check "Legal Alien Not Allowed to Work" or "Other," you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all the requirements for the government benefit. NOTE: Most agencies do not require that you have a Social Security number. Contact us to see if your reason qualifies for a Social Security number.

6., 7. Providing race and ethnicity information is voluntary and is requested for informational and statistical purposes only. Your choice whether to answer or not does not affect decisions we make on your application. If you do provide this information, we will treat it very carefully.

9.B., 10.B. If you are applying for an original Social Security Card for a child under age 18, you **MUST** show the mother's and father's Social Security numbers unless the mother and/or father was never assigned a Social Security number. If the number is not known and you cannot obtain it, check the "unknown" box.

13. If the date of birth you show in item 4 is different from the date of birth currently shown on your Social Security record, show the date of birth currently shown on your record in item 13 and provide evidence to support the date of birth shown in item 4.

16. Show an address where you can receive your card 7 to 14 days from now.

17. WHO CAN SIGN THE APPLICATION? If you are age 18 or older and are physically and mentally capable of reading and completing the application, you must sign in item 17. If you are under age 18, you may either sign yourself, or a parent or legal guardian may sign for you. If you are over age 18 and cannot sign on your own behalf, a legal guardian, parent, or close relative may generally sign for you. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. Please do not alter your signature by including additional information on the signature line as this may invalidate your application. Call us if you have questions about who may sign your application.

HOW TO SUBMIT THIS APPLICATION

In most cases, you can take or mail this signed application with your documents to any Social Security office. Any documents you mail to us will be returned to you. Go to <https://secure.ssa.gov/apps6z/FOLO/fo001.jsp> to find the Social Security office or Social Security Card Center that serves your area.

PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

Protect your SSN card and number from loss and identity theft. DO NOT carry your SSN card with you. Keep it in a secure location and only take it with you when you must show the card; e.g., to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. Use caution in giving out your Social Security number to others, particularly during phone, mail, email and Internet requests you did not initiate.

PRIVACY ACT STATEMENT Collection and Use of Personal Information

Sections 205(c) and 702 of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to assign you a Social Security number and issue a Social Security card.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from issuing you a Social Security number and card.

We rarely use the information you supply for any purpose other than for issuing a Social Security number and card. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Complete lists of routine uses for this information are available in System of Records Notice 60-0058 (Master Files of Social Security Number (SSN) Holders and SSN Applications). The Notice, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at any local Social Security office.

This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

1	NAME → TO BE SHOWN ON CARD		First	Full Middle Name	Last	
	FULL NAME AT BIRTH IF OTHER THAN ABOVE		First	Full Middle Name	Last	
	OTHER NAMES USED ON YOUR SOCIAL SECURITY CARD					
2	Social Security number previously assigned to the person listed in item 1 →			-	-	
3	PLACE OF BIRTH (Do Not Abbreviate) City	State or Foreign Country	Office Use Only FCI	4 DATE OF BIRTH	MM/DD/YYYY	
5	CITIZENSHIP → (Check One)		<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Alien Allowed to Work	<input type="checkbox"/> Legal Alien Not Allowed to Work (See Instructions on Page 3)	<input type="checkbox"/> Other (See Instructions On Page 3)
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No	7	RACE			
			Black/African American Select One or More (Your Response is Voluntary)	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native American <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander
8	SEX →		<input type="checkbox"/> Male	<input type="checkbox"/> Female		
9	A. MOTHER'S NAME AT HER BIRTH →		First	Full Middle Name	Last Name At Her Birth	
	B. MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3) →		-	-	<input type="checkbox"/> Unknown	
10	A. FATHER'S NAME →		First	Full Middle Name	Last Name	
	B. FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10 B on Page 3) →		-	-	<input type="checkbox"/> Unknown	
11	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," Skip to question 14.)					
12	Name shown on the most recent Social Security card issued for the person Listed in item 1 →		First	Full Middle Name	Last Name	
13	Enter any different date of birth if used on an Earlier application for a card →		MM/DD/YYYY			
14	TODAY'S DATE MM/DD/YYYY		15			
16	MAILING ADDRESS (Do Not Abbreviate) →		Street Address, Apt. No., PO Box, Rural Route No.			
			City	State/Foreign Country	ZIP Code	
17	I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.					
	YOUR SIGNATURE		18	YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify)		

CR5-6

SBE 01 (08/03) You MUST answer questions A & B below before completing this form.

4069001

A. Are you a citizen of the United States of America? <input type="checkbox"/> YES <input type="checkbox"/> NO		If you checked "no" in response to either of these questions, do not complete this form.			
B. Will you be 18 years of age on or before election day? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Check one:		FOR CLERK USE ONLY			
<input type="checkbox"/> New Registration	<input type="checkbox"/> Address Change	PRECINCT CODE	PRECINCT NAME	TOWN	OTHER CODE
<input type="checkbox"/> Party Change	<input type="checkbox"/> Name Change				
Social Security Number		Date of Birth (M-D-Y)	County (where you live)	Work Phone	Home Phone
<input type="checkbox"/> Female <input type="checkbox"/> Male	Last Name	First Name	Middle Name	Suffix (check one) <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	
Address where you live (do not give PO Box address):			Apt #	City	Zip Code
Address where you get your mail (if different from above):			Apt #	City	Zip Code
Party Registration – check one box <input type="checkbox"/> Democratic Party <input type="checkbox"/> Republican Party <input type="checkbox"/> Other _____ <small>(write name above)</small>		WARNING: If you sign this statement even though you know it is untrue, you can be convicted and fined up to \$500 and/or jailed up to 12 months. Voter Declaration – read and sign below I swear or affirm that: <ul style="list-style-type: none"> • I am a U.S. citizen • I live in Kentucky at the address listed above • I will be at least 18 years of age on or before the next general election • I am not a convicted felon, or if I have been convicted of a felony, my civil rights must have been restored by executive pardon • I have not been judged "mentally incompetent" in a court of law • I do not claim the right to vote anywhere outside Kentucky 			
If you select "Other" as your party affiliation, you are eligible to vote for only nonpartisan offices in any primary election. You may vote for any candidate in all general or special elections. Only persons timely registered shall have the right to vote.					
NOTE: You may change your political party affiliation at any time on or before December 31 st to remain eligible to vote in the following primary election.		<input checked="" type="checkbox"/> Signature		Date	
		TWO WITNESSES REQUIRED IF "MARK" IS USED			
		Witnessed By:		Witnessed By:	

To maintain your privacy, fold on perforated line, secure with tape and mail

COMMONWEALTH OF KENTUCKY MAIL-IN VOTER REGISTRATION FORM INSTRUCTIONS

You can use this form to:

- Register to vote in Kentucky
- Change your name
- Change you address
- Register with a party or change parties

Party Registration:

If you select "Other" as your party affiliation, you are eligible to vote for only nonpartisan offices in any primary election. You may vote for any candidate in all general or special elections. Only persons timely registered shall have the right to vote.

NOTE:

You may change your political party affiliation at any time on or before December 31st to remain eligible to vote in the following primary election.

**Questions? Call (502) 573-7100
or your local County Clerk**
Deaf and Hard of Hearing persons with TDD: call (502) 573-7100

CR5-7

Selective Service System

BENEFITS AND PROGRAMS LINKED TO REGISTRATION

Registration is the law. A man who fails to register may, if prosecuted and convicted, face a fine of up to \$250,000 and/or a prison term of up to five years.

Even if not tried, a man who fails to register with Selective Service before turning age 26 may find that some doors are permanently closed.

STUDENT FINANCIAL AID

Men, born after December 31, 1959, who aren't registered with Selective Service won't qualify for Federal student loans or grant programs. This includes Pell Grants, College Work Study, Guaranteed Student/Plus Loans, and National Direct Student Loans.

CITIZENSHIP

The U.S. Citizenship and Immigration Services (CIS) makes registration with Selective Service a condition for U.S. citizenship if the man first arrived in the U.S. before his 26th birthday.

FEDERAL JOB TRAINING

The Workforce Investment Act (formerly called the Job Training Partnership Act - JTPA) offers programs that can train young men for jobs in auto mechanics and other skills. This program is only open to those men who register with Selective Service. Only men born after December 31, 1959, are required to show proof of registration.

FEDERAL JOBS

A man must be registered to be eligible for jobs in the Executive Branch of the Federal government and the U.S. Postal Service. Proof of registration is required only for men born after December 31, 1959.

Some states have added additional penalties for those who fail to register. See [State Legislation](#).

Selective Service wants young men to register. It does not want them to be prosecuted or denied benefits. If a draft is ever needed, it must be as fair as possible, and that fairness depends on having as many eligible men as possible registered. In the event of a draft, for every man who fails to register, another man would be required to take his place in service to his country.

Contact Information

FOR INFORMATION REGARDING REGISTRATIONS:

Registration Information Office

Selective Service System
Data Management Center
P.O. Box 94638
Palatine, IL 60094-4638
Phone: 847-688-6888 or toll-free: 1-888-655-1825
TTY: 847-688-2567
Email: DMCSupport@sss.gov

Organizing and Maintaining Important Documents

There are a number of reasons why it is important to have a good organization system in place for your important documents. These documents include vital records such as birth certificates and marriage licenses, wills, bank statements, and tax records. In the event of a theft (for example, your purse or wallet), a natural disaster, or a sudden illness, you may need to access documents quickly and if you do not have an effective organization system, you will be unable to do so. The following tips will help you to easily organize and access your important documents.

- Keep all important documents in a safe, fire and water resistant place that is easily accessible to you, but hard to find by someone else.
- Create a filing system that works for you:
- Sort all like items together
 - Tax Returns and supporting documents like receipts and W2s
 - Birth Certificate, Social Security Card, Passport, a copy of your ID or Driver's License.
 - Bank Statements
 - Credit Card Statements
 - Property Deeds/Vehicle Titles, Rental Agreements
 - Warranty Information for large house hold items (Heating and Air, Appliances, etc)
- Make a list of Important Phone Numbers:
 - Insurance Company
 - Health
 - Home
 - Vehicle
 - Bank
 - Credit card companies
 - Utility Companies
 - Landlord

As a general rule of thumb you should keep all of your tax returns and supporting documents for 6 (six) years. You should also keep all bank statements, credit card statements, and/or investment records for 6 (six) years.

Any warranty, insurance, or service agreements only need to be kept as long as you have the particular item that is under warranty, insured or has a service agreement. For example: You bought a car a couple of years ago and had it insured. You sold your car last week. You will no longer need to keep any information on the car's service agreements from the dealership or anything regarding the insurance.

Make sure you keep your files updated. Any time you buy or sell something update your file. If you move, change banks, credit cards, etc. update your files to reflect the changes. Don't forget to update the list of important phone numbers.

Transition Plan

Demographic Information

Name _____ Age _____ DOB _____

Address _____

Phone _____ Email _____

How long have you lived at this residence? _____

Does the youth have any children? Yes No

Name of children:	Age:	State's custody:
1.		Yes <input type="checkbox"/> No <input type="checkbox"/>
2.		Yes <input type="checkbox"/> No <input type="checkbox"/>

Where and with whom do the children reside? _____

Where will the children reside when the youth turns 18 and leaves state's custody?

Does the youth have, or have access to copies of the below for when they turn 18:

Birth Certificate Yes No

Social Security Card Yes No

State issued ID Yes No

Medicaid Card Yes No

Lifbook /Medical Passport Yes No

Registration to Vote Yes No

If the youth does not have these documents, describe the plan to obtain them below:

Action Step	Responsible Party	Due Date
1.		
2.		

Youth's Self-Stated Vision

Can you tell us why we are here today? _____

Where do you see yourself in five (5) years? _____

Life Skills

Has the youth completed the Ansell-Casey Life Skills Assessment? Yes No Completed life skills classes and received the \$250 incentive? Yes No

(Committed youth 16 & over are required to complete both the assessment and life skills classes prior to leaving state's custody at 18.)

According to the Ansell-Casey Assessment, what are the youth's areas of strengths?

Needs? _____

What skills does the youth feel he/she needs to learn in order to live independently? _____

Life Skills Development Plan

Goal 1: _____
Goal 2: _____

Action Step	Responsible Party	Due Date
1.		
2.		

Education

High School G.E.D. Technical School College

Other (Describe) _____

Current or Highest Completed Grade: _____ Anticipated Graduation Date: _____

Is the youth making appropriate educational progress? Yes No

Comments: _____

Does the youth currently have an IEP? Yes No Don't Know

If yes, has the IEP been filed with the court? Yes No Don't Know

Please describe progress towards the IEP or specific issues that need to be addressed: _____

What specific educational strengths or needs does the youth have?

	Strengths	Needs
1.	_____	_____
2.	_____	_____
3.	_____	_____

What educational options has the youth considered after graduation? _____

Has the youth taken entrance exams (ACT/SAT/COMPASS) for college? Yes No

Comments: _____

Is the youth aware of financial aid resources available to attend technical schools or college such as the KY Foster/Adoptive Tuition Waiver, Education Training Voucher, FAFSA/Pell Grant, KEES, etc.? Yes No

Does the youth want or need support services (such as tutoring)? Yes No

Please describe desired/necessary services: _____

Education Plan

Goal 1: _____

Goal 2: _____

Action Step	Responsible Party	Due Date
1.		
2.		

Health

Does the youth currently have any health care needs that will hamper his/her ability to transition to independence after turn 18? Yes No If yes, please describe:

Does the youth know how to access free or low cost medical and dental services (health department, medical clinics, etc.)? Yes No

Does the youth have access to appropriate health care insurance? Yes No

If yes, who is the insurance carrier? _____

Does the youth have the appropriate Medicaid referrals, application and/or documentation?

Yes No

What activities or referrals will the youth need in order to access affordable, comprehensive health care? _____

Has the youth been informed of and received a copy of the health care proxy (living will) so someone can make health care treatment decisions on behalf of the youth if they are unable to do so?

Yes No

Plan for Youth's Health Needs

Goal 1: _____

Goal 2: _____

Action Step	Responsible Party	Due Date
1.		
2.		

Housing

Current Living Situation:

Foster Home Residential Facility Own Residence Relative Dorm

Other (Describe) _____

Where do you plan to live after leaving foster care? _____

Is the youth aware of the Chafee Independence Program room and board program for non-committed youth (18-21) and scattered site program for committed youth (18-21) and how to access both? Yes No

Is the youth aware of public housing and the application process? Yes No
 Is the youth aware of the start up costs for moving into an apartment? Yes No

CR8-2

Housing Plan

Goal 1: _____
 Goal 2: _____

Action Step	Responsible Party	Due Date
1.		
2.		

Employment

Does the youth currently have a job? Yes No

Current Employer: _____

Hours Per Week: _____ Hourly Wage: _____ Monthly Income: _____

How long has the youth been employed at this location? _____

Does the youth have access to health insurance through their employer?

Yes No

What are the youth's short-term employment goals? _____

What are the youth's long-term employment goals? _____

Does the youth presently have a savings/checking bank account? Yes No

Amount saved: _____

Does the youth know how to complete federal & state tax forms? Yes No

If not currently employed, are there local employers the youth may be interested in working for: _____

What skills does the youth report they need in order to become employed and maintain employment? (Review this in relation to the youth's Ansell-Casey results)

Comments: _____

Employment Plan

Goal 1: _____
 Goal 2: _____

Action Step	Responsible Party	Due Date
1.		
2.		

CR8-3

Extra-curricular Activities & Transportation

In what school, church or other extracurricular activities or clubs is the youth currently (or would like to be) involved? _____

In what individual, age-appropriate activities does the youth desire to participate (casual dating, overnight stays with friends, etc)? _____

Does the youth understand that the failure to complete responsibilities (house rules) as agreed may impact his/her ability to participate in certain activities? Yes No

Does the caregiver understand that it is their responsibility to monitor and implement this plan? Yes No

Teen Activities Plan:

Goal 1: _____

Goal 2: _____

Action Step	Responsible Party	Due Date
1.		
2.		

Does the youth know how to use public transportation? Yes No NA

Does the youth currently have a driver's license or learner's permit? Yes No

If the youth does not have a license, what specific barriers exist to obtaining a license? _____

Transportation Plan

Goal 1: _____

Goal 2: _____

Action Step	Responsible Party	Due Date
1.		
2.		

Ancillary Information

Are there any significant adults in the youth's life that act, or can act, as mentors?

Yes No If yes, who? _____

Describe any specific community or service agency referrals that may benefit the youth. (Vocational Rehabilitation, Public Assistance, etc.) _____

Describe any specific needs the youth indicates he/she has (Clothing, Prom Dress, Computer, Camp, etc.) _____

Ancillary Service Plan

Goal 1: _____

Goal 2: _____

Action Step	Responsible Party	Due Date
1.		
2.		

Name: _____ Date: _____

ILC or Instructor Name: _____

Education

Chafee Independence Program Life Skills Curriculum

Cabinet for Health and Family Services
Department for Community Based Services

Job vs. Career

Explain the difference between a job-for-now and a career.

List 3 examples of a job-for-now

List 3 examples of a career

What does one have to do to obtain a career that is not required for a job-for-now?

Which is likely to have more earnings potential a job-for-now or a career?

Technology in the Workplace

Almost any job or career now requires the use of technology. Being able to utilize current technology is extremely important in today's competitive job market. Many job advertisements will list different software programs or equipment as requirements for the position. If you are competent in any software programs or equipment, list those when completing your job resume'.

Directions: Match the following list of words to the appropriate statements below.

Laptop/Net-book

Copier/fax/printer/scanner

Microsoft Office Home & Student/Professional

Email/text messaging

Cell phone

Hand-held Scanner

Nearly everyone has one of these. Most have cameras, many will access the internet, you can text message and most require a contract and monthly fees. _____

This device is used by UPS drivers when delivering packages and employees that pick and sort orders. _____

This is an all in one device that can do many things. It may be large if located at a business or small if for home use. _____

This equipment is portable and takes the place of a conventional desktop computer. _____

This software is a must have for college students and many businesses. It includes programs such as Word, Excel, Access & PowerPoint. _____

This communication tool allows you to keep in touch with people electronically anywhere in the world by use of a laptop, net-book or cell phone. _____

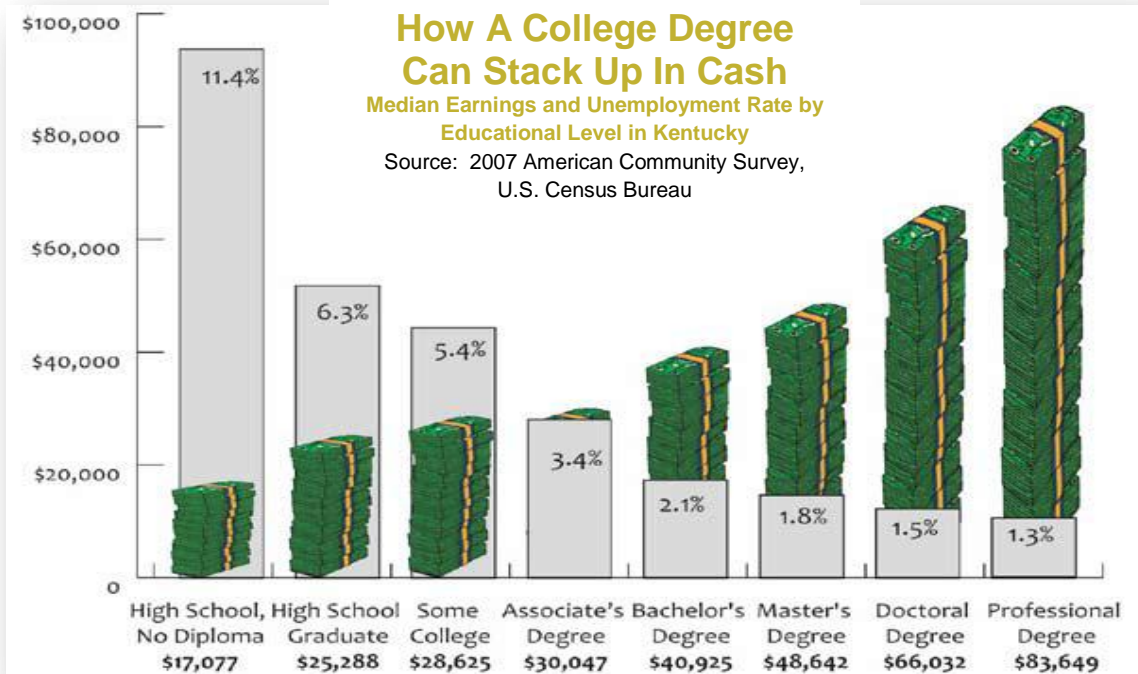
List 4 careers that utilize technology.

List any technological equipment that you can operate. _____

List any computer software programs you can use. _____

Why College?

Someone with a bachelor’s degree will make an average of \$16,300 more each year than someone with just a high school diploma. Over a 40-year working lifetime, that’s an extra \$652,000! “Getting In” will help you pick the best route to reach your educational and financial goals.



This graph gives the 2007 median earnings of people in Kentucky over age 25, both sexes, who worked year-round at a full-time job, based on their level of education, compared to the unemployment rate for each level of education. A median is a middle value, so the number of people earning less than the median is equal to the number of people earning more than the median. From Getting In KHEAA 2009-2010

Directions: Answer the following questions using the “Why College” handout.

What are the median earnings a year for someone without a high school diploma? _____

What are the median earnings a year for someone with an associate’s degree? _____

What are the median earnings a year for someone with a bachelor’s degree? _____

On average, how much more a year will someone make if you have a bachelor’s degree as opposed to a high school diploma? _____

During one’s working lifetime, how much more will someone make if you have a bachelor’s degree as opposed to a high school diploma? _____

What is the unemployment rate for someone with no high school diploma? _____

What is the unemployment rate for someone with bachelor’s degree? _____

What correlation do you see with one’s educational level and the unemployment rate? _____

Educational Resources

Identify 4 different educational options after high school or obtaining a GED:

Below are 6 financial aid programs that can help pay for your college expenses.

scholarships	work study	tuition waiver	loans
tuition assistance	tax forms	education training voucher	grants

Use the financial aid programs listed above to fill in the appropriate definition for each below.

Which of the above financial assistance options do not have to be repaid and are usually based on skill, ability, talent, or achievement? _____

This option does not have to be repaid (unless you quit attending classes & do not complete at least 60% of the coursework) and is based on financial need. _____

This supplemental program is only available to non-committed youth 18-23 that aged out on or after their 18th birthday or were adopted from the state foster care system after 16. You can receive up to \$5,000/year to help with school related expense. _____

_____ must be paid back in full with interest.

If you attend any instate public post secondary educational program, the _____ will cover the cost of your tuition expenses.

_____ consists of part-time employment on or off campus, which enables you to earn money to help pay the cost of your college expenses.

In order to be eligible for this financial aid program, you must be committed to the state and it will help pay for the remaining college expenses not covered by the tuition waiver, Pell Grant, CAP Grant, etc.

What information is required to complete the FAFSA (Free Application for Federal Student Aid)

ED3-1

My Career Plan

Directions: Create your own career plan below by using an occupation or career in which you are interested. You may or may not use all of the goals depending on how detailed your plan is. If you are unsure of your interests, click on the following link: <http://www.onetcenter.org/IP.html?p=3> to download, print and complete an "ONET" interest inventory. Software for the ONET Computerized Interest Profiler can be downloaded at: <http://www.onetcenter.org/CIP.html?p=3>. Or contact your regional independent living coordinator for a copy of the ONET interest inventory.

Career Objective:

I plan on studying to become a _____

Goal #1: _____

Time Frame for Goal #1:

<input type="checkbox"/> Next Few Days	<input type="checkbox"/> 1 – 2 Weeks	<input type="checkbox"/> 2 – 4 Weeks	<input type="checkbox"/> 1 – 3 Months
<input type="checkbox"/> 3 – 6 Months	<input type="checkbox"/> 6 – 12 Months	<input type="checkbox"/> 1 – 2 Years	<input type="checkbox"/> 2 – 4 Years
<input type="checkbox"/> 4 – 6 Years	<input type="checkbox"/> 6 – 8 Years		

Resources used for Goal #1: _____



Goal #2: _____

Time Frame for Goal #2:

<input type="checkbox"/> Next Few Days	<input type="checkbox"/> 1 – 2 Weeks	<input type="checkbox"/> 2 – 4 Weeks	<input type="checkbox"/> 1 – 3 Months
<input type="checkbox"/> 3 – 6 Months	<input type="checkbox"/> 6 – 12 Months	<input type="checkbox"/> 1 – 2 Years	<input type="checkbox"/> 2 – 4 Years
<input type="checkbox"/> 4 – 6 Years	<input type="checkbox"/> 6 – 8 Years		

Resources used for Goal #2: _____



Goal #3: _____

Time Frame for Goal #3:

<input type="checkbox"/> Next Few Days	<input type="checkbox"/> 1 – 2 Weeks	<input type="checkbox"/> 2 – 4 Weeks	<input type="checkbox"/> 1 – 3 Months
<input type="checkbox"/> 3 – 6 Months	<input type="checkbox"/> 6 – 12 Months	<input type="checkbox"/> 1 – 2 Years	<input type="checkbox"/> 2 – 4 Years
<input type="checkbox"/> 4 – 6 Years	<input type="checkbox"/> 6 – 8 Years		

Resources used for Goal #3: _____



Goal #4: _____

Time Frame for Goal #4:

- | | | | |
|--|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Next Few Days | <input type="checkbox"/> 1 - 2 Weeks | <input type="checkbox"/> 2 - 4 Weeks | <input type="checkbox"/> 1 - 3 Months |
| <input type="checkbox"/> 3 - 6 Months | <input type="checkbox"/> 6 - 12 Months | <input type="checkbox"/> 1 - 2 Years | <input type="checkbox"/> 2 - 4 Years |
| <input type="checkbox"/> 4 - 6 Years | <input type="checkbox"/> 6 - 8 Years | | |

Resources used for Goal #4: _____



Goal #5: _____

Time Frame for Goal #5:

- | | | | |
|--|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Next Few Days | <input type="checkbox"/> 1 - 2 Weeks | <input type="checkbox"/> 2 - 4 Weeks | <input type="checkbox"/> 1 - 3 Months |
| <input type="checkbox"/> 3 - 6 Months | <input type="checkbox"/> 6 - 12 Months | <input type="checkbox"/> 1 - 2 Years | <input type="checkbox"/> 2 - 4 Years |
| <input type="checkbox"/> 4 - 6 Years | <input type="checkbox"/> 6 - 8 Years | | |

Resources used for Goal #5: _____

My Career Plan

You are currently a senior in high school and have a Career goal to become an elementary school teacher. You plan on attending the local community college for 2 years and then transferring to a state university.

Directions: Put in chronological order the steps (1 – 10) it would take to fulfill that goal.

- _____ Complete student teaching/internship
- _____ Complete bachelors degree
- _____ Apply for admissions to attend local community college
- _____ Apply for teaching position at local elementary school
- _____ Apply for admissions to state university
- _____ Complete associate's degree
- _____ Register and take ACT test
- _____ Complete FAFSA online
- _____ Take and pass related certification tests
- _____ Graduate from high school

**Congratulations...you have just begun a rewarding career in teaching!
The pay is pretty good and you get most of the summer off!**

Extended Commitment

Directions: Check the appropriate box for the statements below.

	Responsibilities Of Agency	Responsibilities Of Youth
Maintain a 2.0 G.P.A. while in an educational program.	<input type="checkbox"/>	<input type="checkbox"/>
Conduct monthly home visits.	<input type="checkbox"/>	<input type="checkbox"/>
Attend an educational program full-time and maintain part-time employment.	<input type="checkbox"/>	<input type="checkbox"/>
Complete and submit necessary paperwork to enroll in college in a timely manner (FAFSA, tuition waiver, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Contact social worker or coordinator if one plans to leave state's custody, change jobs, travel out of state, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Complete extension of commitment contract prior to turning 18.	<input type="checkbox"/>	<input type="checkbox"/>
Help with medical expenses if not covered by medical card, health insurance at work or school health insurance.	<input type="checkbox"/>	<input type="checkbox"/>
Create a realistic budget/spending plan when living in an independent living placement.	<input type="checkbox"/>	<input type="checkbox"/>
Complete the youth surveys at age 17, 19 & 21.	<input type="checkbox"/>	<input type="checkbox"/>
Complete youth transition plan at 17 and updates every 6 months until leaving state's custody.	<input type="checkbox"/>	<input type="checkbox"/>

List three living arrangements (or types of placements) for extended commitment:

List three advantages of extending commitment:

Extension/Reinstatement of Commitment Agreement

(sample outline for regions to utilize/customize as appropriate)

I, _____, have requested that my commitment with the Cabinet for Health and Family Services be extended for educational purposes.

I understand

- I must attend high school, college or a vocational training program full-time;
- I must
 - attend high school as scheduled, or
 - pass 12 hours a semester in college, or
 - be considered a full-time student by the vocational institution;
- I must maintain a 2.0 GPA (C average) and remain in good conduct standing with the school or program;

The Cabinet for Health and Family Services has explained to me that if my GPA is below a 2.0 or I do not pass 12 hours a semester, my commitment with the Cabinet may be ended.

The Cabinet for Health and Family Services has explained the benefits of working part-time while enrolled full-time in an educational program. During the summer months when not in classes, I understand that I will be expected to work at least 30 hours a week. A portion of my summer earnings will be applied to fall tuition costs. If I am in a half-day GED program, I understand that I will be expected to work at least 15 hours a week.

I also understand that I must live in a Cabinet for Health and Family Services approved placement. Because I am over 18 years old, the Cabinet for Health and Family Services has explained to me that it is extremely difficult to find placement. Therefore, should my behavior result in placement disruptions, the Cabinet for Health and Family Services may request that my commitment be ended. I also understand that if I incur criminal charges, my commitment may be ended.

My specific plans during my extended commitment are as follows:

Signatures:

_____	_____
_____	_____
_____	_____

What's Your Learning Style?

By Marcia L. Conner

Learning style refers to the ways you prefer to approach new information. Each of us learns and processes information in our own special style, although we share some learning patterns, preferences, and approaches. Knowing your own style also can help you to realize that other people may approach the same situation in a different way from your own.

Take a few minutes to complete the following questionnaire to assess your preferred learning style. Begin by reading the words in the left-hand column. Of the three responses to the right, circle the one that best characterizes you, answering as honestly as possible with the description that applies to you right now. Count the number of circled items and write your total at the bottom of each column. The questions you prefer provide insight into how you learn.

1. When I try to concentrate...	I grow distracted by clutter or movement, and I notice things around me other people don't notice.	I get distracted by sounds, and I attempt to control the amount and type of noise around me.	I become distracted by commotion, and I tend to retreat inside myself.
2. When I visualize...	I see vivid, detailed pictures in my thoughts.	I think in voices and sounds.	I see images in my thoughts that involve movement.
3. When I talk with others...	I find it difficult to listen for very long.	I enjoy listening, or I get impatient to talk myself.	I gesture and communicate with my hands.
4. When I contact people...	I prefer face-to-face meetings.	I prefer speaking by telephone for serious conversations.	I prefer to interact while walking or participating in some activity.
5. When I see an acquaintance...	I forget names but remember faces, and I tend to replay where we met for the first time.	I know people's names and I can usually quote what we discussed.	I remember what we did together and I may almost "feel" our time together.
6. When I relax...	I watch TV, see a play, visit an exhibit, or go to a movie.	I listen to the radio, play music, read, or talk with a friend.	I play sports, make crafts, or build something with my hands.
7. When I read...	I like descriptive examples and I may pause to imagine the scene.	I enjoy the narrative most and I can almost "hear" the characters talk.	I prefer action-oriented stories, but I do not often read for pleasure.
8. When I spell...	I envision the word in my mind or imagine what the word looks like when written.	I sound out the word, sometimes aloud, and tend to recall rules about letter order.	I get a feel for the word by writing it out or pretending to type it.
9. When I do something new...	I seek out demonstrations, pictures, or diagrams.	I want verbal and written instructions, and to talk it over with someone else.	I jump right in to try it, keep trying, and try different approaches.

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10. When I assemble an object...	I look at the picture first and then, maybe, read the directions.	I read the directions, or I talk aloud as I work.	I usually ignore the directions and figure it out as I go along.
11. When I interpret someone's mood...	I examine facial expressions.	I rely on listening to tone of voice.	I focus on body language.
12. When I teach other people...	I show them.	I tell them, write it out, or I ask them a series of questions.	I demonstrate how it is done and then ask them to try.
Total	Visual: _____	Auditory: _____	Tactile/Kinesthetic: _____

The column with the highest total represents your primary processing style. The column with the second-most choices is your secondary style.

Your primary learning style: _____

Your secondary learning style: _____

Now that you know which learning style you rely on, you can boost your learning potential when working to learn more. For instance, the following suggestions can help you get more from reading a book.

If your primary learning style is **visual**, draw pictures in the margins, look at the graphics, and read the text that explains the graphics. Envision the topic or play a movie in your thoughts of how you'll act out the subject matter.

If your primary learning style is **auditory**, listen to the words you read. Try to develop an internal conversation between you and the text. Don't be embarrassed to read aloud or talk through the information.

If your primary learning style is **tactile/kinesthetic**, use a pencil or highlighter pen to mark passages that are meaningful to you. Take notes, transferring the information you learn to the margins of the book, into your journal, or onto a computer.

Doodle whatever comes to mind as you read. Hold the book in your hands instead of placing it on a table. Walk around as you read. Feel the words and ideas. Get busy—both mentally and physically.

More information on each style, along with suggestions on how to maximize your learning potential, is available in the book *Learn More Now* (Hoboken, NJ; John Wiley & Sons, 2004).

A previous version of this assessment was published in *Learn More Now: 10 Simple Steps to Learning Better, Smarter, and Faster* (Hoboken, NJ; John Wiley & Sons, March 2004). Learn about the book and read an excerpt at <http://www.marciacconner.com/learnmorenow/>. Join the Ageless Learner mailing list to receive information about issues related to assessments and learning across the lifespan at <http://www.agelesslearner.com/joinus.html>.

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MLC011008

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View this assessment online at <http://www.agelesslearner.com/assess/learningstyle.html>
ED6-1

TUITION WAIVER FOR FOSTER AND ADOPTED FOR CHILDREN

SECTION 1 — APPLICANT INFORMATION

FULL NAME: <i>(please print)</i>		
STREET:		CITY:
STATE:	ZIP:	COUNTY:
E-MAIL ADDRESS:		
PHONE NUMBER:	DATE OF BIRTH:	SSN:
FOSTER OR ADOPTIVE PARENTS' FULL NAMES (Include Middle &/or Maiden Name):		
DATE OF HIGH SCHOOL GRADUATION OR GED CERTIFICATE:		
DATE OF ANTICIPATED ENTRY TO INSTITUTION:		

Student requests waiver under the following conditions *(check all that apply)*:

- Is currently committed and placed in foster care by the Cabinet for Health and Family Services.
- Is in an Independent Living Program funded by the Cabinet for Health and Family Services.
- Was in the permanent legal custody of the Cabinet for Health and Family Services prior to being adopted and the family received state-funded adoption assistance.
- Was in the legal custody of the Cabinet for Health and Family Services on his or her eighteenth (18th) birthday.

Has applicant previously applied and received a Tuition Waiver for Foster and Adopted Children?
_____ Yes _____ No If "Yes", when? _____

Release of this information shall not constitute a breach of confidentiality required by KRS 199.570 and 620.050. I agree to the release of the above-referenced information to the post-secondary institution.

I agree to provide the Cabinet for Health and Family Services the date of my graduation.

Student or Guardian Signature

Date

SECTION 2 — PUBLIC POST-SECONDARY INSTITUTION REQUEST

I am requesting that the information in Section 1 be verified to determine the eligibility of the above named applicant.

Name of Institution

Address of Institution

Phone number

Date

Institution Contact Person (Please print)

SECTION 3 – TUITION WAIVER VERIFICATION

ATTN: SHELLEY BROWN
ATTN: Tuition Waiver
275 East Main Street Mail Drop 3 E-D
Frankfort, KY 40621
502-564-2147 or 800-232-5437

(FAX: 502-564-5995) _____ ELIGIBLE _____ INELIGIBLE

If ineligible, you have the right to appeal in accordance with 922 KAR 1:320.

SIGNATURE OF AUTHORIZED CABINET PERSONNEL

DATE

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INSTRUCTIONS FOR COMPLETING THE TUITION WAIVER FOR FOSTER AND ADOPTIVE CHILDREN

Section 1:

The student completes the student information section and Section 1 of the form.

Please include all information as follows:

- First, middle and last names;
- House number, street name, city, state and zip code;
- Phone number, including area code;
- Month, day and year of birth;
- Social Security number;
- Foster or adoptive father's full name, including middle name or initial and foster or adoptive mother's full name including maiden name;
- Indicate date of high school graduation or GED Certificate;
- Indicate date of anticipated entry into public post-secondary institution;
- Indicate whether student has previously applied for the waiver;
- Check the correct eligibility criteria box;
- Check box for release of information; and
- Sign and date the form.

After completion of the student information section and Section 1 of the form, turn the form in to the public post-secondary institution.

Section 2:

Completed by public post-secondary institution.

Section 3:

Completed by the Cabinet for Health and Family Services.

- Verifies eligibility criteria. Marks the appropriate box;
- If the applicant meets the eligibility criteria, signs the form and mails it to the post-secondary institution within thirty (30) working days from the date of receipt from the requesting institution with a copy to the applicant;
- If the applicant does not meet the eligibility criteria and is found ineligible, returns a copy of the signed form to the post-secondary institution and applicant;
- Forwards to the applicant a copy of the DPP-154A, Notice of Intended Action and the
- DPP-154, Service Appeal Request.

REQUEST FOR EDUCATIONAL AND TRAINING VOUCHER FUNDS

SECTION 3 – APPLICANT EXPENSES AND INCOME

Education/Training Voucher Expenses		Resources/Income	
Tuition (per semester)	\$	PELL Grant Amount	\$
Dormitory room, fees, supplies	\$	Supplemental Educational Opportunity Grant (SEOG)	\$
Books, supplies, fees	\$	College Access Program (CAP)	\$
Meal Plan	\$	Kentucky Tuition Grant (KTG)	\$
Day Care (while in classes or tutoring)	\$	Kentucky Educational Excellence Scholarship (KEES)	\$
Equipment	\$	National Direct Student Loan	\$
Parking Permit	\$	Kentucky Transitional Assistance Program (K-TAP)	\$
Transportation Allowance (use the block below to figure amount)	\$	Work Study	\$
Other (please list)	\$	Summer Earnings	\$
		Vocational Rehabilitation	\$
		Veteran's Administration	\$
		Tuition Waiver for Foster & Adopted Children	\$
		Other (please list—include private scholarships)	\$
		Early Childhood Development Scholarship	\$
		KHEAA Teacher Scholarship	\$
TOTAL EXPENSES	\$	TOTAL RESOURCES/Income	\$

Requested Funds \$ _____

Restrictions:

Comments:

Student Signature Date

Independent Living Coordinator Date

Use the block below to figure transportation allowance:

1. Distance between home & school/job training (miles)?	2. How many trips per week?	3. How many weeks per semester/time period?	Reimbursement Rate (multiply by blocks 1, 2 & 3)	TOTAL Travel Allowance per Semester (enter amount under expenses above)
			.41	\$

INSTRUCTIONS FOR COMPLETING THE REQUEST FOR EDUCATIONAL AND TRAINING VOUCHER FUNDS

Section 1: The student completes Section 1 of the form.

Please include all information as follows:

- First, middle and last names;
- House number, street name, city, state and zip code;
- Phone number, including area code;
- Month, day and year of birth;
- Social Security number;
- Name of the school or job training program the student is attending;
- The college major or job training program name/certification;
- Student's school address, including dormitory name, box number, school, city, state and zip code
- Student's school phone number including area code;
- Student's school classification (i.e., freshman, sophomore, junior, senior);
- Time period for which funds are requested;
- Check the correct eligibility criteria box;
- Indicate whether student has previously applied for the funds;
- Check box for release of graduation/completion of program date; and
- Sign and date the form.

After completion of Sections 1 and 3 of the form, mail or fax the form to the address listed on the form.

Section 2: Completed by Cabinet for Families and Children authorized staff.

- Verifies eligibility criteria. Marks the appropriate box;
- If the applicant meets the eligibility criteria, signs the form and makes arrangements for payment of funds;
- If the applicant does not meet the eligibility criteria and is found ineligible, returns a copy of the signed form to the applicant;
- Forwards to the applicant a copy of the DPP-154A, Notice of Intended Action and the DPP-154, Service Appeal Request.

Section 3: The student completes Section 3 of the form.

- Complete expenses and income;
- Calculate transportation expenses in the table provided;
- Sign and date the form and obtain signature and date of Independent Living Coordinator. The Independent Living Coordinator may be located by contacting the local office or by contacting Shelley Brown at 800-232-5437, ext. 4497.
-

ED7-4

Education Training Voucher (ETV) Guidelines

1. The Education Training Voucher (ETV) process is determined by central office personnel (Frankfort) rather than the regional Independent Living Coordinator (ILC). The regional ILC will help you fill out and submit all necessary paperwork and help with any problems that may occur throughout the semester.
2. **ETV funds are not to be considered an income, nor should you become dependent on receiving the check the same day every month because there may be many delays in this process.** It is, by federal mandate, a supplemental limited amount of funds to augment your federal financial assistance, KEES, CAP, private scholarships and any part- or full-time employment or work study job on campus.
3. ETV applications are processed and forwarded with a check request to General Accounting, usually the same day it arrives in Frankfort. However, this process is handled by more than one government agency and after it leaves Central Office we have no more control over it.
4. Each month if your password or user name changes you will need to call **Shelley Brown's** Office 502-564-2147 to update your user name and password. A check cannot be requested until we have the updated **user name and password.** If you are attending a private school that does not have Id and Passwords then you must fill out a verification form every month and mail it to Shelley Brown. When we receive the form or the updated account information; on the 15th of each month, we will make a check request and send it to the accounting department. After that, another division directs the process and we no longer have control over it.
5. If you move during the semester please provide us with your new address ***IMMEDIATELY*** so that it does not slow up the process. Call Shelley Brown (502-564-2147) to make this change.
6. In order to qualify for ETV each semester your grade point average needs to be at least a 2.0. Each semester, Shelley Brown will check grades monthly, unless you are going to a private school, then you must supply those grades each month along with the verification form.

I have read the guidelines listed above, understand and agree to abide by them. Failure to do so may result in my ETV funds being terminated. You will need to provide the username and pass code to Shelley Brown shelley.brown2@ky.gov BEFORE you receive your next ETV Check.

Student Account Information:

User ID: _____ Password: _____

Client Date ILC Date

College Admissions Checklist:

- Admissions application**
 - Complete and submit an admissions application to the college's admissions office.
 - Some colleges are willing to waive the admissions application fee. It may require a letter(s) from the youth's high school counselor and/or social worker that a youth is on the free or reduced lunch program and in state's custody. Check with the admissions office regarding requirements for a fee waiver.

- High school transcript or GED scores**
 - Contact high school or GED center and submit an official high school transcript or GED scores to the college.

- Orientation and scheduling of classes**
 - Once officially admitted to the college, the youth needs to check to see when and where orientation is scheduled, meet with their advisor and schedule classes for the semester.

- ACT or COMPASS Test**
 - Foster youth can get the \$30 ACT fee waived twice.
 - The youth will need to contact their high school counselor regarding completing the fee waiver form and submit it with their ACT packet.
<http://www.actstudent.org/regist/index.html>

 - Youth that have not taken the ACT and are enrolling at a community or technical college can take the COMPASS Test.
 - Contact the community or technical college regarding scheduling a time to take the COMPASS.
 - There is no fee for first-time test takers.
 - The re-testing fee is \$7.00 per section or \$20.00 for all three sections.

- Housing Application**
 - Complete and submit housing application.
 - Some colleges are willing to waive the housing deposit. This may require a letter from the youth's social worker that a youth is in state's custody. Check with the housing office regarding requirements for the waiver.
 - Freshmen and sophomores are usually required to live on campus if dorms are available. Foster youth not living on campus must complete a housing exemption form.

Financial Aid Checklist:

FAFSA (Free Application for Federal Student Aid):

- Apply for PIN (to electronically sign) and complete the FAFSA online.
 - The priority deadline in KY is **March 15**.
 - **All committed youth** that plan to attend college or technical schools are required to complete the **FAFSA**. It is **EXTREMELY IMPORTANT** that the FAFSA be completed ASAP after **January 1**.
 - Committed youth **DO NOT** have to complete the information and sections on their parent's income.
 - Foster parent's **DO NOT** include their income on the FAFSA in the parental section, unless they adopted the youth.
 - Many foster youth are selected for verification since they have no income. They must complete additional paperwork at the financial aid office, which may require a copy of the youth's commitment order to prove they are in state's custody.
 - Once a youth receives their Student Aid Report (SAR) they should contact the financial aid office to determine the status of their financial aid and notify their social worker and/or independent living coordinator regarding the amount of their financial aid package.
 - A renewal FAFSA application must be completed each year after January 1 and before the priority deadline of March 15.
www.fafsa.ed.gov
www.studentaid.ed.gov/

School financial aid form

- Complete the college's financial aid form and submit to the financial aid office.

Tuition Waiver

- The youth completes Section 1, submits the form to the college's financial aid office.
 - The waiver is not accepted at private colleges.

Scholarships

- Youth are encouraged to apply for academic and athletic scholarships.
 - Many scholarship deadlines are **February 1**.
 - Check with the college the youth plans to attend and high school counselors regarding eligibility requirements and deadlines.
www.fastweb.com
www.orphan.org (Orphan Foundation of America)

DPP – 103 Tuition Assistance Application

- When a foster youth's school expenses are not covered by financial aid, the DPP-103 Tuition Assistance Application is completed by the youth's worker and approved by the SRA for payment.
 - The form is completed each semester and at least 4 weeks prior to classes beginning.
 - A copy of the approved DPP-103 should be faxed or mailed to the school's bursar office to let them know that the youth's expenses not covered by financial aid can be billed to the state.

ED8-1

- Department for Vocational Rehabilitation:**
 - Foster youth receiving VR services can ask if they can assist in payment of books or supplies that a youth may need for their classes.

- Work Study/Student Employment:**
 - Youth are encouraged to seek student employment with the federal work-study program. Limited jobs are available on campus for youth so they need to apply early.
 - The work-study program does fill the youth's part-time employment requirement for extended commitment.

- Loans:**
 - Committed youth **should not** apply for student loans.

- KEES:**
 - Youth are eligible for **KEES** (Kentucky Educational Excellence Scholarship), based on high school grades and ACT scores.
 - KEES money is applied to the youth's account by the college.
 - By accessing the link below, a youth can see how much they will be receiving for college.
<http://www.kheaa.com/website/kheaa/kees?main=1>

- Books and supplies:**
 - If a foster youth's financial aid is approved/verified, they need to sign a release form at the college's financial aid office to be able to receive a book voucher and charge their books at the bookstore.
 - The youth needs to check with the bookstore to see when they can charge their books and supplies.
 - If a youth's financial aid **is not** approved/verified by the time classes begin, a worker should get approval from the region's SRA so the youth can charge their books/supplies at the bookstore.
 - An approval letter should be faxed to the bookstore with the amount the youth can charge and the bookstore will bill the state.

- Grades:**
 - It is recommended that youth give their social worker and/or independent living coordinator their Student ID and PIN in order to access their student account to verify a youth's class schedules, mid-terms and final grades.

- Withdrawal from college:**
 - A foster youth should contact their social worker and/or independent living coordinator immediately if thinking about withdrawing from a class or from college.
 - It is extremely important to follow the college's procedures for withdrawal from a class or withdrawal from school. Withdrawal usually requires written notification and approval from the youth's advisor and each class professor.
 - **If a youth drops a class, all classes or stops attending classes after receiving financial aid, they may have to re-pay some, if not all of their financial aid and it make affect financial aid eligibility in the future.**

Name: _____

Date: _____

ILC or Instructor Name: _____

Employment Skills

Chafee Independence Program Life Skills Curriculum

Cabinet for Health and Family Services
Department for Community Based Services

Importance of Employment

We all have basic needs (food, shelter & companionship) and wants (nice car, stylish clothes). How do human needs and wants relate to employment? _____

Explain 3 ways in which work affects an individual's way of life.

List 4 reasons why people work.

What Do I Want Out Of A Job?

I go to work for/to get...	Mostly	Partly	Never
To get away from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excitement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power - control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fun/enjoyment - I like it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To feel important - prestige	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Society – you are supposed to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To make friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual challenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: Adapted from Preparation for Employment Curriculum. New York State Division For Youth, 1981

Job Search

There are many ways you can search for a job. We are going to discuss 5 of the most common ways which include: networking, internet, help wanted signs, employment agencies and classified ads.

Networking:

Do you realize that **75%** of all job openings are not advertised? So how are those job positions filled?

They are filled by asking your friends, relatives and neighbors if they know of any job openings. In other words, get out there and network! Networking is basically connecting people through other people. Most everyone can think of at least 50 friends, relatives and neighbors. They also know at least 50 additional people. If you contact your 50 people and they contact their 50 people, you will have **2,500** people helping you to find a job!

Why are employers more likely to hire friends or relatives of current employees?

- Employees that are good workers are more likely to recommend friends or relatives that will be good workers.
- Since the employer does not have to advertise in the classified section, it saves the company money.

Internet:

About 66% of job hunters utilize the internet to find employment. Many people access websites such as:

www.careerbuilder.com

www.monster.com

www.hotjobs.com

The websites above not only have job postings, but they also have resources such as resumé templates, cover letters, interview hints and other useful job hunting tips. Most newspapers also have their classifieds posted online.

Help Wanted Signs:

As you are walking or driving around town, look for help wanted signs in store windows or on marquee signs. If you are interested, go in and ask for a job application. Try to keep a pen with you so you can complete the application at the store and turn it in that same day.

Employment agencies:

Many job hunters use employment agencies to find a job. There are 2 types of employment agencies: **Public employment agencies** and **Private Employment Agencies**. You can look in the Yellow Pages of the phonebook under "Employment" or search on the internet to find employment agencies in your area.

Public Employment Agencies are run by the state and are often called the Department for Employment Services or Career Centers. They act as clearinghouses for local factory applicants. Many companies notify public employment offices prior to hiring new employees. Trained staff assist job hunters search the computerized job banks and arrange interviews with employers. Services are free at public employment agencies.

Private Employment Agencies perform many of the functions of a public employment agency but usually work with fewer jobseekers. Applicants complete detailed paperwork on their skills/abilities and past employment experiences. Some jobs may provide temporary employment or full-time opportunities. Applicants may be charged fees at private employment agencies. Examples of private employment agencies include: Adecco, Temps Plus, Perma Staff & People Lease.

Directions: Answer the following questions.

1. What is the difference between a private and public employment agency?

2. Look on the internet or in the Yellow Pages and find the name, address and phone # of a local public and private employment agency.

Public: _____

Address: _____ Phone # _____

Private: _____

Address: _____ Phone # _____

Reading Classified Ads

Classified Ads:

75% of job hunters use the classified ads of newspapers to find a job. Because it costs for each line to advertise in a newspaper, abbreviations are often used to keep down the cost of the ad.

Directions: Read the job ads below and answer the following questions.

Job #1

CNA

F/T or P/T evening shift, work every other weekend, exp. pref. Health insurance & 401K. Apply at Greenplace Nursing Home, 3840 Camelot Drive. Call Sue at 273-7575. EOE

Job #2

Delivery Driver

Earn up to \$100/day. P/T. MWF, 5 - 10 PM. Must have driver's license, good driving record, insurance, dependable transportation with A/C. Mike at 723-4477. EOE

Which job...

	Job #1	Job #2
Requires work on weekends?	<input type="checkbox"/>	<input type="checkbox"/>
Is full-time?	<input type="checkbox"/>	<input type="checkbox"/>
Offers health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Which requires a vehicle with AC?	<input type="checkbox"/>	<input type="checkbox"/>
Offers part-time employment?	<input type="checkbox"/>	<input type="checkbox"/>
Offers a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Prefers you have experience?	<input type="checkbox"/>	<input type="checkbox"/>
Requires a good driving record?	<input type="checkbox"/>	<input type="checkbox"/>
Is an equal opportunity employer?	<input type="checkbox"/>	<input type="checkbox"/>

Employee/Applicant Selection

Selection Criteria are the key competencies required for a position; they include the skills, knowledge, experience, values, and personal attributes required. When the selection criteria is provided use this information to prepare your application, resumé, and cover letter. If the job ad specifies what types of skills are desired for that job and you possess these skills be sure to list them in your resumé and emphasize them in your application and cover letter.

Below is a sample job ad with the job duties, responsibilities and required skills duties.

Who says you can't have fun at work? At _____ we thrive as a team and have a little fun while we're at it. We are looking for enthusiastic Customer Service Associates to drive results and enhance the customers experience by providing exceptional service that supports Old Navy's Service Vision.

The Customer Service Associate upholds the standard of Friendly, Available, and Quick on the Sales Floor, Fitting Room, and Cashier Work Centers where the #1 priority is the customer.

ESSENTIAL DUTIES & RESPONSIBILITIES:

- Indicate availability to the customer by facing the front of the department.
- Acknowledge and greet the customer within ten feet of entering the area.
- Acknowledge additional customers and set expectation for service.
- Educate customers on the benefits of Old Navy Card.
- Prioritize assisting customers over other tasks.
- Work quickly without pressuring customers to rush, be respectful of customer's time.
- Acknowledge customers – Greet them with a smile.
- Follow up with customers to see if they need additional assistance
- Follow all cash handling procedures per company guidelines.

REQUIRED SKILLS:

- Demonstrated time management and organizational skills.
- Proven written and verbal communication skills.
- Demonstrated passion for extraordinary customer service.
- Retail experience preferred.
- Lift and carry up to 50 pounds.
- Ability to effectively maneuver around sales floor and stockroom, repetitive bending, prolonged standing, twisting, stooping, squatting, climbing.
- Ability to work with/around cleaning chemicals.
- Ability to work a flexible schedule to meet the needs of the business, which will require evening and weekend shifts.

Remember to ask questions when searching for a job. Don't be afraid to call the contact listed with an application to find out any answers that aren't on the application or to clarify anything.

Resumé

“Résumé: n. a statement of a job applicant’s previous employment experience, education, etc.”
(Webster’s Dictionary)

When writing a resumé, you need to make a few decisions before typing it out.

- What type of job do you want? What type of resumé? What information about yourself are you going to put in your resumé?

Two types of resúmes include a FUNCTIONAL and CHRONOLOGICAL .

- The **FUNCTIONAL** resumé is for someone with little job experience; it highlights strengths and abilities learned through school or volunteer work.
- The **CHRONOLOGICAL** resumé highlights your job experience in order of current or last job first, then the job before, and so on.

If you have a computer with Microsoft Word or Works, use one of the included resumé templates to create your own resumé.

WANDA STONE

FUNCTIONAL SUMMARY

Offering skills in word processing, spreadsheets, desktop publishing, switchboard operation, and knowledge of office machines and systems. Wish to use these skills as secretary. Available June 1, 1999.

LEARNING SKILLS

Quick learner – follow instructions

As a worker in the principal’s office, learned to operate the school switchboard with brief instruction; later devised a new way to keep track of employees as they left the building and returned. Persuaded the principal to try this system which is still in use.

LEADERSHIP, PLANNING SKILLS

Can organize and follow through on a project

As president of Tri-teen Club, organized a Talent Night, coordinated needed committees and raised \$400 for charity.

WORK WELL WITH OTHERS

Good listener – get along well with people

Have been complimented by friends as being the best listener and the friend they most like to talk to; get along well with people of all ages.

OFFICE EQUIPMENT SKILLS

Proficient in Word, Excel, Access and PageMaker, can operate a copy machine, Fax machine, and calculator. Can operate a switchboard and use correct telephone procedures.

Accomplishments

- ❖ Received one of three proficiency certificates in word processing class.
- ❖ Often asked to assist other students in word processing class.
- ❖ Overall rank in class: upper quarter.

215 SOUTH ASHLAND STREET • HANOVER, KY 40621 • PHONE (502) 555-9335

299 Fern Hill Road
Clarksville, KY 62501

Phone (894)555-9090
E-mail
michael.mccarthy@state.mail.us

Michael Hill McCarthy

Objective

Seek position as sales manager – to use planning, supervisory, and sales skills. Management experience in large and small businesses. Proven skill in developing sales plans and handling details smoothly and calmly.

Experience

Sales Manager, Country Cookin’ Foods Company, Clarksville, KY, 1997 – Present. As manager of a three-person team, reorganized sales efforts by developing distributor system and a systematic approach for cold calls and follow-up. Increased wholesale sales by 20 percent, corporate gifts by 100 percent each year.

- ❖ Became familiar with special contract negotiations, pricing large quantity sales, dealing with decision makers.
- ❖ Learned to supervise effectively, coordinate the efforts of other workers, and work efficiently under pressure.
- ❖ Company owner complimented me as having done “an outstanding job.”

Sales Representative, United Business Forms, Clarksville, KY, 1994-97. Took over sales territory which had lost market share in previous two years. Increased sales by 15 percent in first year. Was selected as one of the Top Ten New Sales Representatives in the country after first year. Consolidated gains in second year, adding 25 percent in sales. Commended for having the highest number of new customers for two quarters.

- ❖ Researched possibilities for new sales contacts, figured grids, solved delivery problems for customers.
- ❖ My supervisor, John Anderson, told me I was “the most persistent salesman he has worked with.”

Education

1990 - 1994 University of Kentucky Lexington, KY

BA/Business

- Particularly enjoyed marketing courses.

Personel

Enjoy and get along well with people...like to improve business processes to bring order out of chaos.

Above are 2 examples of resúmes. Determine what type of resumé each is.

A rectangular box with a small upward-pointing arrow above its center, intended for the student to write their answer for the first resumé.

A rectangular box with a small upward-pointing arrow above its center, intended for the student to write their answer for the second resumé.

Cover Letters

Below is a cover letter which could be sent with a resumé for a job position found in a newspaper. Directions: Identify the different parts of the letter by writing the letter of each in the appropriate bubble. Choose from the list of words below.

- a. salutation
- b. return address
- c. closure
- d. job for which you are applying
- e. qualifications
- f. addressee

Dr. John Mills
102 Main Street
Independent City, KY 40000

Dear Dr. Mills:

1000 Kentucky Street
Independent City, KY 40000
January 16, 2010

I would like to apply for the position of Veterinarian's Assistant that you advertised in the ***Independence News***.

I am a junior at Independent City High School and a member of FFA. I live on a farm and help my father tend animals and raise crops. I have been interested in being a vet for several years and have quite a bit of experience working with animals. I am willing to work weekdays until school starts and after school and on Saturdays during the school year. I am familiar with most office equipment and am a fast learner.

I am enclosing my resumé listing my qualifications. I look forward to scheduling an interview with you at your earliest convenience. I can be reached at 555-1000.

Enclosure

Sincerely,

David A. Onmyown

Sample Job Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

	YES	NO		YES	NO
Are you a citizen of the United States?	<input type="checkbox"/>	<input type="checkbox"/>	If no, are you authorized to work in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO			

Have you ever worked for this company?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, when?	_____
	YES	NO		

Have you ever been convicted of a felony? YES NO
If yes, explain: _____

Education

High School: _____ Address: _____
YES NO

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____
YES NO

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
YES NO

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three personal references:

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Please list three personal references:

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Please list three personal references:

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
YES NO

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
YES NO

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
YES NO

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

EP6-1

References

What is a reference? _____

When applying for a job, your prospective employer may require you to give them references. Below are a few tips when deciding on references:

- Be prepared to give 3 references.
- Always ask someone before you list them as a job reference so they can be prepared if they are contacted.
- You do not have to list your references on your resumé. Instead, have them listed on a separate sheet of paper with their names, titles, companies, addresses, phone numbers, email addresses and best times to contact them.
- Never list your best friend as a reference. Acceptable references include current or former bosses, teachers, coaches, clergy and co-workers.

What Next?

You sent in your letter of application and your resumé for the job of your dreams. You haven't heard anything and it's been a week. How do you find out what's happening with your application?

Which of the following would you do to find out the status of your application?

- Call the office where you sent the application and ask the secretary to check on it for you.
- Nothing—the manager will contact you when he's ready to talk to you.
- Send another application or resumé. They probably lost the first one.
- Stop by the store or office where you sent the application and ask the manager about your application.
- Send an email inquiring if they need anything else.

Interviewing Hints

- Go to the interview alone. Be polite to everyone you meet.
- **BE ON TIME** or a few minutes early. If something happens that will make you late, call and explain. See if a later appointment would be okay.
- Introduce yourself: Identify yourself by your full name and say which position you are applying for.
- Shake hands firmly if an offer to shake hands is made.
- Speak in a clear and pleasant manner. Let the employer lead the conversation. Listen to the questions before answering. Use good grammar.

Dress for Success

The way you look can help you get the job. Before leaving for an interview, take a look at yourself in the mirror. Do you see the following?

- A well groomed hair style?
- Clean and pressed clothing?
- Clean and polished shoes?
- A warm smile and an alert facial expression?

To find out what to wear, go a few days ahead of time and observe how the other employees dress. Utilize your observations by dressing to the company's standards, or beyond. Also, if you know someone who works there, ask their opinion about how you dress.

Things to Bring to the Interview

You will need several things for each interview. Show your ability to think ahead by bringing them along without being asked. Collect them in a large envelope or folder.

- Social Security Card
- Identification: birth certificate, passport or driver's license
- Work permit if you are under the age of 18
- High school diploma/GED
- References: names addresses & phone numbers
- Personal data/resumé
- Pen

Interview Skills

Directions: Put a check in the box by the 5 positive interviewing skills below.

If in an interview I would do the following:

- Wear jeans with holes and a concert t-shirt to the interview.
- Politely greet the interviewer and firmly shake his/her hand.
- Slouch in the chair.
- Sit still, without fidgeting.
- Use slang language such as “uh”, “like”, “you know”.
- Talk with a soft inaudible voice.
- Use good eye contact.
- Have a negative attitude throughout the interview.
- Bring a friend along as support.
- Chew gum during the interview.
- Ask the interviewer at least one question about the job
- Thank the interviewer after the interview is over.

After the Interview...Now What?

You have completed the interview process and think you did really well...or maybe not so well. So, now what do you do? Wait until you hear something back from the interviewer? Less than half of people interviewed will send a thank-you note to the interviewer. The thank-you note can be a typed letter or handwritten note mailed to the interviewer or a simple email if you have the interviewer's email address. If you have not heard anything a week after the interview, call the interviewer to see if they have made a decision.

There are steps to take after filling out an application and after having an interview. Below is a list of steps to follow when applying for a job. They are not in order. Directions: Number them 1 to 6 in order of the first thing to do to the last thing.

- Wait to hear from the employer to call for an interview. If the interviewer does not call within a week, consider calling him/her
- Wait for the employer to contact you concerning the position. Consider calling the interviewer if he/she has not contacted you within a week
- Return the application, including your résumé
- Interview with the employer and ask when you will hear from them concerning the position
- Send a letter thanking the employer for the interview. Express your continued interest in the position
- Receive and complete the job application

Tax Forms

W-4 & W-2

One of the forms that you will complete prior to starting a job is a **W-4 form**. The W-4 form is used by employers to figure out an employee's income tax deductions so the correct amount of taxes can be taken out of each paycheck.

On the W-4 form you will have to decide how many withholding allowances (tax credits) you want to claim. The number of allowances you claim determines how much money (taxes) is taken out of each paycheck. The more allowances you claim, the less money is taken out. The fewer allowances claimed, the more money is taken out. This could mean the difference in having to pay additional taxes each year or receiving a refund check.

Your employer is required to send you a **W-2** form by the end of January each year prior to the **April 15th** tax deadline. If you have worked multiple jobs in the previous year and have moved, make sure you contact your former employer of your new mailing address and complete a change of address form at the post office.

1040EZ & 740EZ

If you are completing your taxes, you most likely will qualify to complete the **1040EZ** (Federal Tax Forms) and **740EZ** (Kentucky State Tax Forms). There is a reason they call them the forms EZ...because they are easy to complete.

If you need additional assistance in completing your taxes, you can go to www.irs.gov, contact a local tax preparer such as H&R Block www.hrblock.com or download a tax preparation software such as TurboTax www.turbotax.com or TaxAct www.taxact.com. Some basic tax preparation software is FREE and others are not so make sure the software will fit your needs.

It is highly recommended that you E-file (electronically submit) your taxes because it will be processed a lot quicker and this could mean that you receive a refund check back weeks earlier than if you mailed your tax forms, especially if you have your refund direct deposited into your checking or savings account. Make sure you keep a copy of your completed tax forms in case you get audited by the IRS!

Benefits & Responsibilities of Working

With your first paycheck you will learn that working doesn't just bring you money, it also brings the responsibility of paying **TAXES**. Taxes are taken out of your paycheck before you receive it. Your **gross** pay is before taxes are taken out; your **net** pay is after taxes. If you are 18 or older or earn a certain amount of income you are required by law to file state, federal, and possibly local income taxes. You can face severe penalties if you do not follow the law. If you are not required to file taxes it may be to your benefit to file anyway, because you will get a refund of the taxes you have paid in.

Working also brings other benefits such as the right to Workman's Compensation (payment of medical bills and a percentage of your salary if you get hurt on the job) and unemployment compensation (payments made to you by the state for a limited time if you lose your job through no fault of your own). You may also receive disability insurance if you become unable to work because of an accident or illness. Some employers provide additional benefits such as health insurance (which helps pay for most medical costs), and a retirement or pension plan (money put into a fund for your retirement). Employees may be responsible for part of the cost of health insurance and retirement funds. It is usually deducted from each paycheck.

EP8

Paycheck Stubs

The following is a sample pay check stub. Directions: Read carefully and answer the following questions.

Name: Indy Pendant Social Security #: 404082424				Check Route #: 601203 Check Date: 02/19/10 Period End: 02/13/10		
STATEMENT OF EARNINGS AND DEDUCTIONS 6015061						
PERIOD EARNINGS	HOURS	RATE	AMOUNT	DESCRIPTION	PERIOD AMOUNT	YEAR TO DATE AMOUNT
Regular	67.50	7.750	523.13	--Gross Pay--	647.13	---- 2,729.82
Holiday	8.00	7.750	62.00	Federal Inco	59.59	---- 265.98
Sick Pay	8.00	7.750	62.00	Federal FICA	39.11	---- 166.22
				Medicare Wit	9.15	---- 38.88
				KY state tax	24.38	---- 108.55
				KY STMARY CY	6.47	---- 27.30
				PPO EMP P/T	16.26	---- 48.78
				401K EE CONT	25.89	---- 77.12
* Total Gross	83.50		647.13	* Deductions	180.85	* Net 466.28
* Total Txbl			604.98			

1. What is the total gross pay? _____
2. What is the total net pay? _____
3. Why are the gross pay and the net pay different? _____
4. How much was paid in state taxes this pay period? _____
5. How much was paid in state taxes year to date? _____
6. How much money was deducted for health insurance this month? _____
7. What is the hourly wage? _____
8. How many overtime hours was worked? _____
9. Describe Workman's Compensation _____
10. Describe Unemployment Insurance _____
11. Why is it important to file tax returns? _____
12. Give a brief description of the following benefits:
 - Health insurance _____
 - Vacation _____
 - Disability _____
 - Pension Plan _____

Keeping a Job

Now that you've got the job, you need to remember some rules to help you keep it. Directions: Answer "T" (true) or "F" (false) to the following statements concerning the workplace.

- _____ It is a good idea to arrive on time for work everyday.
- _____ The boss will not mind if you make personal phone calls while working.
- _____ Your boss can manage without you if you decide to take a day off without calling.
- _____ You make friends faster by participating in the workplace gossip.
- _____ It is alright to ask someone to cover for you while you have a cigarette while working.
- _____ If you work at a restaurant, it is alright to take home leftovers.
- _____ If you are performing a task which could cause injury, you need to ask for supervision.
- _____ It is alright to talk with friends when business is slow.
- _____ The boss won't mind if you give discounts to your friends.
- _____ You can wear jeans to work if you forgot to wash your uniform the night before.
- _____ You can change shifts with someone if the supervisor approves it.
- _____ You can help with someone else's work if you have completed yours.
- _____ If you are a new employee, a manager may want to supervise you while you count money.
- _____ You are showing your ignorance if you ask the supervisor to explain something you do not understand.
- _____ You should lie to your boss about taking a day off when you are not sick.
- _____ You should give a request for days off before your supervisor makes the schedule.
- _____ You should tell your supervisor if one of your coworkers is stealing money.
- _____ It is a good idea to date a coworker.
- _____ It is never alright to cause a scene in front of the customers.

Keeping a Job (cont.)

If you are sick and unable to make it to work, the best thing to do is call your immediate supervisor as soon as you know you are not going to make it. If you know the night before, call the night before. Don't wait until the last minute because your boss will need to find a replacement for you and the more time you give him/her, the more time he/she has to call others.

Below, write what you would say to your boss if you were calling in sick.

It is important to always look your best at work. Most places of employment have dress codes. If you want advancement and opportunity for growth, you must always put your best foot forward. Describe what you would wear if you were working at a local bank.

Describe what you would wear if you were working at a grocery store.

In order to live independently, having a job is very critical. You are going to need to acquire and/or learn some new work habits that are important to keeping a job. Below, list 5 positive work habits that you will need in order to obtain and maintain employment.

There will be times at work when you will need supervision. This can make you nervous, but it can also be a great time for you to improve in some areas and show your supervisor that you are able to handle stressful situations well. So don't think you are going to be watched because you have done something wrong, you may be up for a raise or promotion instead. Below, describe a situation in which you might need to be supervised.

Effective Listening

When verbally communicating it is just as important to listen effectively as it is to speak. When listening to a boss, it is important to make sure you know what he/she is telling you. One way to do that is to paraphrase, or restate what the other person has just said. Another is to ask specific questions, especially when you do not understand what you have heard.

Explain the importance of effective listening _____

Describe at least 2 techniques for effective listening _____

Communication Styles

Have you ever had to deal with someone who would jump down your throat the second you tried to talk about something he/she was doing? What about trying to complete a project with someone who refuses to give an opinion of their own, but only says, "Whatever you think." Did you know there are names for the different general styles of communication people use?

Directions: Draw a line from the communication style to the correct definition.

Aggressive

Assertive

Passive

- Does not offer an opinion; goes along with whatever is said whether you agree or not (usually complains about it later and/or apologizes unnecessarily)
- Verbally attacks the other person; often interrupts or talks over the other person
- Expresses his/her opinions clearly and confidently without belittling or demeaning the other person

As you can tell from the previous exercise, assertive communication is the most desirable in the workplace. It allows people to exchange opinions and reach a consensus (or an agreement) without demeaning one another. It is the best way to be able to combine different ideas, opinions and outlooks into one positive solution.

Workplace Cooperation

One of the greatest challenges to be faced in the working world is learning how to work effectively with all of your co-workers, including (and especially) those you do not like. There are very few jobs where you can be successful without any help or contribution from others in your workplace.

You may at times have to work with people who are competitive, dishonest, or rude, which can make it very difficult to work as part of a team. In the next sections we will discuss some strategies for dealing with conflict and proper communication in the workplace. Just remember: the success of your employer and most importantly your own career depends not only on you, but also on your co-workers and your relationship with them.

Directions: *If you have already held a job, please describe a time when you worked with at least one other co-worker to achieve a common goal. If you never held a job, skip this and complete the scenario below.*

Directions: *If you have never held a job before or cannot come up with 3 examples of teamwork then read the following scenarios and for each one, write a solution that involves cooperation and teamwork.*

SCENARIO: You are a new employee working in the office of an insurance company. You have a lot of computer experience from your previous jobs, but are having a hard time learning their filing system. Your co-worker has been working in the office for 10 years and knows all about the filing, but is struggling to figure out the new computer system. What can you do? _____

Dealing with Conflict

After you've been working a while, maybe you'll be made a manager, or be put in charge of training a new employee. Even before then, you may want to talk to a co-worker about something he/she is doing that may be negatively affecting the company or you and your position. Regardless, it is important to be able to talk to others about their job performance in a way that encourages them to make the changes you desire, rather than just putting them on the defensive and making them less open to change.

Likewise, your own manager or co-workers may, at times, need to tell you about problems with your job performance. It's never easy to handle criticism, but there are strategies you can use to help you stay calm and professional, and to resolve the problem as quickly as possible.

Sometimes, despite using assertive communication and doing your best to effectively give and receive feedback, you will come into conflict (or disagreement) with one or more of your co-workers. When this happens, it is important to talk about the issue rather than avoiding it, and to work together (collaborate) to achieve a resolution that is okay for everyone, if possible.

Directions: Match the following phrases to the correct definitions to learn more about effective feedback and conflict resolution.

— 4 Strategies for GIVING effective feedback	a) ignoring the problem, refusing to talk about disagreements hoping it will go away
— Conflict	b) Speaking openly about conflict; sharing opinions, compromising
— “ Avoiding ” method of Conflict Resolution	c) focusing on person’s behavior (not personality); using descriptions (not judgments); focusing on the “here and now;” and focusing on a specific situation
— 4 Strategies for RECEIVING effective feedback	d) trying to out-do the person or people you disagree with; trying to “prove” you’re right and they’re wrong
— “ Collaborating ” method of Conflict Resolution	e) listening without interrupting; asking for clarification; not over-apologizing; asking for concrete suggestions to help change
— “ Competing ” method of Conflict Resolution	f) being in active disagreement with another person, with neither side willing to simply give in

Quitting a Job Etiquette

Once you get a job, it is always possible that you won't like it or that you will be offered a better position somewhere else. Whatever the reason, it is important that you follow a few guidelines when quitting a job.

- 1) **It is extremely important that you do not quit your current job before finding a new job.** Lapses in employment are not good for several reasons. It does not look good on your resumé and it will be stressful to have no money to pay bills.
- 2) You should give your direct supervisor a letter of resignation, which will include your reason for leaving. Try to be as positive as possible. You do not want him/her to give you a bad reference.
- 3) **Always give a 2 week notice.** This will give your employer an opportunity to begin a search for your replacement. This will also help with the reference issue.
- 4) Remain as positive as you can. Again, you do not want to leave on bad terms. This may mean biting your tongue rather than saying something you would regret later.

Briefly describe how you would quit a job. _____

Name: _____ Date: _____

ILC or Instructor Name: _____

Housing

Chafee Independence Program Life Skills Curriculum

Cabinet for Health and Family Services
Department for Community Based Services

Housing

Now that you are familiar with some of your housing options, let's discover what is important to you when looking for your new home. In the space provided write "Yes" if this is important to you and "No" if this is not important to you.

- 1. The rent is \$350.00. _____
- 2. The utilities are included in the rent. _____
- 3. Furniture is provided. _____
- 4. Stove and refrigerator are included. _____
- 5. It is air-conditioned. _____
- 6. Pets are allowed. _____
- 7. It is in a safe neighborhood. _____
- 8. It is on a bus line. _____
- 9. It is big enough to share with a roommate. _____
- 10. It is affordable on my income without a roommate. _____
- 11. It is close to work and the grocery store. _____

In the spaces below, list as many resources as possible that could be used to find housing information

Housing continued.....

Because advertising is very costly, abbreviations are used in ads. Look over the following rental ads and see if you can answer the questions.

A.

Ranch for rent in Gardenside.
Two BR, 1 BA, central air,
utility room, stove and
refrigerator. \$625 monthly.
NO PETS! Call Debbie Cole

B.

Near U of L, 2 BR, c/a
remodeled 335-9999

C.

2 BR apts., Alumni Dr.,
\$395/mo + \$300 deposit,
Camelot Dr., \$525/mo +
\$350 deposit. 555-3434

D.

Bradford Apts at Cummins
Ct. off Village Rd. Features
spacious 2 BR apts, all
utilities paid. No pets \$475

_____ Which one is not an apartment?

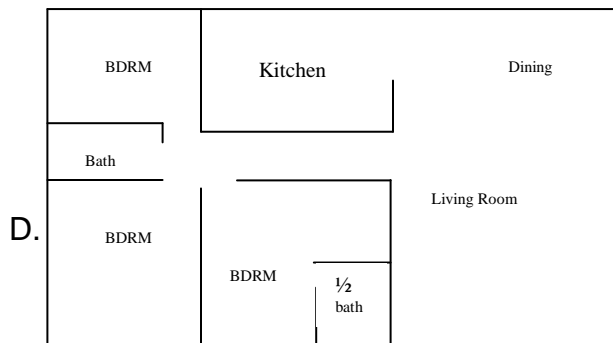
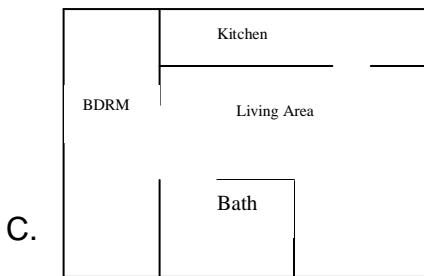
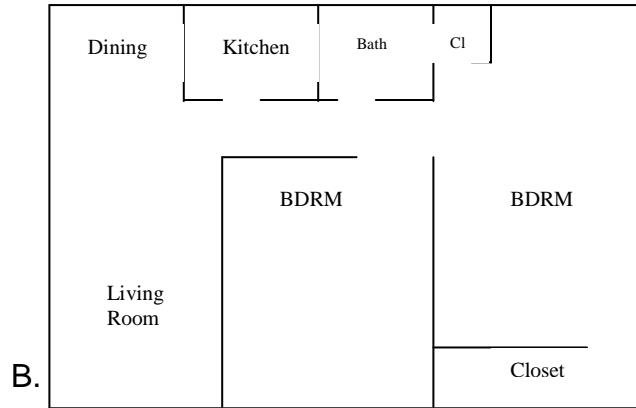
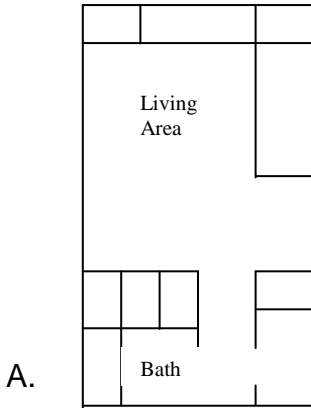
_____ What two ads are apartment complexes?

_____ What two ads offer central air?

_____ Which ad will pay for your heat, air, electric and gas?

_____ Which one would be good for a college student?

Now look over the following floor plans and answer the questions.



1. Which floor plan is a two bedroom? _____
2. Which plan has a half bath? _____
3. Which floor plan has one bedroom? _____
4. Which housing option has a combination kitchen and living area? _____
5. Which plan has a separate dining area? _____

When you consider the costs involved in having an apartment, you may want to consider a roommate. Choosing a roommate may not be as easy as you think. Do not assume that your best friend is the ideal person to live with. Let's make a list of things that are important to you when looking for a roommate. Check the one that applies in each section.

- | | |
|---|---|
| <input type="checkbox"/> Is neat | <input type="checkbox"/> Saves money |
| <input type="checkbox"/> Is messy | <input type="checkbox"/> Spends money |
| <input type="checkbox"/> Gets up early | <input type="checkbox"/> Borrows from others |
| <input type="checkbox"/> Stays up late | <input type="checkbox"/> Does not like to borrow |
| <input type="checkbox"/> Is usually on time | <input type="checkbox"/> Spends time alone or in small groups |
| <input type="checkbox"/> Is usually late | <input type="checkbox"/> Likes to be around a lot of people |
| <input type="checkbox"/> Likes loud music | <input type="checkbox"/> Can say "no" to friends |
| <input type="checkbox"/> Likes moderate music | <input type="checkbox"/> Has trouble saying "no" |

Finding Housing

There are many ways to seek housing and you need to shop around to get what fits your needs. How you choose to seek housing is entirely up to you. Be sure that your resources are reliable and that you are not going to be taken advantage of by a roommate or a landlord. Find people who have rented from this landlord before. This may be your first apartment but it does not have to be a bad experience. Take care of you and your family. Finding the right place to live is the most important thing.

When you read the Classified Advertisements section of the newspaper, abbreviations are often used. You also need to be aware of what words mean so that you know if you are interested in that apartment or housing facility. The next two exercises will help you decipher ads and interpret abbreviations and floor plans.

Each of the words or phrases listed below can be found in the classified section of the newspaper where apartments are advertised. Write the correct word or phrase in front of the definition.

lease	security	mature preferred	references	rental history
appliances	tenant	no pets	heated	24 hour maintenance
efficiency	deposit	utilities	unheated	

_____ No dogs, cats or other pets can be kept in the apartment

_____ Names of people who say you will be a good tenant

_____ Electricity, gas, water and sewage, etc.

_____ Amount of money required by landlord before tenant moves in. Used to repair any damages. Refunded when tenant leaves as long as there are no damages to the apartment and the tenant has not broken the lease and has all of the rent up to date

_____ Tenant will have to pay for heating

_____ Often a one-room apartment with tiny kitchen

_____ Stove and a refrigerator

_____ Person renting apartment or home

_____ Landlord pays for heat

_____ Locked main entrance; only residents can get into the building

_____ Can call for repairs any time of the day or night

_____ A printed record of past apartments you have rented

_____ Tenant signs an agreement taking responsibility for apartment for a set time (usually six months to one year)

Apartment Checklist:

	KITCHEN	BATHROOM	BEDROOM	LIVING ROOM	MISCELLANEOUS
Entrance & Exit					
Signs of Insects					
Working Plumbing					
Cleanliness					
Stove					
Refrigerator					
Floor Covering					
Electric Outlets					
Heating/AC					
Windows The Open/Cracked/Storm Windows					
Locked Doors & Windows					
Wall Condition					
Storage/Closet Space					
Condition of Stairwells & Entranceways					
Cable Ready					
Noise Level					
Ceiling Condition					
Lighting Fixtures					
Phone Jacks					
Smoke Detector					
Neighbors' Comments					

RENTAL APPLICATION

Name _____ Date _____

Social Security# _____ D.O.B: _____

Current Address _____

Home Telephone _____ City _____ State _____ Zip Code _____
Work Telephone _____

How long have you lived at this address? _____

Employer Name _____ How long? _____

Address _____ City _____ State _____ Zip Code _____

Position _____ Date of Hire _____

Gross Wages _____ Net Wages _____

Frequency of paychecks: Weekly Every 2 Weeks Monthly

References _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

How many are in your family? Adults _____ Children _____ Pets _____

Driver's License# _____ State _____ Vehicle Make/Yr. _____ Model _____

Have you ever filed for bankruptcy? ___ Yes _____ No When? _____

Bank _____ Branch _____ Acct# _____

A \$25.00 non-refundable application fee is required.

Tenant Signature

Landlord Signature

The following items below will be needed in order for you to obtain most housing

**Good credit
Lease**

**References
Security Deposit**

**Bank account
Application fee**

**Photo ID
Application**

Considering how much the deposit and fees cost, brainstorm some ways to get your furnishings inexpensively. In the space below, make a list of all furniture you will NEED. Write down where you can find it inexpensively and approximately what it will cost.

Furniture I Need	Where to Find It	Approx. Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What smaller items will you NEED to set up housekeeping? What will you NEED to store, prepare, and serve food? What will you NEED to keep your place clean? Make a list of these items below, where they can be found and what they will cost.

Items I Need	Where to Find It	Approx. Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Roommates

Please write a description of the kind of roommate you would like to have in the space below.

Ground Rules for Apartment Sharing

Things to discuss before signing a lease. . .

- How will you divide the rent?
- How will you divide the utility bill?
- How will the cleaning of the apartment be assigned?
- How will you divide the food and storage for the food?
- How will you determine overnight guests and parties?

What Would You Do If . . . ???

Think of at least two positive solutions for each of the following situations.

1. One of your friends turns your radio up and it is above a reasonable level.
A. _____
B. _____
2. The people in the apartment below you complain of your music being too loud.
A. _____
B. _____
3. The people downstairs complain to the police rather than talking to you.
A. _____
B. _____
4. One of your friends is using drugs in your apartment when the police come to the door.
A. _____
B. _____
5. You oversleep for work.
A. _____
B. _____

Roommates

List two reasons why people would want to be roommates.

1. _____
2. _____

There are always pros and cons to having a roommate. We may think they are responsible but they may be the messiest person you have ever met. They may be neat and clean but take no responsibility for paying the rent. List at least 3 pros and 3 cons to having a roommate.

Pros

Cons

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

AGREEMENT BETWEEN ROOMMATES

This agreement is made on _____ day of 20_____, between _____, roommate, and _____, roommate.

1. **The Rent** will be divided as follows: _____ %, and _____ %
_____. The rent will be paid by _____ on or before the _____ day of each month.
2. **The Utilities** will be in the name of _____, and will be divided as follows: _____ %, and _____, %. The Utilities will be paid on or before the _____ day of each month.
3. **The Food** in the apartment is to be purchased equally by _____ and _____, and consumed only by the purchasers.
4. All **guests** will be accompanied by a roommate while in the apartment. All overnight situations will be discussed by both roommates before occurring. Failure to comply with this agreement will result in a written request for correction of the problem within seven days of the occurrence. Roommates may renegotiate this contract at any time.

Signed:

Roommate

Roommate

HS5-1

Before moving into an apartment you will have to sign a lease. This is an agreement that states the amount of rent you will pay each month. It has the outlines and obligations of the people involved and it is a legal document that will hold up in court. Leases will vary but will be similar to the one below.

APARTMENT LEASE

This lease is made on 1st day of April, 20 10, between Bill Wells owner of Wells and Williamson Realty in Anywhere, KY, here after called the Lessor, and Josh Smith, hereafter called the Lessee.

1. **The Apartment.** The apartment to be leased is apartment # 301 located at 2112 Hill Street, Anywhere, KY 42000.
2. **Term.** The lease shall be for 12 months beginning on 1st day of April, 20 10, and ending on 31st day of March, 2011.
3. **Rent.** The apartment rental amount is \$ 400.00 per month, to be paid on or before the first of the month. Rent over 5 days late will include a \$25.00 late charge. A penalty of \$25.00 will be charged for any returned checks.
4. **Security deposit.** The lessee agrees to pay a security deposit of \$ 400.00 to ensure that the Lessee complies with the terms and conditions of the lease. If the Lessee complies with the lease, the security deposit will be returned to the Lessee after the Lessee vacates the apartment.
5. **Utilities.** The Lessor shall furnish water, sewer & trash pickup. All other utilities are the responsibility of the Lessee.
6. **Pets.** The Lessee may not bring or keep pets in this apartment.
7. **Maintenance.** The Lessee agrees to keep the apartment in a clean condition. No alterations may be made to the apartment without the consent of the Lessor. At the end of the lease, the Lessee agrees to leave the apartment clean and free of trash or personal belongings.
8. **Repairs.** The Lessee is responsible for any damages to the apartment caused by his/her actions or the actions of his/her guests. If the Lessee fails to make needed repairs, the Lessor may do so and add repair costs to the rent. The Lessor is liable for any repairs or maintenance not caused by Lessee.
9. **Access.** At any reasonable time, the Lessor may enter the apartment to inspect or make repairs.
10. **Failure to Comply.** If the Lessee fails to comply with the terms of the lease, the Lessor may give written notice of the problem. If the Lessee does not correct the problem within 30 days, the Lessor may terminate the lease.

Bill Wells

Lessor Signature

Josh Smith

Lessee Signature

03/25/10

Date

03/25/10

Date

HS6

What Does the Lease Say?

Directions: Use the sample lease on the previous page to answer the following questions.

1. Who is the Lessee? _____
2. Who is the Lessor? _____
3. When is the rent due? _____
4. What happens if you cannot pay the rent until the 7th of the month? _____
5. What is the deposit for? _____
6. Under what conditions can you get the deposit back? _____
7. _____
When you sign a lease what are your obligations? _____
8. _____
What are the landlord's obligations? _____

Terms Used in Leases

Directions: Listed below are some of the most common terms found in lease agreements. Match the word with the correct definitions. You may use a dictionary.

- | | | |
|------------------|-------|---|
| a. lease | _____ | a severe accident |
| b. landlord | _____ | something securely and usually permanently attached |
| c. tenant | _____ | information or warning of something |
| d. rider | _____ | to pronounce unfit for use or service |
| e. rent | _____ | a person to whom money is owed |
| f. notice | _____ | capable of being inhabited |
| g. security | _____ | an addition to a document |
| h. alteration | _____ | a contract conveying property to another for a specified period in consideration of rent |
| i. lien | _____ | unable to satisfy creditors or discharge liabilities |
| j. fixtures | _____ | a lease granted by a person who is himself/herself lessee |
| k. casualty | _____ | furniture, carpeting, etc., for a house or apartment |
| l. liability | _____ | anything that binds |
| m. sublease | _____ | debts or monetary obligations |
| n. subordination | _____ | the legal claim of one person upon the property of another person for the payment of a debt or the satisfaction of an obligation |
| o. condemnation | _____ | to make different in size or appearance |
| p. terrace | _____ | a person who owns land, buildings, etc., & leases to others |
| q. defaults | _____ | a written guarantee given to a purchaser specifying that the manufacturer will repair or replace defective parts free of charge for a stated period of time |
| r. waiver | _____ | a payment periodically made for the use of another's property |
| s. insolvency | _____ | a person or group that rents or occupies the property of another |
| t. creditor | _____ | an addition or amendment to a document |
| u. warranty | _____ | something that secures or makes safe |
| v. habitability | _____ | placed in a lower rank or order |
| w. binding | _____ | an outside balcony |
| x. furnishings | _____ | to sublease |
| y. sublet | _____ | failure to meet financial obligations |
| z. addendum | _____ | an intentional relinquishment of a claim or right |

HS6-1

Rights and Responsibilities of Landlords

Landlord's rights:

- * Charging extra if rent is late (amount specified in lease agreement).
- * Keeping part or all of the security deposit if you leave before the lease is up (as specified in the lease).
- * Charging rent through the length of the lease if you aren't living on the premises.
- * Keeping all or part of the security deposit if you damage walls, floors, or fixtures, or if you make alterations that have to be fixed after you move out.
- * Keeping all or part of the cleaning deposit if you don't leave the premises clean when you move out.

Landlord's responsibilities:

- * Making repairs in a reasonable amount of time.
- * Keeping premises safe and sanitary.
- * Entering premises only at agreed-upon time to make repairs (unless there is an emergency), or to show the apartment to potential renters if you are moving out.
- * Collecting rent.
- * Maintaining exterior grounds of building.

Rights and Responsibilities of Tenants

Tenant's rights:

- * Withholding rent if the landlord doesn't make repairs in a reasonable amount of time.
- * Safe and sanitary premises.
- * No changes in terms and conditions for the length of the lease.

Tenant's responsibilities:

- * Paying rent on time.
- * Using the rental for the purpose stated in the lease.
- * Taking reasonable care of the property.
- * Notifying the landlord if any major repairs are needed.
- * Giving notice if leaving at the end of the lease.
- * Giving notice if leaving before lease is up and paying rent for balance of lease if landlord can't find new tenants.
- * Paying for any damage to the walls, floors, and furniture.
- * Not making alterations that the landlord must fix later.
- * Giving landlord a new set of keys if you change the locks.
- * Paying all of rent if roommates move out and you stay.

How Much Is It Going to Cost?

Here is a chart that might help you decide on your priorities, and how to spend your money. Just fill in the blanks, using your own estimates about how much something will cost you, and then check it out with someone who is already on their own.

Average Monthly/Weekly Income _____

Needs:

Rent	\$	
Utilities		
Gas	\$	
Electric	\$	
Telephone	\$	
Water		
TOTAL UTILITIES	\$	
Food (Include eating out)	\$	
Home maintenance supplies (cleansers, dish soap, window cleaner, etc.)	\$	
Personal care supplies (shampoo, soap, deodorant, shaver etc.)	\$	
Transportation (bus fare, gas, insurance, auto repairs, etc.)	\$	
Other:	\$	
 SUBTOTAL NEEDS	 \$	

Wants:

Clothing	\$	
Recreation		
Concerts	\$	
Movies	\$	
Dates	\$	
Cable TV	\$	
Other	\$	
TOTAL RECREATION	\$	
 Furniture	 \$	
Kitchen supplies	\$	
Savings	\$	
Other	\$	
 SUBTOTAL WANTS	 \$	

TOTAL NEEDS & WANTS \$

The total should equal your income. If you are having trouble making it balance, there are lots of people who can give you advice, such as a foster parent, group home staff, social worker, independent living coordinator, teacher, etc.

REALISTIC EXPECTATIONS

Look at the various situations described below and determine which is the most realistic for you. Tell why the others are not.

1. Your roommate and her parents are going to Hawaii for a vacation. Your only chance of going is to save money on your own, approximately \$2500.00. You work full-time at a local factory and earn \$10,000 per year. You earn one vacation day a month. Is this a realistic dream? Why or why not? _____

2. You saw a beautiful new car you would like to have for \$23,000. You work at McDonald's 35 hours a week and rent an apartment for \$300.00 per month. You have numerous credit card bills. Is the new car a possibility? Why or why not? _____

3. You want to go to college and work full-time to pay tuition and expenses. Your roommate says it can't be done. Can you? _____

What is Renter's Insurance?

Renter's insurance protects your personal property if it gets destroyed or stolen or if someone else is injured while on your property. Most insurance is affordable. Shop around to get the best rate.

You should get renters insurance if you:

- * Rent an apartment
- * Rent a house
- * Rent a condominium
- * Live in a college dormitory

There are two kinds of renter's insurance policies:

* **Actual Cash Value**- This policy reimburses you the depreciated value of the lost or destroyed items. Example: If someone steals your TV you brought for \$700- and now it's worth \$400- the insurance company will reimburse you \$400.

* **Replacement Cost Insurance**- This policy pays you the amount of money you'd need to replace your items. It generally leads to a larger check from the insurance company. Replacement cost insurance usually costs about 25 percent more. If you can afford it- it's usually worth it.

If you have a lot of expensive electronics, jewelry, or expensive items, the basic insurance plan may not cover everything. Most policies will only cover \$1,000 to \$2,000 worth of electronics or jewelry. The smartest, most inexpensive renter's insurance plans will usually cover \$10,000 worth of your possessions. Typically, \$150-\$300 per year (\$12-\$25 monthly) will get you \$30,000 to \$35,000 worth of coverage for your possessions and between \$100,000 and \$300,000 worth of liability protection (so you won't have to pay if someone gets hurt while on your property).

HS9

Personal Safety

List four strategies to ensure your personal safety while living in an apartment:

1. _____
2. _____
3. _____
4. _____

Respond to the following situations:

1. You are home alone at 3:00 p. m. There is a knock at the door. When you ask who it is, there is no answer. You see a tall stranger through the peephole. Finally a strange voice says, "I have a package for you." What do you do? _____

2. You work third shift and have to walk alone to your car in an unlit parking lot. What are three steps to take to ensure your safety?
 1. _____
 2. _____
 3. _____

Transitional living programs are offered in some regions. In this type of program you will live in a supervised group setting supervised by a local Private Child Care (PCC) agency. You will have the chance to learn and practice independent living skills while still having adult support close by. This is the next step before entering an Independent Living apartment. Requirements are:

- * be at least 17 years old
- * have completed the formal life skills classes
- * be consistently working for two months
- * have \$500 in a savings account
- * have six (6) months stability in your latest placement
- * working on completion of high school or GED

Independent Living apartments are offered in some regions. In this type of program committed youth live in apartments supervised by a local Private Child Care (PCC) agency. Rent and utilities are paid by the program. Apartments are furnished by the program. Some IL programs provide monthly allowances for food and clothing. Youth are given the opportunity to practice independent living skills in an apartment setting. Requirements are:

- * completed the formal Life Skills classes
- * have two months of consistent employment
- * have \$500 in a savings account
- * have six (6) months of stability in a placement (not residential)
- * be enrolled in an education or job training program
- * maintain a 2.0 GPA ("C" average)

Dormitory living- for youth attending college who live in dormitory room on campus. Living in a dormitory gives youth the chance to practice independent living skills. Resident assistants provide youth with support and supervision.

Chafee room and board- youth who are in the legal custody of the Cabinet for Health and Family Services on their 18th birthday and do not extend commitment are eligible for room and board services that are provided by the Kentucky Housing Corporation. If eligible, youth may receive a housing voucher for 6 months to help with rent and utilities. Youth are required to work or obtain employment during the 6 months and a portion of the youth's income may need to go toward rent. After 6 months, the youth will be responsible for payment of rent and utilities. There are limited amount of openings in the Chafee program throughout the state. Youth should contact their Independent Living Coordinator for more information or call the Kentucky Housing Corporation at 1-800-633-8896 (in Kentucky only).

HUD Program- grants awarded to a local Private Child Care (PCC) agency to help address and stabilize youth to prevent homelessness. The program provides rent assistance and case management for older youth (18 to 24) who have experienced homelessness. Those youth who have a disability or mental diagnosis are specific populations targeted by the program. The program also targets young parents.

Name: _____ Date: _____

ILC or Instructor Name: _____

Money Management

**Chafee Independence Program
Life Skills Curriculum**

Cabinet for Health and Family Services
Department for Community Based Services

Wants vs. Needs

Wise spenders know the difference between **WANT** and **NEED**. Before you buy an item, ask yourself, "Do I really **need** this?" Or do I just **want** it?" There is a big difference! Look at the following list. For each item, check whether it is something that you **need** or **want**.

NEED	ITEM	WANT
	Reliable Car	
	Milk	
	Bigger TV	
	Computer for School	
	Bread	
	Lottery Tickets	
	Telephone	
	Cell phone	
	Larger Apartment	
	My Own Home	
	New Furniture	

What is a Budget?

Directions: Below is a list of terms that have something to do with earning and spending money. Put each into one of the following categories:

- | | |
|--------------------|----------------------------|
| a) Federal Taxes | i) House Payment |
| b) Overtime Pay | j) Basic phone bill |
| c) Clothing | k) Electric and Water Bill |
| d) State Taxes | l) Gas for Car or Bus Pass |
| e) Hourly Wage | m) Household Expenses |
| f) Car Payment | n) Food |
| g) Social Security | o) Recreation Expenses |

1. Earned Income

2. Deductions

3. Fixed Expenses

4. Flexible Expenses

Making a Budget

Directions: Use this planning sheet to help Bill make a personal budget. He makes \$2,000 per month (before deductions).

What is Bill's yearly pay?

If his deductions total \$680, how much does Bill bring home each month?

Bill has several fixed expenses. His apartment costs \$550 a month and utilities (water and electricity) are \$70 a month. How much is left now?

Bill would like to budget the remaining amount of his money. He wants to designate a certain percentage for each of the following categories. Remember that a percent can be changed to a decimal for ease in figuring out the dollar amount. Example: 25% would be x .25; 15% would be x .15.

Category	Percent	Multiply By	Dollar Amount
Food	25%	.25	
Clothing	10%		
Car/Transportation	15%		
Household Expenses	10%		
Savings	10%		
Church/Charity	10%		
Phone	7%		
Medical/Dental	5%		
Charge Cards	5%		
Recreation	3%		
Total	100%		

MM3

Spending Diary Worksheet

Things that Bill bought this week:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Latte \$3.50	Socks \$12.00	Magazine \$4.00	Lunch \$5.00	Shirt \$20.00	Movie \$10.00	0
	CD \$18.00	Lunch \$5.00	Bus \$3.00	Soda \$2.00	Lunch \$5.00	Haircut \$40.00	0
	Lunch \$ 5.00	0	Lunch \$5.00	0	0	0	0
Daily Total	\$26.50	\$17.00	\$12.00	\$7.00	\$25.00	\$50.00	\$0.00
Weekly Total \$137.50							

There were a number of PARTS to Bill's spending in one week. But the WHOLE that he spent was \$137.50.



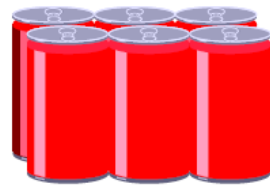




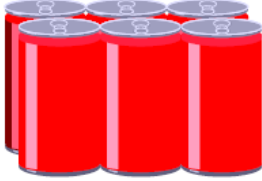


As you can see, small amounts of money really add up. If you spend \$5.00 for lunch 5 days a week, you'll spend \$25.00 a week.

If you spend \$25.00 for lunch for one week, how much will you spend in one Year?

\$25 a week x 52 weeks in a year = \$_____

Shopping

Compare the location and the advertised prices of these two grocery stores.

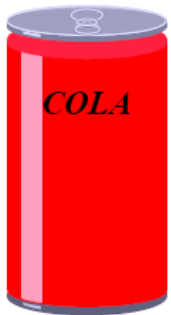
<h2>NEIGHBORHOOD GROCERY</h2> <p><i>(Right Around The Corner From Your House!)</i></p>	<h2>BIG AND SAVE SUPERMARKET</h2> <p><i>(One and a Half Miles from Your House!)</i></p>
 <p>10" Frozen Pizza \$3.25</p>	 <p>COOKIES</p> <p>Now \$1.50!!!</p>  <p>24Pack of Cola Just \$3.99 !!!</p>
 <p>Oranges \$0.99 per lb Grapefruit \$1.49 each!</p>	 <p>Oranges \$.79 per lb Grapefruit \$.99 each</p>
 <p>Vitamin Enriched MILK One Qt \$1.99</p>	 <p>Vitamin Enriched MILK One Gallon \$3.19</p>
 <p>6Pack of Cola Only \$2.19 !!!</p>  <p>COOKIES</p> <p>Only \$2.99 !!!</p>	 <p>12" Frozen Pizza 2/\$4.00</p> <p><i>SPECIAL THIS WEEK ONLY!!</i></p> <p>GRADE AA Chicken 69¢lb.</p>

Which store would you shop in? Explain your choice:

Determining the Best Buy

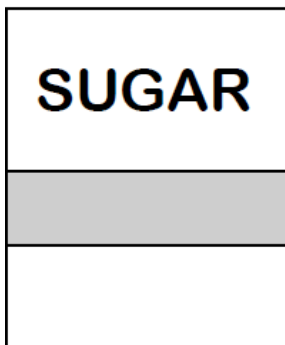
When on a limited budget, it is important to be an educated consumer and to develop the ability to determine the best value for your money. Comparing prices might take a little extra time but it often saves a great deal of money. One way to shop economically is to compare different brands of the same product. Often, store brand products are cheaper than name brand products, although many people seem to prefer name brands that have fancier packaging and familiarity. Packaging can be deceiving. Many times you may think you are getting a cheaper price when, in truth, you aren't. Another way to determine the best buy is through unit pricing.

Evaluate the items listed below and determine which one you would buy.



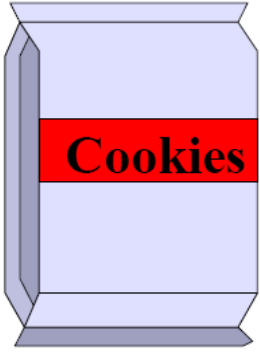
Name Brand Cola	Or	Generic Cola
12 Cans		24 Cans
\$3.19		\$3.99

I would buy the _____ cola because _____



1 Pound of Sugar	Or	½ Pound of Sugar
\$1.98		\$1.04

I would buy _____ of sugar because _____



20 oz. Chocolate Chip Cookies

Or

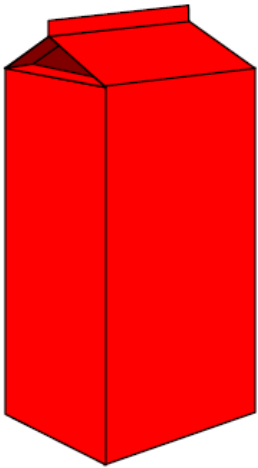
12 oz. Chocolate Chip Cookies

Paper Packaged
\$1.99

Packaged in Decorative Tin

\$2.99

I would buy _____ of cookies because _____



1 Gallon Milk

Or

½ Gallon Milk

\$3.19

\$1.99

I would buy _____ of milk because _____

Setting Your Financial Goals

When you think about going out on your own and exiting state's care, what are some of your goals?

Short Range Goal (Within 1 Month)

Goal: _____

Objective: _____
Estimated Cost: _____
Target Date: _____
Monthly Amount: _____

Medium Range Goal (2-12 Months)

Goal: _____

Objective: \$ _____
Estimated Cost: \$ _____
Target Date: \$ _____
Monthly Amount: \$ _____

Long Range Goal (More than 1 Year)

Goal: _____

Objective: \$ _____
Estimated Cost: \$ _____
Target Date: \$ _____
Monthly Amount: \$ _____

Money Orders

Money Orders are a safe, convenient, and economical alternative to sending cash through the mail. Many people use money orders because they have no checking account. They can be purchased from any Post Office location as well as from many banks, super markets and convenient stores.

CUSTOMER'S RECEIPT				
<small>SEE BACK OF THIS RECEIPT FOR IMPORTANT CLAIM INFORMATION</small> NOT NEGOTIABLE	Pay to Rural Electric Company			KEEP THIS RECEIPT FOR YOUR RECORDS
	Address 100 Electric Avenue			
	Anytown, KY 42000			
Serial Number	Year, Month, Day	Post Office	Amount	Clerk
025775111	2010-09-25	45687	\$125.00	2547
SAMPLE MONEY ORDER				
Serial Number	Year, Month, Day	Post Office	U.S. Dollars and Cents	
025775111	2010-09-25	45687	\$125.00	
Amount	One-hundred twenty-five Dollars & 00 cents			*****
Pay to	Rural Electric Company	From	Susan B. Independent	Clerk 2547
Address	100 Electric Avenue	Address	25 Budget Lane	
	Anytown, KY 42000		Anytown, KY 42000	
Memo	Electric Bill			
	3546546541531564656	025775111		

What is the difference between a check and a Money Order? _____

What is the fee for a Money Order? _____

What info. will you need to purchase a Money Order? _____

How to open a Checking or Savings Account


- Step 1: Decide what bank you want to open your account with. Then see if you can open the account online or if you will have to go to the bank during normal banking hours to open the account.
- Step 2: Decide what type of account you would like to open. Different banks have different types of accounts. Some have free checking with no minimum balance, some have interest rates or minimum balances.
- Step 3: Provide your personal information to the bank. Bring 2 forms of ID.
(Forms of valid ID may include: driver's license, student ID, Passport with photo, Military photo ID, birth certificate, current utility bill, social security card, medical ID card, voters registration, tax bills/receipts, vehicle registration or insurance, credit card.)
- Step 4: Select the products that you want with your account, debit card, checks, internet banking, etc.
- Step 5: Congratulations! You now have a new bank account!

List the possible banks you would want to do business with.

List the things you want out of a bank account. Example: Debit Card

Making a Deposit


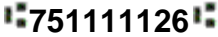

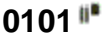
Checking Account Deposit Slips

 Bank 1221 Main Street Anywhere, US 10001	CASH		2	3
	List Checks:			
Date _____ 1 _____	4	5		
_____ 10 _____	Total from Other Side	6		
SIGN HERE IF CASH RECEIVED	SUB TOTAL	7		
	LESS CASH RECEIVED:	8		
	TOTAL DEPOSIT	9		

32112 321 34890491 01

1. DATE: Write today's date
2. PAPER BILLS: If you are depositing paper bills, write the amount here
3. COINS: If you are depositing coins, write the amount here
4. CHECKS: If you are depositing a check write who the check is from here
5. AMOUNT: Write the amount of the check here
6. OTHER CHECKS: Total the checks listed on the back of the deposit slip, and write that amount here
7. SUB TOTAL: Write the sub total of the deposit before any cash back
8. CASH: If you want cash back from this deposit, write the amount here
9. TOTAL DEPOSIT: Subtract the cash back from the SUB TOTAL then write the Total deposit amount here
10. CASH BACK: If you are receiving cash back from your deposit you will need to sign here

1. DATE: Write today's date
2. PAYEE: Write the name of the person or company you are paying. When you want to receive cash out of your account write the word Cash.
3. AMOUNT of CHECK IN NUMBERS: Write the amount of the check in numbers. Be careful not to leave any space between your numbers. (\$150.00)
4. AMOUNT of CHECK IN WORDS: Write the amount of the check in words. (One hundred and fifty dollars) This is the legal line of your check. When the bank can't read the numbers they will go by the written word.
5. NAME: Your personal information is printed here.
6. SIGNATURE: Sign your check the same way you signed your signature card when you opened your checking account.
7. MEMO: Write why you wrote the check. If you are paying a bill, write any information requested by the company like an account number.
8. ENCODED NUMBERS: This series of numbers is printed with a special magnetized ink so an electronic bank processing machine can read them automatically. The routing number which is the first set of 9 numbers on the bottom of the check tells the machine which bank the check was drawn on. Then next set of numbers is your account number at your bank. The last set of numbers is your check number and will match the check number on the upper right hand side of the check.

5	DATE: _____ 1 _____	101
PAY TO THE ORDER OF _____	2 _____	\$ _____ 3 _____
4 _____		DOLLARS
	Bank 1221 Main Street Anywhere, US 10001	
FOR _____	7 _____	6 _____
		
		8 _____

Writing Out Dollar Amounts in Words

Write the following amounts of money using words, as you would on a check.

1. \$836.99 _____ Dollars

2. \$3,455.00 _____ Dollars

3. \$71.22 _____ Dollars

4. \$569.07 _____ Dollars

5. \$9,670.11 _____ Dollars

6. \$150.37 _____ Dollars

7. \$34.01 _____ Dollars

8. \$17.00 _____ Dollars

9. \$347.29 _____ Dollars

10. \$12.99 _____ Dollars

Word Bank:

10) Ten

15) Fifteen

20) Twenty

70) Seventy

11) Eleven

16) Sixteen

30) Thirty

80) Eighty

12) Twelve

17) Seventeen

40) Forty

90) Ninety

13) Thirteen

18) Eighteen

50) Fifty

_00) Hundred

14) Fourteen

19) Nineteen

60) Sixty

_000) Thousand

Keeping a Running Balance

Record checks, a debit card payment, an ATM transaction, and a deposit in the checkbook register below. Include the date, description, and amount of each entry. Calculate the balance.

1. **May 26th: Make debit card payment to Wal-Store for \$12.57 for groceries**
2. May 27th: Write Check #107 for rent to your landlord, Ms. Wilson, your share of the rent \$225.00
3. May 28th: Make a debit card payment to the grocery for \$22.52 for this week's groceries
4. May 30th: Payday, deposit your paycheck for \$425.00
5. June 1st: Write Check #108 for your car payment to Bank of Kentucky for \$165.23
6. June 2nd: Write Check # 109 for your phone bill to KY Phones for \$62.77
7. June 15th: Payday, deposit your paycheck for \$425.00
8. June 16th: Make a debit card payment for Lunch at Pizza Place for \$6.37
9. June 18th: Use ATM card to withdraw cash for books \$60.00
10. June 30th: Payday, deposit your paycheck for \$425.00


Check No.	Date	Description	Transaction Amount		✓	Deposit Amount	Balance	
							\$527	96
	5/26	Wal-Store Debit Card	12	57			12	57
		Groceries					515	39

Your final total should be **\$1,248.50**. If not, check your addition and subtraction. MM9-3

Practice Writing Checks

DATE _____ 107

PAY TO THE
ORDER OF _____ \$ _____
DOLLARS

 **Bank**
1221 Main Street
Anywhere, US 10001


FOR _____

⑆75590512⑆ 9994088409 ⑈ 0107 ⑈

MoneyInstructor.com

DATE _____ 108

PAY TO THE
ORDER OF _____ \$ _____
DOLLARS

 **Bank**
1221 Main Street
Anywhere, US 10001


FOR _____

⑆75590512⑆ 9994088409 ⑈ 0108 ⑈

MoneyInstructor.com

DATE _____ 109

PAY TO THE
ORDER OF _____ \$ _____
DOLLARS

 **Bank**
1221 Main Street
Anywhere, US 10001

FOR _____

⑆75590512⑆ 9994088409 ⑈ 0109 ⑈

MoneyInstructor.com

Reconciling an Account

Use the bank statement, the check register, and the reconciliation worksheet on the following page to balance this checkbook.

THIS STATEMENT COVERS			
6/15/10 through 7/14/10			
CHECKING ACCOUNT	Previous Statement Balance on 06/14/10		150.67
	Total of 1 Deposits For		1200.00 +
0425-687	Total of 6 Withdrawals For		1246.96 -
	Total of Service Charges		0.00
New Balance			103.69 +
<hr/>			
CHECKS AND OTHER DEBITS	Check	Date Paid	Amount
	161	6/15	216.30
	162	6/24	82.87
	163	6/29	1000.00
	ATM Withdrawal #00284 at ATM #52874B	6/18	35.00
	ATM Withdrawal #00168 at ATM #52875A	6/25	20.00
	Check Card #879867 Foodland	6/18	55.00
	Check Card #54654 EZ-Shoppe	6/29	54.11
<hr/>			
DEPOSITS AND OTHER CREDITS	Date Posted	Amount	
Transfer from 54789-877 at ATM #875D	6/23	1200.00	

Check No.	Date	Description	Transaction Amount	✓	Deposit Amount	Balance	
						\$366	97
161	6/15	SoundOut	216 30			216	30
		New ipod				150	67
ATM	6/18	withdrawal	35 00			35	00
		Spending money				115	67
ChkCrd	6/18	Check Card	55 00			55	00
		Foodland groceries				60	67
ATM	6/23	deposit			1200 00	1200	00
		Transfer from savings				1260	67
162	6/24	Racy's	82 87			82	87
		New clothes				1177	80
ATM	6/25	withdrawal	20 00			20	00
		Movie & pizza				1157	80
163	6/29	Woodland Apts.	1000 00			1000	00
		2 months rent				157	80
ChkCrd	6/29	E-Z Shoppe	54 11			54	11
		groceries				103	69
164	7/5	CD Place	26 31			26	31
		Acct# 56444				77	38
165	7/14	The Shirt shack	10 00			10	00
		t-shirt				67	38
ATM	7/19	deposit			253 17	253	17
		paycheck				320	55

MM9-5

Reconciliation Worksheet

ITEMS OUTSTANDING	
CHECK #	AMOUNT
TOTAL	

enter

The **New Balance** shown
On your statement \$ _____

add

Any deposits or transfers listed
In your register that are not
shown on your statement \$ _____
\$ _____
\$ _____

Total +\$ _____

Calculate the subtotal \$ _____

Subtract

Your total outstanding
Checks and withdrawals -\$ _____

Calculate the ending balance

This amount should be the
Same as the current balance
In your check register \$ _____

Use the reconciliation worksheet above to answer the following questions:

1. What is the new balance shown on the statement? \$ _____
2. What is the total amount of deposits listed in the check register but not shown on the statement? \$ _____
3. What is the sum of the new balance and the deposits not shown on the statement? \$ _____
4. What is the total amount of outstanding checks and withdrawals? \$ _____
5. What is the ending balance? \$ _____

What is Credit?

What is Credit?

Credit is your reputation as a borrower. It tells others how likely you are to repay your loans. Credit is made up from information about your borrowing history. Most of the information comes from your credit reports.

What is a Credit Report?

A credit report contains information about your borrowing history. Lenders (and others) provide information that ends up on credit reports. They report how much you've borrowed, how you've repaid, and other details about your borrowing behavior.

What is a Credit Bureau?

The three Credit reporting agencies, Equifax, Experian, & TransUnion, collect – and then distribute – all of this information about you. They are information warehouses, and if they have false information your credit can suffer.

What is a Credit Score?

Credit scores are numbers generated by a computer program that runs through your credit reports. It looks for patterns, characteristics, and red flags in your history. Based on what the program finds, it computes a credit score.

One of the most commonly used scoring tools is the FICO credit score. Your FICO credit score is calculated by the Fair Isaac Corporation. Your FICO credit score is only as good as the information that Fair Isaac has available. If there is incorrect or out-of-date information, it will affect your FICO credit score. The FICO Score is on a scale from 300 to 850.

FICO Credit Score Components:

- 35% Payment History
- 15% Length of Credit
- 30% Amounts Owed
- 10% New Credit
- 10% Type of Credit



What is Your Credit Score?

How to Improve Bad Credit

To improve your FICO score you have to work on cleaning up one category at a time.

Payment History:

- Pay on time, no magic secret here.
- If you can't pay on time, notify your lender that you need to work something out.
- Get current on past due accounts.

Amounts Owed:

- Keep low balances relative to your credit limit – 35% or lower is best.
- Don't open new accounts just to lower your used credit capacity – having too much capacity is a risk too.

Length of Credit:

- Consider keeping old accounts open if you've been a good borrower.
- Start [building credit](#) as soon as possible.

New Credit:

- When shopping for new credit, keep it all within a short time frame such as 14 days or less.
- Borrowers with a bad history can improve credit scores by opening a new account and managing it responsibly.

Types of Credit:

- Installment debt (where you pay fixed monthly installments to eliminate the debt) is “better” than revolving debt (open-ended credit card debt).
- Certain finance company debts (like buying a product with retailer financing) can lower your score.
- A variety of loan types is helpful. They'll know you're a seasoned borrower if you have a mortgage, an auto loan, a few credit cards, and a student loan. If all you have is credit card debt, you'll appear inexperienced.

In general, you need to know that it takes time and discipline to improve credit scores. The above rules should become second nature to you. Finally, don't fall for any promises to improve credit scores overnight (or for a fee). In rare circumstances, you can get legitimate errors removed from your credit reports more quickly than normal - but not true information about mistakes you've made.

The only person who can make a large dent in your credit score is you.

Free Credit Report

The Federal Fair Credit Reporting Act (FCRA) requires that U.S. consumers be entitled to a free credit report each year. The government's goal is to make sure that consumers stay informed, fight identity theft, and get fair treatment.

How do I get my Free Credit Report?

The nation's credit reporting agencies have teamed up and built a website that you should use to get your free credit report. The site is www.annualcreditreport.com.

You can also call them at 877-322-8228 and request your free credit report.

How to Contact the Credit Bureaus

Equifax:

Address: P.O. Box 740241
Atlanta, GA 30374
Phone: 1-800-685-1111

Equifax will accept disputes online, by phone or by mail.

Experian:

Address: P.O. Box 2002
Allen, TX 75013
Phone: 1 888 397 3742

Experian only accepts disputes submitted online; <http://www.experian.com/disputes/>

TransUnion:

Address: P.O. Box 1000
Chester, PA 19022
Phone: 1-800-888-4213

TransUnion will accept disputes online, by phone or by mail.

Credit Cards

Credit cards can be a good way to build your credit when they are used correctly. If a credit card is used incorrectly it can damage your credit and put you in serious debt that may take years to dig out.

There are many different types of credit cards:

Merchant Cards: Credit cards offered by different stores that can only be used at that particular store or at the affiliated stores of that company.

For example: GAP – Banana Republic – Old Navy, American Eagle, Best Buy, etc.

Standard Cards: Credit card that allows you to have a [revolving balance](#) up to a certain [credit limit](#). Credit is used up when you make a purchase and made available again once you've made a payment. A [finance charge](#) is applied to outstanding balances at the end of each month. Credit cards have a [minimum payment](#) that must be paid by a certain due date to avoid late-payment penalties.

Premium Cards: These cards offer incentives and benefits beyond that of a regular credit card. Examples of premium credit cards are Gold and Platinum cards that offer cash back, reward points, travel upgrades, and other rewards to cardholders. Premium cards can have higher fees and usually have minimum income and credit score requirements.

Both the standard and the premium credit cards have specific types of credit cards offered. Student cards, zero percent interest cards and travel are just a few examples.

[Secured Credit Cards:](#) This is an option for those without a credit history or those with blemished credit. Secured cards require a security deposit to be placed on the card. The credit limit on a secured credit card is equal to the amount of the deposit made. Secured credit cards have revolving balances depending on the purchases and payments made.

Staying Out of Trouble with Credit Cards

- Credit cards are like loans. You have to pay what you owe. So, don't overcharge.
- Track how much you spend on your credit card. Always know your exact balance before going out. Little \$20 purchases here and there add up.
- Keep your credit card receipts and compare them with your monthly bill. If there are any discrepancies, report them to your credit card company immediately.
- Don't give out your credit card to ANYONE, including friends and family.
- Don't owe more than you can repay. This can damage your credit and hurt your chances of getting a car loan, mortgage, insurance, or even a job.
- Pay your bills on time. If not, you will incur finance charges and interest charges that may make it hard for you to pay back your loan.
- If possible, pay your bill in full every month.
- You are liable for \$50 of unauthorized charges per card.
- Don't pay off one credit card with another. This will lead you down a spiral of mounting credit card debt that you may never get out of.

If you only pay the minimum balance due each month on your credit card you can end up paying a lot more for your purchases.

For example:

Let's say you wanted a new TV for your living room. You found one you really like and it's \$700.00. You don't have the cash to pay for the TV and you won't have any extra cash until after your next paycheck, but you do have a new credit card so you buy it anyway.

You get the first credit card bill in the mail 3 weeks later and you just paid your rent and don't have the money to pay off the total balance on the card. The minimum balance is only \$20.00 so you decide to just pay that for this month and you'll pay it all off next month.

Your car breaks down and you can't go without a vehicle so you spend your money to fix it up. The credit card bill comes in the mail and you don't have the extra money to pay it off this month and the minimum payment is still only \$20.00 so you just pay the minimum.

If you continued to pay the minimum payment with a 15% interest charged by the credit card company and you don't make any additional charges, it will take you 47 months to pay off the TV and you will pay an extra \$226.35 in interest.

Loans

What is a loan?

A loan is an [arrangement](#) in which a [lender](#) gives [money](#) to a [borrower](#), and the borrower agrees to [repay](#) the money, usually along [with interest](#), at some future [point\(s\)](#) in time. Usually, there is a predetermined time for repaying a loan.

Different types of Loans:

Installment Loans - When you get an installment loan, you borrow all of the money at once and repay it in set amounts, or installments, on a regular schedule over a period of time.

Secured Loan - A secured loan requires you to put up property or savings as collateral to guarantee repayment. If you fail to repay the loan, the lender can take your collateral. Car and home equity loans are the most common types of secured loans.

Unsecured Loan - An unsecured loan is made solely on your promise to repay. Lenders consider unsecured loans risky and may charge higher interest rates.

Fixed Rate Loan - A fixed rate loan is when the interest rate and monthly payments stay the same over the length of the loan.

Adjustable Rate Loan - An adjustable rate loan has an interest that changes. When the interest rate goes up or down, the monthly payment also changes.

What is a loan used for?

Personal loans - are money borrowed from a financial institution for personal use. A personal loan is going to be unsecured, which means you'll likely be paying a higher interest. Once the personal loan is given, you repay it by making monthly payments to the lender. Personal loans can be used for anything you want. The amount of the loan is decided by the lender and is based on your credit history.

Auto loans - are where you borrow money from a financial institution or from the auto dealership in order to buy a car or vehicle. As with a personal loan, most auto loans need to be repaid by monthly installments. The financial institution or dealership will secure your loan with the vehicle, which means if you cannot repay the loan they'll repossess your car.

Home Improvement loans - are where you ask a lender to lend you money so you can improve your home. In most cases a home improvement loan is granted in the amount of the equity you have built up in your home. Equity is the amount of money you have already paid against the value of your home.

Student loans – are loans granted to students and are used to pay off education related expenses, such as college tuition, room and board or text books. Most student loans have a lower interest rate. Usually students are not [required](#) to pay back these loans until the end of a [grace period](#), which usually begins after they have completed their education.

Applying for a Loan

Items you will need to have with you when you apply for a basic loan.

- **Income Items**

- W2 forms for the last two years
- Most recent pay stubs covering a 30 day period
- Federal tax returns (1040's) for the last two years,
- Social Security Award letters (for those on Social Security)

- **Asset Items**

- Bank statements for previous two months (sometimes three) on all accounts. All pages, even if you don't think they're important.
- Explanations for any large deposits and source of those funds
- Gift letter (if some of the funds come as a gift from a family member - the lender will supply a blank form)
- Gifts can also require:
 - Verification of donor's ability to make the gift (bank statement)
 - Copy of the check used to make the gift
 - Copy of the deposit receipt showing the funds deposited into bank account or escrow
- **Note:** many get their statements of various kinds over the internet and these are not always acceptable to lenders, especially when the printed version does not contain the borrower's name, account number, and the name of the institution.

- **Credit Items**

- Landlord's name, address, and phone number (if you rent - for verification of rental)
- Explanations for any of the following items which may appear on your credit report:
 - Late payments
 - Credit inquiries in the last 90 days
 - Charge-offs
 - Collections
 - Judgments
 - Liens
- Copy of bankruptcy papers if you have filed bankruptcy within the last seven years

Loan Application Information

Personal:

Name: _____ Social Security#: _____
Present Address: _____ City: _____ State: _____
How long have you lived at your present address? _____
Do you rent/own your home? _____ How much do you pay each month? _____
Landlord's Name: _____ Phone#: _____
Previous Address: _____ City: _____ State: _____
How long did you live at your previous address? _____

Employment:

Current Employer: _____
Address: _____ City: _____ State: _____
Phone Number: _____ Occupation/Job Title: _____
How long have you worked here? _____ Monthly income: _____
Do you have additional income? _____ How much per month? _____

Past Employers:

Name: _____ Phone#: _____ From: _____ To: _____
Name: _____ Phone#: _____ From: _____ To: _____
Name: _____ Phone#: _____ From: _____ To: _____

Credit History:

Credit Cards

Name: _____ Acct#: _____ Current Balance: _____
Name: _____ Acct#: _____ Current Balance: _____
Name: _____ Acct#: _____ Current Balance: _____

Other Loans:

Lender name: _____ Current Balance: _____ Monthly Payment: _____
Lender name: _____ Current Balance: _____ Monthly Payment: _____
Lender name: _____ Current Balance: _____ Monthly Payment: _____

Bank Accounts:

Bank Name: _____
Checking Account #: _____
Savings Account #: _____
Other Accounts: _____

Your Consumer Rights

Truth in Lending Act (1968)

Ensures consumers are fully informed about cost and conditions of borrowing.

Fair Credit Reporting Act (1970)

Protects the privacy and accuracy of information in a credit check

Equal Opportunity Act (1974)

Prohibits discrimination in giving credit on the basis of sex, race, color, religion, national origin, marital status, age, or receipt of public assistance

Fair Credit Billing Act (1974)

Sets up a procedure for the quick correction of mistakes that appear on consumer credit accounts

Fair Debt Collection Practices Act (1977)

Prevents abuse by professional debt collectors, and applies to anyone employed to collect debts owed to others; does not apply to banks or other businesses collecting their own accounts

Solving Consumer Problems

Directions: Mark the best ways to solve these consumer problems.

Bill has taken his new car back for the same repairs four times. He has complained to the dealer and written several letters to the company. He bought the car only ten months ago. What should he do?

- | | |
|--|--|
| <input type="checkbox"/> Return to the Store | <input type="checkbox"/> Contact Consumer or Government Agency |
| <input type="checkbox"/> Contact the Company | <input type="checkbox"/> Take Legal Action |

Bill was seriously injured by a fan she recently bought. He needed to go to the emergency room for stitches. What should he do?

- | | |
|--|--|
| <input type="checkbox"/> Return to the Store | <input type="checkbox"/> Contact Consumer or Government Agency |
| <input type="checkbox"/> Contact the Company | <input type="checkbox"/> Take Legal Action |

Bill keeps getting phone calls offering him magazine subscriptions. He has told the company not to call him a number of times already. What should he do?

- | | |
|--|--|
| <input type="checkbox"/> Return to the Store | <input type="checkbox"/> Contact Consumer or Government Agency |
| <input type="checkbox"/> Contact the Company | <input type="checkbox"/> Take Legal Action |

Bill was charged the wrong price for a CD he bought at the store. What should he do?

- | | |
|--|--|
| <input type="checkbox"/> Return to the Store | <input type="checkbox"/> Contact Consumer or Government Agency |
| <input type="checkbox"/> Contact the Company | <input type="checkbox"/> Take Legal Action |

Bill received a late payment notice for a store credit account. He had paid off the amount on his card several months ago. What should he do?

- | | |
|--|--|
| <input type="checkbox"/> Return to the Store | <input type="checkbox"/> Contact Consumer or Government Agency |
| <input type="checkbox"/> Contact the Company | <input type="checkbox"/> Take Legal Action |

Sample Tax Forms

Form W-4 (2010)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax

for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent.....	A	1
B	Enter "1" if: } You are single and have only one job; or You are married, have only one job, and your spouse does not work; or Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B	1
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children.	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)	H	2

For accuracy complete all Worksheets that apply } If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments** Worksheet on page 2.
If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Form W-4	Employee's Withholding Allowance Certificate	OMB No. 1545-0074 2010
Department of the Treasury Internal Revenue Service		Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.
1 Type or print your first name and middle initial Susan B.	Last name Independent	2 Your social security number 123 45 6789
Home address (number and street or rural route) 253 Budget Lane		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate
City or town, state, and ZIP code Anywhere, KY 42000		4 If your name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 2
6 Additional amount, if any, you want withheld from each paycheck		6 \$
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) Susan B. Independent		Date 05/10/10
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) Wal-Store Inc.20 Walway, Anywhere, KY 42000		9 Office code (optional) 123456789
		10 Employer identification number (EIN)

THE ANATOMY OF A W-2 STATEMENT

What Does It All Mean?

Presented by Intuit Payroll

www.payroll.com

This shows your wages (excluding tips), up to \$97,500, that are taxed for Social Security. The amount of taxes withheld is to the right in box 4.

This shows all your wages and tips that are taxed for Medicare. The amount of taxes withheld is to the right in box 6.

This box shows your total pay for the year, minus certain elective deferrals, such as 401(k) plans.

Federal income tax withheld from your pay.

Social security tax withheld from your pay.

Medicare tax withheld from your pay.

This is the amount deducted from your wages for dependent care, such as flex spending for day care. It may also include contributions made by your employer for

Name or code of the local jurisdiction that wages and/or tax is being report in boxes 18 and/or 19.

Your employer may use this to help them identify your W-2

Amount of state tax withheld for the state being reported.

For the specified state, this is your wages for the year that are taxable for state income tax withholding. These wages may or may not be the same as box 1 wages being reported.

22222		Void <input type="checkbox"/>	a Employee's social security number		For Official Use Only OMB No. 1545-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address and ZIP code			3 Social security wages		4 Social security tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 Social security tips		8 Allocated tips	
d Control number			9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial		Last name	Suff.	11 Nonqualified plans		12a See instructions for box 12
f Employee's address and ZIP code			13 Statutory Employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-Party sick pay <input type="checkbox"/>		12b	
			14 Other		12c	
15 State Employer's state ID number			16 State wages, tips, etc.	17 State income tax	18 Local wages, tips	19 Local income tax
						20 Locality tax

W-2 Wage and Tax Statement
Copy C For Employee's Records (See Notice to Employee on the back of copy B.)

2010

Department of the Treasury ----- Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

Cat. No. 10134D

A local tax withheld from your pay.

Applies to additional taxes or deductions not otherwise covered in the W-2.

Total wages paid subject to a specific locality's tax. Some localities do not require wages to be report so this box may be blank even though box 19 has a tax amount being reported.

This reflects any distributions made to you from a nonqualified plan or nongovernmental section 457(b) plan. It may also show any deferrals (plus earnings) under a nonqualified or any section 457(b) plan that became taxable for social security and Medicare taxes during the year (but were for prior year services).

MM13-1

Form 1040EZ

Department of the Treasury--Internal Revenue Service
Income Tax Return for Single and Joint Filers With No Dependents (99) **2009**

OMB No. 1545-0074

Label
 (SEE PAGE 9)
Use the IRS label.
 Otherwise, Please print or type

L A B E L H E R E	Your first name and initial Susan B.	Last name Independent	Your social security number 123-45-6789
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
	Home address (number and street). If you have a P.O. Box, see page 6. Apt. no. 253 Budget Lane		▲ You must enter your SSN(s) above. ▲
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 9. Anywhere, KY 42000		

Presidential Election Campaign
 (see page 9)

Check here if you, or your spouse if a joint return, want \$3 to go to this fund. **You** **Spouse**

Income

1 Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1	5,257	50
2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2		0
3 Unemployment compensation in excess of \$2,400 per recipient and Alaska Permanent Fund dividends (see page 11).	3		0
4 Add lines 1, 2, and 3. This is your adjusted gross income .	4	5,257	50
5 If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$9,350 if single ; \$18,700 if married filing jointly . See back for explanation.	5	9,350	00
6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income .	6		0
7 Federal income tax withheld from Form(s) W-2 and 1099.	7	322	00
8 Making work pay credit (see worksheet on back).	8		0
9a Earned Income credit (EIC) (see page 13)	9a		0
b Nontaxable combat pay election. 9b			
10 Add lines 7, 8, 9a. These are your total payments and credits .	10	322	00
11 Tax. Use the amount on line 6 above to find your tax table on pages 27 Through 35 of the instructions. Then, enter the tax from the table on this line.	11		0
12a If line 10 is larger than line 11, subtract line 11 from line 10. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/>	12a	322	00

Payments, Credits, and Tax

Have it directly Deposited! See Page 18 and fill in 12b, 12c and 12d or Form 8888

b Routing number **c** Type Checking Savings

d Account number

Amount you owe

13 If line 11 is larger than line 10, subtract line 10 from line 11. This is the **amount you owe**. For details on how to pay, see page 19. 13

Third party designee

Do you want to allow another person to discuss this return with the IRS (see page 20)? **Yes**. Complete the following. **No**

Designee's name Phone no. Personal Identification number (PIN)

Sign here

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See Page 6. Keep a copy for your records.

Your signature Susan B. Independent	Date 02/02/10	Your occupation Cashier	Daytime phone number 502-564-0000
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid preparer's use only

Preparer's signature <input type="text"/>	Date <input type="text"/>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <input type="text"/>
Firms name (or yours if self-employed). Address, and ZIP code <input type="text"/>	EIN <input type="text"/>		
Phone no. <input type="text"/>			

740-EZ

Single Persons With No Dependents
42A740-EZ
Department of Revenue



KENTUCKY
INDIVIDUAL INCOME TAX RETURN



Your Social Security Number: 123 45 6789
Name: Independent, Susan B.
Mailing Address: 253 Budget Lane
City: Anywhere, State: KY, ZIP Code: 42000

FAMILY SIZE: 1
POLITICAL PARTY FUND: Designating \$2 will not change your refund or tax due. Mark an X in Box 1 for Democratic, Box 2 for Republican, or Box 3 for No Designation.

Table with 16 rows for INCOME calculation. Line 1: 5,257.00; Line 2: 2,190.00; Line 3: 3,067.00; Line 4: 62.00; Line 5: 20.00; Line 6: 42.00; Line 7: 42.00; Line 8: 0.00; Line 9: 0.00; Line 10: 0.00; Line 11: 98.00; Line 12: 98.00; Line 15: 98.00 (REFUND); Line 16: 0.00 (OWE).

Attach Form W-2, Wage and Tax Statement(s) and Payment Here

I, the undersigned, declare under penalties of perjury that I have examined this return, including any accompanying statements, and to the best of my knowledge and belief, it is true, correct and complete.

Susan B. Independent
Your signature

502-564-0000
Telephone Number (daytime)

02/02/10
Date Signed

Typed or Printed Name of Preparer Other Than Taxpayer I.D. Number of Preparer Date



REFUNDS
PAYMENTS

Kentucky Department of Revenue, Frankfort, KY 40618-0006
Kentucky Department of Revenue, Frankfort, KY 40619-0008

OFFICIAL USE ONLY
PW

MM13-3



There's a new breed of criminal out there planning to steal your good name. They want to play with your identity and you lose every time.

WHAT IS IDENTITY THEFT?

Identity theft is a crime and it involves acquiring key pieces of someone's identifying information - such as name, address, date of birth, social security number and mother's maiden name-in order to impersonate them. This information enables the thief to commit numerous forms of fraud which include taking over a victim's financial accounts, applying for loans, credit cards and social security benefits, using existing credit accounts to run up charges, writing bad checks, renting apartments, buying cars and establishing services with utility and phone companies. Thieves will ruin their victim's credit. They may also use their victim's name when committing crimes or driving offenses, resulting in warrants being issued in the victim's name.

HOW CAN THEY GET MY IDENTITY?

- **From your trash.** Identity thieves get copies of credit card receipts, credit applications and other information that have been placed in the trash.
- **From your mailbox.** Thieves steal letters waiting to be picked up by postal carriers.
- **By using email.** Thieves often pose as legitimate companies you do business with in order to obtain personal information or financial information.
- **From stolen wallets or purses.**
- **By using the Internet.** Internet abusers can steal information you share or piece together information available about you online.
- **By dishonest personnel.** Your employee records or other personal records can be accessed and the information sold to identity thieves.
- **From security breaches of data** maintained by business entities with which you have credit or other types of financial accounts or relationships.

WHAT CAN I DO TO PROTECT MYSELF?

- Review your bank and credit card statements as soon as you receive them.
- Order a copy of your credit report annually and check it carefully. You are entitled to a free copy once every 12 months. Call 1-877-322-8228 or go online: www.annualcreditreport.com
- Consider whether to place a "security freeze" on your account which prevents any potential creditor from accessing your report without your consent. There is a \$10 fee associated with this freeze (some exceptions apply). Check with the credit reporting bureaus: Equifax - 800-685-1111, Experian - 888-397-3742, TransUnion - 888-909-8872
- Reduce pre-approved credit card applications mailed to your home by calling 1-888-5-OPT OUT or 1-888-567-8688.

MM14

- Never give bank or credit card information over the phone unless you initiated the call and know the business.
- When ordering by phone or online, use a credit card rather than a debit card.
- If you get an email or pop-up message that asks for personal or financial information, do not reply or click on the link in the message.
- Shred or destroy any personally identifying documents before disposing of them.
- Secure personal information in your home.

WHAT IF IT HAPPENS TO ME?

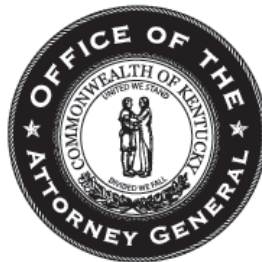
If you think someone has stolen your identity, act fast:

- Place a fraud alert or security freeze on your credit reports and carefully review them. To place a fraud alert, contact one of the national credit bureaus listed below:
TransUnion.com 1-800-680-7289
Equifax.com 1-800-525-6285
Experian.com 1-888-EXPERIAN
- Close any accounts that have been tampered with or opened fraudulently.
- File a report with local law enforcement.
- Keep a log of persons with whom you speak and when. Keep copies of all letters and documents.
- File a complaint with the Federal Trade Commission at 1-877-ID-THEFT or online at www.consumer.gov/idtheft

Step-by-step information is available in the Attorney General's IDENTITY THEFT VICTIM KIT
To obtain a kit, call toll-free: 1-800-804-7556 or download a kit online: WWW.AG.KY.GOV/IDTHEFT

For more information, contact:

OFFICE OF THE ATTORNEY GENERAL
1024 CAPITAL CENTER DRIVE
FRANKFORT, KY 40601
(502) 696-5300



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MM14-1

FTC Consumer Alert

Federal Trade Commission -- Bureau of Consumer Protection -- Office of Consumer & Business Education

How Not to Get Hooked by a ‘Phishing’ Scam

*“We suspect an unauthorized transaction on your account.
To ensure that your account is not compromised,
please click the link below and confirm your identity.”*

*“During our regular verification of accounts, we couldn’t verify your information.
Please click here to update and verify your information.”*

Have you received email with a similar message? It’s a scam called “phishing” — and it involves Internet fraudsters who send spam or pop-up messages to lure personal information (credit card numbers, bank account information, Social Security number, passwords, or other sensitive information) from unsuspecting victims.

According to the Federal Trade Commission (FTC), the nation’s consumer protection agency, phishers send an email or pop-up message that claims to be from a business or organization that you may deal with — for example, an Internet service provider (ISP), bank, online payment service, or even a government agency. The message may ask you to “update,” “validate,” or “confirm” your account information. Some phishing emails threaten a dire consequence if you don’t respond. The messages direct you to a website that looks just like a legitimate organization’s site. But it isn’t. It’s a bogus site whose sole purpose is to trick you into divulging your personal information so the operators can steal your identity and run up bills or commit crimes in your name.

The FTC suggests these tips to help you avoid getting hooked by a phishing scam:

- **If you get an email or pop-up message that asks for personal or financial information, do not reply. And don’t click on the link in the message, either.** Legitimate companies don’t ask for this information via email. If you are concerned about your account, contact the organization mentioned in the email using a telephone number you know to be genuine, or open a new Internet browser session and type in the company’s correct Web address yourself. In any case, don’t cut and paste the link from the message into your Internet browser — phishers can make links look like they go to one place, but that actually send you to a different site.
- **Area codes can mislead.** Some scammers send an email that appears to be from a legitimate business and ask you to call a phone number to update your account or access a “refund.” Because they use Voice Over Internet Protocol technology, the area code you call does not reflect where the scammers really are. If you need to reach an organization you do business with, call the number on your financial statements or on the back of your credit card. In any case, delete random emails that ask you to confirm or divulge your financial information.

MM14-2

- **Use anti-virus and anti-spyware software, as well as a firewall, and update them all regularly.** Some phishing emails contain software that can harm your computer or track your activities on the Internet without your knowledge. Anti-virus software and a firewall can protect you from inadvertently accepting such unwanted files. Anti-virus software scans incoming communications for troublesome files. Look for antivirus software that recognizes current viruses as well as older ones; that can effectively reverse the damage; and that updates automatically. A firewall helps make you invisible on the Internet and blocks all communications from unauthorized sources. It's especially important to run a firewall if you have a broadband connection. Operating systems (like Windows or Linux) or browsers (like Internet Explorer or Netscape) also may offer free software "patches" to close holes in the system that hackers or phishers could exploit.
- **Don't email personal or financial information.** Email is not a secure method of transmitting personal information. If you initiate a transaction and want to provide your personal or financial information through an organization's website, look for indicators that the site is secure, like a lock icon on the browser's status bar or a URL for a website that begins "https:" (the "s" stands for "secure"). Unfortunately, no indicator is foolproof; some phishers have forged security icons.
- **Review credit card and bank account statements as soon as you receive them to check for unauthorized charges.** If your statement is late by more than a couple of days, call your credit card company or bank to confirm your billing address and account balances.
- **Be cautious about opening any attachment or downloading any files from emails** you receive, regardless of who sent them. These files can contain viruses or other software that can weaken your computer's security.
- **Forward spam that is phishing for information** to spam@uce.gov and to the company, bank, or organization impersonated in the phishing email. Most organizations have information on their websites about where to report problems.
- **If you believe you've been scammed, file your complaint at ftc.gov,** and then visit the FTC's Identity Theft website at www.consumer.gov/idtheft. Victims of phishing can become victims of identity theft. While you can't entirely control whether you will become a victim of identity theft, you can take some steps to minimize your risk. If an identity thief is opening credit accounts in your name, these new accounts are likely to show up on your credit report. You may catch an incident early if you order a free copy of your credit report periodically from any of the three major credit bureaus. See www.annualcreditreport.com for details on ordering a free annual credit report.

You can learn other ways to avoid email scams and deal with deceptive spam at ftc.gov/spam.

The FTC works for the consumer to prevent fraudulent, deceptive, and unfair business practices in the marketplace and to provide information to help consumers spot, stop, and avoid them.

To file a complaint or to get free information on consumer issues, visit ftc.gov or call toll-free, 1-877-FTC-HELP (1-877-382-4357); TTY: 1-866-653-4261. The FTC enters Internet, telemarketing, identity theft, and other fraud-related complaints into Consumer Sentinel, a secure, online database available to hundreds of civil and criminal law enforcement agencies in the U.S. and abroad.

FEDERAL TRADE COMMISSION	ftc.gov
1-877-FTC-HELP	FOR THE CONSUMER

October 2006

MM14-3

Name: _____ Date: _____

ILC or Instructor Name: _____

Healthy Relationships

**Chafee Independence Program
Life Skills Curriculum**

Cabinet for Health and Family Services
Department for Community Based Services

SEXUALITY

Adolescence is a time of sexual awakening. During your teen years, you will discover in yourself a whole new range of sexual interests, feelings, and urges due to the maturation of the sexual and reproductive systems in your body. You will become aware of your own sexual orientation which most psychologists agree has been set since the age of five or six, and you will experience sexual attraction based on that orientation. The issues of relationships and sexuality are very complex. They not only include your physical development, but your personal skills, cultural issues, and expectations as well. You will face important decisions about relationships and intimacy which will have a great impact on the rest of your life. You have to be prepared to make them!

Making the right decisions and choices may prevent you from getting hurt, engaging in unhealthy or destructive relationships, an unwanted pregnancy, and sexually transmitted diseases. Many of you probably struggle with your own identity and expectations in regard to relationships and sexuality. Some of you might have made some poor choices. However, many skills to make good decisions which promote healthy relationships can be learned and will be addressed in the following section.

Myths and Misconceptions

Knowledge about yourself and personal skills regarding relationships and love form the foundation to develop a healthy sexuality. Unfortunately, the term “sexuality” is often misunderstood as “sleeping with someone.” Like relationships in general, the issue of sexuality is not about having sex. Sexuality includes how we deal with our sexual feelings and the decisions and boundaries that we make. It involves respect, communication, and the many ways we can give and receive love. Sex is glorified through the media, movies and television, and we encounter many messages about sex throughout the day whether we like it or not.

Why do you think that is?

There are many myths and misconceptions about sex. All too often people think that love and sex are interchangeable when they are really two vastly different notions.

How do love and sex differ?

Is it possible to have a healthy sexuality, love someone, and not sleep together? Absolutely!

- A second common misconception is that everyone is having sex and it really isn't a big deal. A recent study shows that more and more teens decide to wait to have sex until they are older or get married. Sex is a complex and intimate step to take, one which requires not only physical maturity but emotional and mental maturity as well.
- A third misconception is that sex is always a wonderful and pleasurable experience. The truth is that often, particularly if you are not ready, it is not and you will end up getting hurt. Making the right decisions about sex is more important than ever, not only to protect you from negative experiences or unwanted pregnancy, but also from potentially deadly sexually transmitted diseases.
- Some people might think that having sex will help to keep someone in a relationship. The reality is that if a relationship is not working without sex, it won't work anyway. Sex has so many complex implications that it can be disastrous for a relationship that isn't on solid ground.
- Another misconception is that some people try to become closer and find love through sex. The act of sex itself will not provide anyone with the love they are looking for.
- People will often feel that they have to live up to their partner's expectations. They might believe that if their boyfriend or girlfriend is ready to have sex, they should be ready as well. The only expectation you have to live up to is your own!
- The last of the common misconceptions is that many people think that kissing and fondling inevitably leads to sex when most often it is just a sign of affection. We all set our own boundaries as to how far we're willing to go and what we can handle emotionally. It is important that both partners respect those boundaries.

ABSTINENCE

There are many different ways to show someone we like and love him or her. How would you show your affection for someone without having sex?

I would:

While it might not always be easy to say “no” and wait to have sex, it is the right decision for many of you! There are many health and personal reasons which make abstinence an important option. Can you think of reasons to not engage in a sexual relationship at present?

Some of your reasons might include:

- Abstinence coincides with your personal values and beliefs.
- Abstinence is 100% effective in preventing pregnancy. (No other method of birth control is infallible.)
- Abstinence greatly reduces serious health risks like STD's and cervical cancer.
- Abstinence can show that you are a strong and mature person by not giving in to peer pressure. It can also show that you have can exert control over your own impulses.
- Abstinence can help partners to develop a better friendship and evaluate their feelings for each other.
- Abstinence might help prevent you from getting hurt emotionally. You will have the satisfaction of knowing that you have not compromised your values, that you've done nothing that you did not want to do.

Prevention of STD's:

There is only one sure way to protect yourself against the risk of infection, and that is to have no sexual contact. Abstinence is the surest, safest, and most effective method of prevention. However, if you do have sex, you must protect yourself. Here are some recommendations. These are not guaranteed methods of preventing STD's, but if you use them in combination, you will lower your risk of infection.

- A male should use a condom (a "rubber" or "skin") during sex, including foreplay.
- A female should use a diaphragm and spermicidal jelly or cream.
- A male should urinate and wash his genitals with hot, soapy water immediately before and following sex.
- A dental dam should be used during oral sex.

Protect yourself! This is not the time to be shy. Talk about what protection you and your partner will use. If he or she refuses to use protection, then you refuse sex. **Do not allow yourself to be used. The risk is too great.**

At any point in your life, your choice of whether or not to have sex should be a conscious and informed decision. It is important that you evaluate whether or not you are ready and are aware of possible consequences. You should know how to reduce risks of pregnancy and STD's.

SEXUALLY TRANSMITTED DISEASES

Sexually Transmitted Diseases (STD's) are one of the risks you run when you have sex without the proper protection. There are a number of serious diseases that are spread by sexual contact - gonorrhea, syphilis, herpes, Chlamydia, etc. Many of them can be quickly and efficiently cured by a doctor or clinician but becomes quite dangerous if they are not treated.

Here are some facts you should know about STD's:

- In America, more than 12 million people get an STD every year.
- STD's (including the HIV virus which causes AIDS) can be spread through all manners of sexual contact. In terms of sexually transmitted diseases, sexual contact is described as any kind of intimate contact involving these four areas of the body: penis, vagina, mouth, or anus.
- You can be infected with an STD more than once and can even have more than one STD at the same time. Treatment for an STD does not make you immune from getting it again.
- You cannot develop immunity to any of these diseases, and there is no vaccine to prevent them. In the case of Herpes, the disease is **permanent** and there is no cure.
- STD's cannot be contracted by sitting on toilet seats or touching door knobs. Most STD's need to occupy warm, moist places to survive, which is why they affect the areas they do.
- Statistically, the prime candidates for STD infection are between 15 and 24 years old and sexually active (often with more than one partner).
- STD's can affect men, women, and children. A pregnant woman can infect her baby.
- STD's can result in infertility or sterility if left untreated. It is important to get treatment even if the symptoms of the STD go away. The STD will remain transmissible and may continue to affect the body until it has been treated. **NO** STD will go away by itself.
- Your risk of getting an STD increases with the number of sexual partners you have.
- A person who has been diagnosed with an STD must contact all his or her sexual partners so that they, too, can get the necessary medical treatment. Symptoms of STD's may not always be noticed.

SEXUALITY, STD AND PREGNANCY PREVENTION

ACTIVITY: Answer True or False to each of the statements below.

1. A woman cannot get pregnant if she has sex during her period.
2. If a woman has sex while she is nursing her baby, she cannot get pregnant.
3. Using Vaseline with a condom (skin, prophylactic, safe, rubber, sheath) is as effective as using contraceptive foam.
4. The only way to not get pregnant or get someone pregnant is to not have sex.
5. Withdrawal is a safe method of birth control.
6. A woman should always leave her diaphragm in 8 hours after sexual intercourse to ensure protection against sexually transmitted diseases.
7. A woman cannot get pregnant the first time she has sex.
8. Using spermicidal jelly/cream with a condom is the best protection against sexually transmitted diseases.
9. Every year, 2.5 million teenagers (about one teenager in every six) contract an STD.
10. Nine out of ten people having sex without using birth control will get pregnant within 1 year.
11. Douching and/or jumping up and down after sex is an effective method of birth control for a woman.
12. The use of birth control pills is the most effective protection against pregnancy and sexually transmitted diseases.

ANSWERS

1. FALSE. Another myth. Since the male's sperm can live up to 3-5 days in a warm, dark place (within a woman's body), pregnancy is a possibility at just about any time sexual intercourse occurs.
2. FALSE. Another myth. Nursing provides no protection against pregnancy
3. FALSE. Vaseline should not be used with a condom. It does not give any protection against pregnancy or STD's and is likely to weaken the condom, possibly causing rip or tear.
4. TRUE
5. FALSE. Enough semen may escape before ejaculation to cause pregnancy.
6. TRUE. Some sperm can live for a period of time after intercourse and can travel up the vagina.
7. FALSE. Yet another myth. During intercourse, a male can ejaculate semen containing anywhere from 200 to 500 million sperm cells. If only one sperm succeeds in fertilizing the woman's egg, pregnancy can result.
8. TRUE
9. TRUE
10. TRUE
11. FALSE
12. FALSE. Birth control pills protect against pregnancy in most instances, but they offer no protection against sexually transmitted diseases.

Sexually Transmitted Diseases (STDs)

Gonorrhea

Cause: bacteria

How it is spread: sexual contact

Symptoms in women: pus-like vaginal discharge, vaginal soreness, low abdominal pain, painful urination

Symptoms in men: pus-like discharge from penis

Risks if not treated: sterility, scar tissue. Women – Pelvic inflammatory disease (PID) -inflammation of the tubes, blindness in newborn.

Syphilis

Cause: spirochete

How it is spread: sexual contact, congenital

Symptoms in women: rashes appearing almost anywhere on the body, including palms of hands and soles of feet. Chancre (lesion) on or in vagina, anus, or mouth. Loss of facial or scalp hair in patches.

Symptoms in men: rashes or hair loss in the same pattern as in women. Chancre on or around penis.

Risks if not treated: brain damage, paralysis, heart disease. A pregnant woman can pass syphilis to her baby causing a variety of birth defects including damage to skin, bone, eyes, liver, and teeth.

Herpes Simplex II

Cause: virus

How it is spread: direct contact with virus in blisters or with virus being shed and no blisters.

Symptoms in women: painful, fluid-filled blister (or cluster of blisters) on, in or around vagina. Often accompanied by swollen glands in groin area. Painful urination and fever.

Symptoms in men: same as women, only on or around penis.

Risks if not treated: genital herpes is caused by a virus and cannot be cured. Eventually, the blisters and infection will get better. The infection will return. Flare-ups may be caused by stress and fatigue. Genital herpes may be passed from an infected pregnant woman to her newborn during birth, causing infant death or neurological damage.

Non-Specific Urethritis (Called NGU, NSU)

Causes: chlamydia, bacteria & others

How it is spread: sexual contact

Symptoms in women: symptoms similar to those caused by gonorrhea.

Symptoms in men: occasionally, heavy pus-like discharge, more frequently a mild watery discharge.

Risks if not treated: Women: Pelvic Inflammatory Disease (PID) Men: Chronic urinary tract infection. Possible sterility in men and women.

Sexually Transmitted Diseases (STDs)

Trichomonas Vaginalis (Called Trich)

Cause: protozoan

How it is spread: sexual contact

Symptoms in women: heavy, frothy, often yellow, foul-smelling vaginal itching, often severe and continuous.

Symptoms in men: most often none, occasionally mild discharge from penis.

Risk if not treated: skin irritation and gland infection. Cervical tissue may be damaged.

Monilial Vaginitis (Yeast Infection)

Cause: fungal

How it is spread: sexual contacts and non-sexual conditions, i.e. antibiotics, diabetes, pregnancy, birth control pill.

Symptoms in women: cheesy discharge, itching, scratching

Symptoms in men: usually no symptoms

Risks if not treated: secondary bacterial infection from scratching. Infection of newborn in untreated mother.

Venereal Warts

Cause: virus

How it is spread: sexual contact, hands to sex organs.

Symptoms in women: wart-like growths. Sometimes with itching and irritation.

Symptoms in men: same as women.

Risks if not treated: the openings of the vagina, penis and rectum may be blocked.

Pediculosis Pubic (Crabs)

Cause: louse

How it is spread: sexual contact, occasionally from bedding and clothing.

Symptoms in women: intense itching. Crabs and eggs attached to pubic hair.

Symptoms in men: same as women

Risks if not treated: skin infection from scratching.

Basic Facts About HIV/AIDS

- AIDS (Acquired Immune Deficiency Syndrome) is caused by a virus called HIV (Human Immunodeficiency Virus).
- This virus weakens the body's immune system, destroying its ability to fight infection.
- The virus allows other infections (such as pneumonia or cancer) to attack the body.
- AIDS damages the brain and the nervous system.
- The HIV/AIDS virus is present in blood, semen, and vaginal secretions of anyone who has been infected.
- You cannot tell by anyone's appearance whether or not s/he has HIV or AIDS. Many people who are infected look and feel fine.
- The disease incubation period (the span of time before it becomes an active disease) can take from several months to more than ten years.
- HIV/AIDS is not a gay disease. It affects people regardless of color, age, and sexual orientation. AIDS is a serious problem for all people of all ethnic groups. The disease affects more than 10,000,000 people worldwide, most of them heterosexual.

How Is HIV/AIDS Spread?

There are three ways the virus is spread:

- Having unprotected sex of any kind with a person who is infected with the virus. Any exchange of blood, semen, or vaginal discharge can spread the virus.
- Sharing needles, syringes, cookers, or cotton balls for drug injections.
- HIV-infected mothers can pass the virus on to their babies during pregnancy or birth.

How To Protect Yourself Against HIV/AIDS

Use your communication skills, decision making skills, and values to say **NO** to sex and drugs. Abstinence is the only 100% effective way to protect yourself from getting HIV/AIDS.

If you should have sex, play it safe or **safer**. *There is no such thing as safe sex.* You should discuss the danger of AIDS with your partner. Talk about what you are feeling; get to know one another. You'll feel less nervous and more in control. Talk about what protection you'll use. Remember, the responsibility is not hers or his, it's yours!

- Use latex condoms or rubbers. They will greatly lower your risk of becoming infected with the AIDS virus. (Sheepskin condoms won't work. They cannot prevent the virus from spreading.)
- Use contraceptive foam, jelly, or cream with the ingredient Nonoxynol-9 along with a condom. (Nonoxynol-9 appears to kill the AIDS virus in laboratory tests.)

Drinking alcohol and using drugs can make you do things you'll be sorry about later. They also weaken your immune system making you more vulnerable to HIV infection.

Don't share drug needles or syringes. Any infected blood, even a drop left in the needle, could enter your bloodstream and, as a result, infect you with the virus.

Values Important To Me

*Put a check next to items that are important to you.

*Put two checks next to items that are very important to you.

*Leave item blank if not important to you.

- | | |
|---|---|
| <input type="checkbox"/> 1. having a lot of money | <input type="checkbox"/> 19. being in good health |
| <input type="checkbox"/> 2. doing well in school | <input type="checkbox"/> 20. being good looking |
| <input type="checkbox"/> 3. having lots of friends | <input type="checkbox"/> 21. knowing that someone loves me |
| <input type="checkbox"/> 4. having one close friend | <input type="checkbox"/> 22. being in love |
| <input type="checkbox"/> 5. getting along with my parents | <input type="checkbox"/> 23. having nice clothes |
| <input type="checkbox"/> 6. getting along with family | <input type="checkbox"/> 24. having lots of possessions |
| <input type="checkbox"/> 7. having time to myself | <input type="checkbox"/> 25. being in good physical shape |
| <input type="checkbox"/> 8. not worrying about having enough to eat | <input type="checkbox"/> 26. having boyfriend/girlfriend |
| <input type="checkbox"/> 9. getting/having a job | <input type="checkbox"/> 27. being good in sports |
| <input type="checkbox"/> 10. liking my job | <input type="checkbox"/> 28. helping others |
| <input type="checkbox"/> 11. respecting myself | <input type="checkbox"/> 29. being recognized for helping others |
| <input type="checkbox"/> 12. being respected by others | <input type="checkbox"/> 30. believing in God |
| <input type="checkbox"/> 13. having my own space/room | <input type="checkbox"/> 31. being happy |
| <input type="checkbox"/> 14. being good at something | <input type="checkbox"/> 32. being right about something |
| <input type="checkbox"/> 15. having a clean room | <input type="checkbox"/> 33. being able to handle responsibility |
| <input type="checkbox"/> 16. breathing clean air | <input type="checkbox"/> 34. setting goals for myself |
| <input type="checkbox"/> 17. recycling | <input type="checkbox"/> 35. having control of what happens to me |
| <input type="checkbox"/> 18. being well-educated | |

Being Sexually Active

Here are some comments that reflect some attitudes of teens being sexually active. Do you agree or disagree with them?

1. "If our relationship is based totally on sex, there *is* no relationship."
Agree Disagree
2. "If someone tells me that I have to have sex with them to show them that I love them, it's a signal right there! I will not have anyone put that kind of rule on me!"
Agree Disagree
3. "If you really love someone, like enough to think about marrying him or her someday, sex is okay."
Agree Disagree
4. "Sex is okay as long as you practice 'safe sex.' As long as you use a condom, you'll okay."
Agree Disagree
5. "There's nothing wrong with virginity."
Agree Disagree
6. "Teenagers today have to think about getting AIDS and HIV. We have to be more responsible than our parents were at our age."
Agree Disagree
7. "Most kids don't have sex until they are about 17. That's old enough to make responsible decisions."
Agree Disagree
8. "After my boyfriend/girlfriend and I had sex, he/she seemed to lose interest in me. I felt I had been used. That hurt more than anything else."
Agree Disagree
9. "I know of several kids my age who have already had babies. I don't want to have to deal with that. I want to stay young, stay a kid, and have fun for as long as I can."
Agree Disagree
10. "It's not a big deal to say you chose to abstain from sex. It's becoming more and more accepted. It's a good thing."
Agree Disagree
11. "Having premarital sex is totally against my religion. I just don't believe it is morally right."
Agree Disagree
12. "If it feels good, do it."
Agree Disagree

ARE YOU IN AN ABUSIVE RELATIONSHIP?

*Yes if your intimate partner,
Boyfriend or girlfriend has:*

- Withheld approval, appreciation, or affection as punishment
- Continually criticized you, called you names, shouted at you
- Ignored your feelings regularly
- Ridiculed or insulted your most valued beliefs, your religion, race, class, or sexual preference
- Been very jealous—harassed you about imagined affairs
- Manipulated you with lies
- Insisted you dress the way he or she wants
- Humiliated you in private
- Insulted or drove away your friends or family
- Taken car keys or money away
- Subjected you to reckless driving
- Thrown objects at you
- Abused pets to hurt you
- Punched, shoved, slapped, bit, kicked choked, or hit you
- Raped you or subjected you to other violent or degrading nonconsensual sexual acts
- Threatened to commit suicide if you leave

Teen Dating Violence Myths vs. Facts

Myth: He/She must have brought it on themselves.

Fact: No one ever deserves to be abused.

Myth: Only females are abused.

Fact: Although 90-95% of victims of abuse are women, there are still men who are abused. Not all abusers are men either, though 95% of them are.

Myth: He/She's not hitting me so he/she's not abusing me.

Fact: Abuse happens in many ways. Abuse can be emotional, spiritual, and even financial. Put-downs and insults are just as abusive as hitting.

Myth: He/She just can't control their temper.

Fact: If that were true, they'd be hitting everyone who ever made them mad, such as coworkers or friends. If he/she hurts you, it isn't their temper.

Myth: It's not that bad, just a bruise.

Fact: About 30% of all female murder victims are killed by husbands or boyfriends. Bruises can turn into broken bones, fractured skulls, or worse.

Myth: Dating violence only happens in heterosexual couples.

Fact: The prevalence of domestic violence and dating violence is the same for homosexual couples as it is for heterosexual couples-approximately 25%

Get Smart – Get Help – Get Out

If you are in immediate danger call 911 for help.

National Domestic Violence Hotline; 1-800-799-SAFE (7233) or 1-800-787-3224 TDD www.ndhv.org

National Sexual Assault Hotline: 1-800-656-HOPE (4673)

National Sexual Violence Resource Center – www.nsvrc.org

National Youth Violence Prevention Resource Center – www.safeyouth.org

Love is Not Abuse – www.loveisnotabuse.com

Preparing for Parenthood

Prenatal Visits-What to Expect

0-4 WEEKS

On your first prenatal visit plan to have:

- Pregnancy confirmed
- A general medical history
- A general physical exam, including an internal exam
- Blood tests
- Pap smear
- Counseling on proper nutrition and avoiding environmental hazards
- Your first prenatal visit will also allow you a chance to discuss your concerns

5-9 WEEKS

- Examination of your abdomen
- Examination of the size and height of uterus
- Anemia check
- Nutritional counseling
- Weight and blood pressure check

10-14 WEEKS

- Weight and blood pressure check
- Discussion of tests if needed
- Exam for swelling of hands and legs or fluid retention

15-19 WEEKS

- Examination for swelling varicose veins, and rashes
- Hear baby's heartbeat
- Ultrasound shows baby's movement and developed organs
- A triple screen test for possible prenatal genetic defects

20-24 WEEKS

- Abdominal exam
- Examination of your breasts and skin
- Hear baby's heartbeat
- An assessment of fetal activity -- how often your baby moves and what it feels like

24-28 WEEKS

- Oral glucose tolerance test, screening for gestational glucose intolerance, if indicated
- Vaginal culture, screening test for beta strep infection, if indicated

28-32 WEEKS

- Examination of your skin for rashes, enlarging veins, and swelling
- Review of your diet, an opportunity to discuss your weight, if necessary
- Hear baby's heartbeat
- See ultrasound of how baby has grown (if indicated)

32-36 WEEKS

- Hear baby's heartbeat
- Another opportunity to discuss your concerns

36-40 WEEKS

- Uterus exam
- Determination of position of baby
- An opportunity to discuss when to call your practitioner if labor begins
- An chance to discuss the difference between Braxton-Hicks contractions and the "real" ones
- An opportunity to discuss your birth plan
- An opportunity to discuss other concerns

Checklist for Bringing Home Baby

Nursery Necessities:

- Cradle, bassinet or crib
 - Crib slats should be no more than 2 3/8 inches apart.
 - Drop side of crib should be easy for you to work with one hand.
- Crib mattress
 - Make sure it fits tightly inside the crib.
- Fitted crib sheets
- Waterproof mattress pads or sheets
- Receiving blankets
- Warm blanket, quilt or comforter
- Dresser for storing baby's clothes
- Changing pad

Bathing Basics:

- Baby bathtub with foam pad or insert
- Terry cloth bath towels
- Washcloths
- Tearless shampoo
- Baby soap
- Brush and comb
- Baby nail scissors or clippers

Diaper Duty:

- Diapers
- Disposable diaper wipes
- Diaper rash ointment or cream
- Rubbing alcohol
- Cotton swabs

Clothing Collections:

- Onesies
- Infant gowns or sleepers
- Stretchy socks or booties and mittens
- Season appropriate clothing
- Mild laundry detergent to wash baby's clothes

Feeding Fundamentals:

- Bottles with nipples and caps (if breastfeeding or bottle-feeding)
- Baby formula and measuring cup (if bottle-feeding)
- Bibs
- Burp cloths

Transportation Tools:

- Infant car set
 - Choose a car seat appropriate for your baby's age, height and weight.
 - Visit your local fire department for help installing your car seat or if you have questions about the safety.
- Stroller
- Diaper bag

Positive Parenting

- Talk to your baby. It is soothing to hear your voice.
- When your baby makes sounds, answer him by repeating and adding words. This will help him learn to use language.
- Read to your baby. This helps them develop and understand language and sounds.
- Sing to your baby.
- Play music. This helps your baby develop a love for music and math.
- Praise your baby and give them lots of loving attention.
- Spend time cuddling and holding your baby. This helps them feel cared for and secure.
- The best time to play with your baby is when they are alert and relaxed. Watch your baby closely for signs of being tired or fussy so that you can take a break.
- Parenting can be hard work! Take care of yourself physically, mentally, and emotionally. It is easier to enjoy your new baby and be a positive, loving parent when you are feeling good yourself.

Child Safety First

Now that your newborn is at home, it is time to make sure that your home is a safe place. Look around your home for household items that might present a possible danger to your baby. As a parent, it is your responsibility to ensure that you create a safe environment for your baby. It is also important that you take the necessary steps to make sure that you are mentally and emotionally ready for your new baby. Here are a few tips to keep your baby safe during their first year of life.

- It is important that you never shake your newborn baby. Newborn babies have very weak neck muscles that are not yet able to support their heads. If you shake your baby you can damage their brain and delay normal development.
- To prevent SIDS (Sudden Infant Death Syndrome), it is recommended that you always put your baby to sleep on her back. For more information on SIDS, visit [National Institute of Child Health and Human Development](#).
- Place your baby in a car safety seat every time they ride in the car. The safest place for their safety seat is in the back seat of the car. Children who are less than one year or are less than 20 pounds should be placed in a rear-facing care seat.
- Don't allow your baby to play with anything that may cover their face or is easy for them to swallow.
 - Never carry hot liquids or food near your baby or while holding them.

Techniques for Comforting a Crying Baby

1. Sit in a rocking chair, glider or swing and sing a lullaby or play soft music. It's an oldie, but it still works.
2. Put the baby in a battery-operating swing, a device that can be a sanity-saver for the parents of a colicky baby.
3. Wrap the baby snugly in a light blanket, an old technique called swaddling.
4. Lay the baby across your lap and give her a back rub. The massage is relaxing and will help get rid of gas.
5. Take him for a ride in the car (properly secured in his car seat, of course).
6. If the weather is nice, take the baby for a ride in the stroller. If you can't get outside, do your strolling in the living room or hall.
7. Let the baby suck on a pacifier (that's where they got their name) or give her some help in getting her fist or fingers in her mouth.
8. Put him in a strap-on infant carrier or in your arms and walk --- inside or out.
9. Try putting the baby in a bassinet or a basket and placing her on top of the clothes dryer while you're doing a load. The combination of warmth, sound and vibration can be relaxing. Do not leave the baby unattended.

Name: _____ Date: _____

ILC or Instructor Name: _____

Health

Chafee Independence Program Life Skills Curriculum

Cabinet for Health and Family Services
Department for Community Based Services

How Do I Find a Doctor?

Finding the right doctor you feel comfortable with, you trust and who meets your medical needs is worth the time and effort it takes. So, where do you start? First, your options will largely depend on whether or not you have insurance.

If you HAVE insurance

- Contact your insurance company to get a list of doctors in your area that participate in your insurance plan (approved providers).
- Many health insurance plans require you to choose a *primary care provider* as your regular doctor.

If you DO NOT have insurance

What is Health Kentucky and can it help me?

For many Kentucky residents the option of having access to healthcare does not exist. Families and individuals live in fear that one medical catastrophe could mean ruin for their future. A simple cold cannot be treated without incurring mounting medical bills. For those residents that are ineligible for any state programs, few options are left but the need still exists.

Addressing this need, Health Kentucky was created in 1984. Health Kentucky and the Kentucky Physicians Care Program's vision is that all uninsured Kentuckians living in poverty have access to quality healthcare. Eligible applicants must meet the requirements below:

Eligibility Requirements:

1. Applicant must be a U.S. citizen and a Kentucky resident between the ages of 18-64
2. Applicant cannot be covered by any private insurance, Medicaid, Medicare, or Disability (SSI)
3. Household income level must be at or below 100% Federal Poverty guidelines. Resources must also be less than \$2,000.00. This can be determined when completing the application.

Health Kentucky cannot:

1. Pay past medical bills
2. Pay for prescriptions other than those approved for our program
3. It does not aid with motor vehicle accident or work related injuries
4. Assist with disability determination
5. Cannot assist patients in crisis (no immediate approval can be granted-application process can take 7-10 working days)

Health Kentucky and the Kentucky Physicians Care program is unique because it encompasses its support solely from volunteers. It is a voluntary network of Physicians, Dentists, Pharmacies, and Pharmaceutical Manufacturers. They receive no incentives, rebates or monetary distributions for the services they provide. These volunteers make up the "safety net" that over 30,000 Kentuckians rely on.

Could you or someone you know benefit from Health Kentucky services? Call 1-800-633-8100 to learn more about the program or download our informational brochure to learn more about the Health Kentucky program.

If you think you may be eligible for free health care, please call our toll-free hot line at 1-800-633-8100 for additional information or you can apply at your County Department for Community Based Services.

Narrowing your Search

Think about what kind of doctor you want

- Is the doctor experienced with your particular health needs?
- Are you more comfortable seeing a woman or a man?
- Where is the doctor's office located? Will it be easy for you to get there? Is it accessible by public transportation?
- How long does it take to get an appointment after you call? Can you be seen on the same day if you have an urgent need? Does the doctor have evening and weekend hours?
- Does the office process insurance claims, or do you pay up-front for services and file the claims yourself?
- Do you want a traditional doctor or one who is open to alternative medicine?
- Does the doctor or a member of the staff give advice over the phone for common medical problems?

Find out about the doctors on your list

- Call and ask questions or call and try to schedule an interview with the doctor.
- Ask if the doctor is a participating provider with your insurance plan and can take new patients.

It's up to you to keep looking for that right doctor. You deserve the best care possible, so if you've chosen a doctor who you are not happy with, don't hesitate to continue your search.

Open Records Request

When an applicant (client, a former client's attorney or individuals other than the client) requests access/ disclosure of the client's case record, DPP, and staff at the local or Regional office will:

1. Provide the applicant with the [DPP-010 Open Records Request](#) (HE1-3), to facilitate the request;
2. Notify the applicant that request for a client's health information must be directed to:
The Cabinet for Health and Family Services
Department for Community Based Services
Records Management Section
275 East Main Street, Section 3E-G
Frankfort, Kentucky 40621
3. Provide the applicant assistance in completing the form;
4. Advise the applicant that the Records Management Section will respond to their request; and
5. If a local or Regional office receives a written request for records, the staff immediately faxes (502 564-9554) the request to the Records Management Section. After faxing the request, staff contacts the Records Management Section to confirm receipt of the fax.

**CABINET FOR HEALTH AND FAMILY SERVICES
RECORDS MANAGEMENT SECTION
275 EAST MAIN STREET, SECTION 3E-G
FRANKFORT, KY 40621
PHONE: (502) 564-3834**

OPEN RECORDS REQUEST

PLEASE PROVIDE THE FOLLOWING INFORMATION SO THAT WE MAY PROCESS YOUR REQUEST EFFICIENTLY

DATE	
NAME OF REQUESTOR	
ADDRESS	
CITY, STATE, ZIP	
PHONE NUMBER	

INFORMATION REQUESTED

NAME OF PERSON WHOSE RECORDS ARE REQUESTED	
SOCIAL SECURITY NUMBER	
DATE OF BIRTH	
NAME OF THE CHILD'S MOTHER (If Child Protective Services Case)	
COUNTY WHERE INCIDENT OCCURRED	
SOCIAL WORKER (IF KNOWN)	
DATE OF INCIDENT	
I request to inspect the following document(s):	

For requests that total twenty (20) pages or more the charge is ten cents (\$0.10) per page, plus postage. Please do not send money with this request. This office will notify you of the amount due once the records are available.

I hereby certify that I am the Requestor identified above.

SIGNATURE

DATE

SEND COMPLETED DOCUMENTS TO RECORDS MANAGEMENT SECTION, 275 EAST MAIN STREET, and SECTION 3E-G, FRANKFORT, KY 40621.

ATTORNEYS ONLY

For an attorney seeking client information, please enclose a completed Form CHFS-305 signed by the client, including the address where the records should be sent.

ATTORNEY INFORMATION:

NAME	
ADDRESS	
CITY, STATE, ZIP	
PHONE NUMBER	

PLEASE COMPLETE AND SUBMIT FORM CHFS-305 WITH THIS DOCUMENT

HE1-3



KENTUCKY LIVING WILL PACKET



The Office of the Attorney General
Jack Conway, Attorney General

HE2

Living Wills in Kentucky

A Living Will gives you a voice in decisions about your medical care when you are unconscious or too ill to communicate. As long as you are able to express your own decisions, your Living Will will not be used and you can accept or refuse any medical treatment. But if you become seriously ill, you may lose the ability to participate in decisions about your own treatment.

You have the right to make decisions about your health care. No health care may be given to you over your objection, and necessary health care may not be stopped or withheld if you object.

The Kentucky Living Will Directive Act of 1994 was passed to ensure that citizens have the right to make decisions regarding their own medical care, including the right to accept or refuse treatment. This right to decide — to say yes or no to proposed treatment — applies to treatments that extend life, like a breathing machine or a feeding tube.

In Kentucky a Living Will allows you to leave instructions in four critical areas. You can:

- Designate a Health Care Surrogate
- Refuse or request life prolonging treatment
- Refuse or request artificial feeding or hydration (tube feeding)
- Express your wishes regarding organ donation

Everyone age 18 or older can have a Living Will. The effectiveness of a Living Will is suspended during pregnancy.

It is not necessary that you have an attorney draw up your Living Will. Kentucky law (**KRS 311.625**) actually specifies the form you should fill out. You probably should see an attorney if you make changes to the Living Will form. The law also prohibits relatives, heirs, health care providers or guardians from witnessing the Will. You may wish to use a Notary Public in lieu of witnesses.

The Living Will form includes two sections. The first section is the Health Care Surrogate section which allows you to designate one or more persons, such as a family member or close friend, to make health care decisions for you if you lose the ability to decide for yourself. The second section is the Living Will section in which you may make your wishes known regarding life-prolonging treatment so your Health Care Surrogate or Doctor will know what you want them to do. You can also decide whether to donate any of your organs in the event of your death.

When choosing a surrogate, remember that the person you name will have the power to make important treatment decisions, even if other people close to you might urge a different decision. Choose the person best qualified to be your health care surrogate. Also, consider picking a back-up person, in case your first choice isn't available when needed. Be sure to tell the person that you have named them a surrogate and make sure that the person understands what's most important to you. Your wishes should be laid out specifically in the Living Will.

If you decide to make a Living Will, be sure to talk about it with your family and your doctor. The conversation is just as important as the document.

A copy of any Living Will should be put in your medical records. Each time you are admitted for an overnight stay in a hospital or nursing home, you will be asked whether you have a Living Will. You are responsible for telling your hospital or nursing home that you have a Living Will.

HE2-1

If there is anything you do not understand regarding the form, you might want to discuss it with an attorney. You can also ask your doctor to explain the medical issues. When completing the form, you may complete all of the form, or only the parts you want to use. You are not required by law to use these forms. Different forms, written the way you want, may also be used. You should consult with an attorney for advice on drafting your own forms.

You are not required to make a Living Will to receive healthcare or for any other reason. The decision to make a Living Will must be your own personal decision and should only be made after serious consideration.

For additional copies of this packet, you may download it from the Attorney General's website at **ag.ky.gov/livingwill** or make photocopies of this packet.

This packet is provided to you by the Office of the Attorney General for informational purposes only.

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Copies printed with state funds.

Instructions for Completing the Kentucky Living Will Form

The Living Will form should be used to let your physician and your family know what kind of life-sustaining treatments you want to receive if you become terminally ill or permanently unconscious and are unable to make your own decisions. This form should also be used if you would like to designate someone to make those healthcare decisions for you should you become unable to express your wishes.

NOTE: You may fill out all or part of the form according to your wishes. Keep in mind that filling out this form is not required for any type of healthcare or any other reason. Filling out this form should solely be a personal decision.

1. Read over all information carefully before filling out any part of the form.
2. At the top of the form in the designated area, print your full name and birth date.
3. The first section of the form on page one relates to designating a "Health Care Surrogate." Fill this section out if you would like to choose someone to make your healthcare decisions for you should you become unable to do so yourself. When choosing a surrogate, remember that the person you name will have the power to make important treatment decisions. Choose the person best qualified to be your health care surrogate. Also, consider picking a back-up person, in case your first choice isn't available when needed. Be sure to tell the person that you have named them a surrogate and make sure that the person understands what's most important to you. **Do not complete this section if you do not wish to name a surrogate.**
4. The next section of the form is the "Living Will Directive." Fill out this section to identify what kinds of life-sustaining treatments you want to receive should you become terminally ill or permanently unconscious.

Life Prolonging Treatment

Under this bolded section on page one, you may designate whether or not you wish to receive treatment (such as a life support machine), and be permitted to die naturally, with only the administration of medication or treatment deemed necessary to alleviate pain. If you do not want treatment, except for pain, and would like to die naturally, check and initial the first line. If you want life-sustaining treatment, check and initial the second line. Check and initial only one line.

Nourishment and/or Fluids

Under this bolded section on page two, you may designate whether or not you wish to receive artificially provided food, water, or other artificially provided nourishment or fluids (such as a feeding tube). If you do not want to receive artificial nourishment or fluids, check and initial the first line. If you want to receive nourishment and/or fluids, check and initial the second line. Check and initial only one line.

Surrogate Determination of Best Interest

Important: This section cannot be completed if you have completed the two previous bolded sections.

Under this bolded section on page two, IF you have designated a person as your surrogate in the first section, you may allow that person to make decisions for you regarding life-sustaining treatments and/or nourishment. Check and initial this line ONLY if you wish to allow your surrogate to make decisions for you and if you do not want to detail your specific life-sustaining wishes on this form.

Organ/Tissue Donation

Under this bolded section on page two, you may designate whether or not to donate your all or any part of your body upon your death. If you wish to donate all or part of your body, check and initial the first line. If you do not want to donate all or part of your body, check and initial the second line. Check and initial only one line.

HE2-3

5. On page three, you will sign and date the form. Sign and date the form **in the presence of two witnesses over the age of 18 OR in the presence of a Notary Public.**

The following people CANNOT be a witness to or serve as a notary public:

- a) A blood relative of yours;
- b) A person who is going to inherit your property under Kentucky law;
- c) An employee of a health care facility in which you are a patient (unless the employee serves as a notary public);
- d) Your attending physician; or
- e) Any person directly financially responsible for your health care.

6. Once you have filled out the Living Will and either signed it in the presence of witnesses or in the presence of a notary public, give a copy to your personal physician and any contacts you have listed in the Living Will. A copy of any Living Will should be put in your medical records. Remember, you are responsible for telling your hospital or nursing home that you have a Living Will. Do not send your Living Will to the Office of the Attorney General.

Kentucky Living Will Directive and Health Care Surrogate Designation of

(PRINTED NAME)

(DATE OF BIRTH)

My wishes regarding life-prolonging treatment and artificially provided nutrition and hydration to be provided to me if I no longer have decisional capacity, have a terminal condition, or become permanently unconscious have been indicated by checking and initialing the appropriate lines below.

Health Care Surrogate Designation

By checking and initialing the line below, I specifically:

_____ (check box and initial line, if you desire to name a surrogate)

Designate _____ as my health care surrogate(s) to make health care decisions for me in accordance with this directive when I no longer have decisional capacity. If _____ refuses or is not able to act for me, I designate _____ as my health care surrogate(s).

Any prior designation is revoked.

Living Will Directive

If I do not designate a surrogate, the following are my directions to my attending physician. If I have designated a surrogate, my surrogate shall comply with my wishes as indicated below. By checking and initialing the lines below, I specifically:

Life Prolonging Treatment (check and initial only one)

_____ (check box and initial line, if you desire the option below)

Direct that treatment be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical treatment deemed necessary to alleviate pain.

_____ (check box and initial line, if you desire the option below)

DO NOT authorize that life-prolonging treatment be withheld or withdrawn.

Nourishment and/or Fluids (check and initial only one)

_____ (check box and initial line, if you desire the option below)

Authorize the withholding or withdrawal of artificially provided food, water, or other artificially provided nourishment or fluids.

HE2-5

Living Will Directive — Continued

_____ (check box and initial line, if you desire the option below)
DO NOT authorize the withholding or withdrawal of artificially provided food, water, or other artificially provided nourishment or fluids.

Surrogate Determination of Best Interest

NOTE: If you desire this option, DO NOT choose any of the preceding options regarding Life Prolonging Treatment and Nourishment and/or Fluids

_____ (check box and initial line, if you desire the option below)
Authorize my surrogate, as designated on the previous page, to withhold or withdraw artificially provided nourishment or fluids, or other treatment if the surrogate determines that withholding or withdrawing is in my best interest; but I do not mandate that withholding or withdrawing.

Organ/Tissue/Eye Donation

I certify that I am eighteen (18) years of age or older and of sound mind, and that upon my death, I hereby give:

Check appropriate boxes and initial the line beside that box:

_____ Any needed organs, tissues, and eye/corneas
OR

The following organs or tissues only (check and initial all that apply):

_____ All needed organs

_____ All needed tissues

_____ Corneas

_____ Eyes

_____ Other

OR

_____ Only the specified organs/tissues as listed:

Organs that can be donated: heart, lungs, liver, pancreas, kidneys, and small bowel. Tissues that can currently be donated: skin (outermost layer from lower trunk and abdomen), bone, heart valves, leg veins, pericardium, vertebral bodies.

Eye donation can be the corneas (outer most layer), the sclera (shell), or the entire eye.

In the absence of my ability to give directions regarding the use of life-prolonging treatment and artificially provided nutrition and hydration, it is my intention that this directive shall be honored by my attending physician, my family, and any surrogate designated pursuant to this directive as the final expression of my legal right to refuse medical or surgical treatment and I accept the consequences of the refusal.

If I have been diagnosed as pregnant and that diagnosis is known to my attending physician, this directive shall have no force or effect during the course of my pregnancy.

I understand the full import of this directive and I am emotionally and mentally competent to make this directive.

Signed this _____ day of _____, 20____

(signature and address of the grantor)

Have two adults witness your signature OR have signature notarized.*

In our joint presence, the grantor, who is of sound mind and eighteen (18) years of age, or older, voluntarily dated and signed this writing or directed it to be dated and signed for the grantor.

(signature and address of witness)

(signature and address of witness)

OR

COMMONWEALTH OF KENTUCKY, _____ County

Before me, the undersigned authority, came the grantor who is of sound mind and eighteen (18) years of age or older, and acknowledged that he/she voluntarily dated and signed this writing or directed it to be signed and dated as above.

Done this _____ day of _____, 20____

Signature of Notary Public

Date commission expires

* None of the following shall be a witness to or serve as a notary public or other person authorized to administer oaths in regard to any advance directive made under this section:

- a) A blood relative of the grantor;
- b) A beneficiary of the grantor under descent and distribution statutes of the Commonwealth;
- c) An employee of a health care facility in which the grantor is a patient, unless the employee serves as a notary public;
- d) An attending physician of the grantor; or
- e) Any person directly financially responsible for the grantor's health care.

NOTICE: Execution of this document restricts withholding and withdrawing of some medical procedures. Consult Kentucky Revised Statutes or your attorney.

A person designated as a surrogate pursuant to an advance directive may resign at any time by giving written notice to the grantor; to the immediate successor surrogate, if any; to the attending physician; and to any health care facility which is then waiting for the surrogate to make a health care decision.

HE2-7