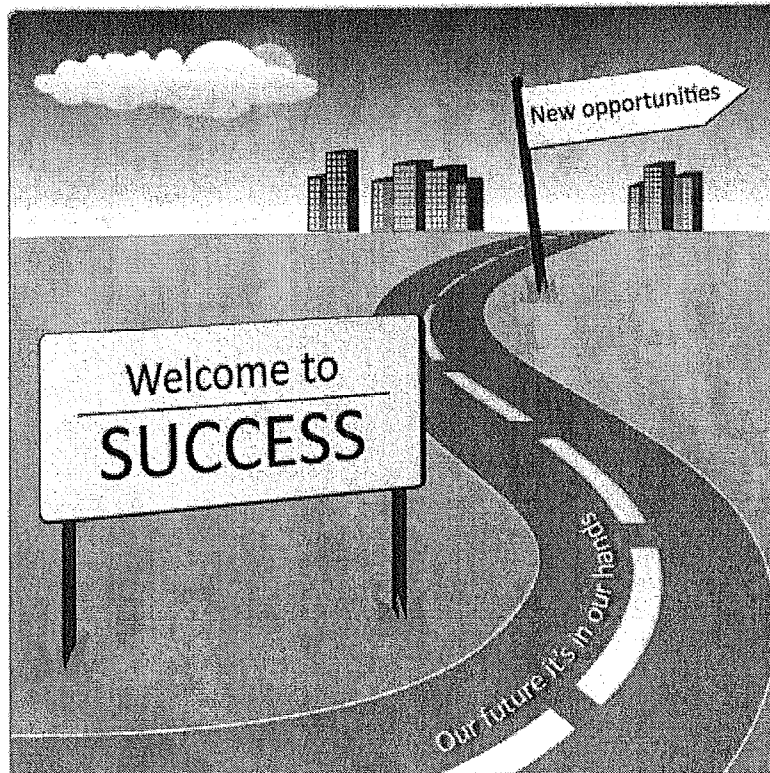


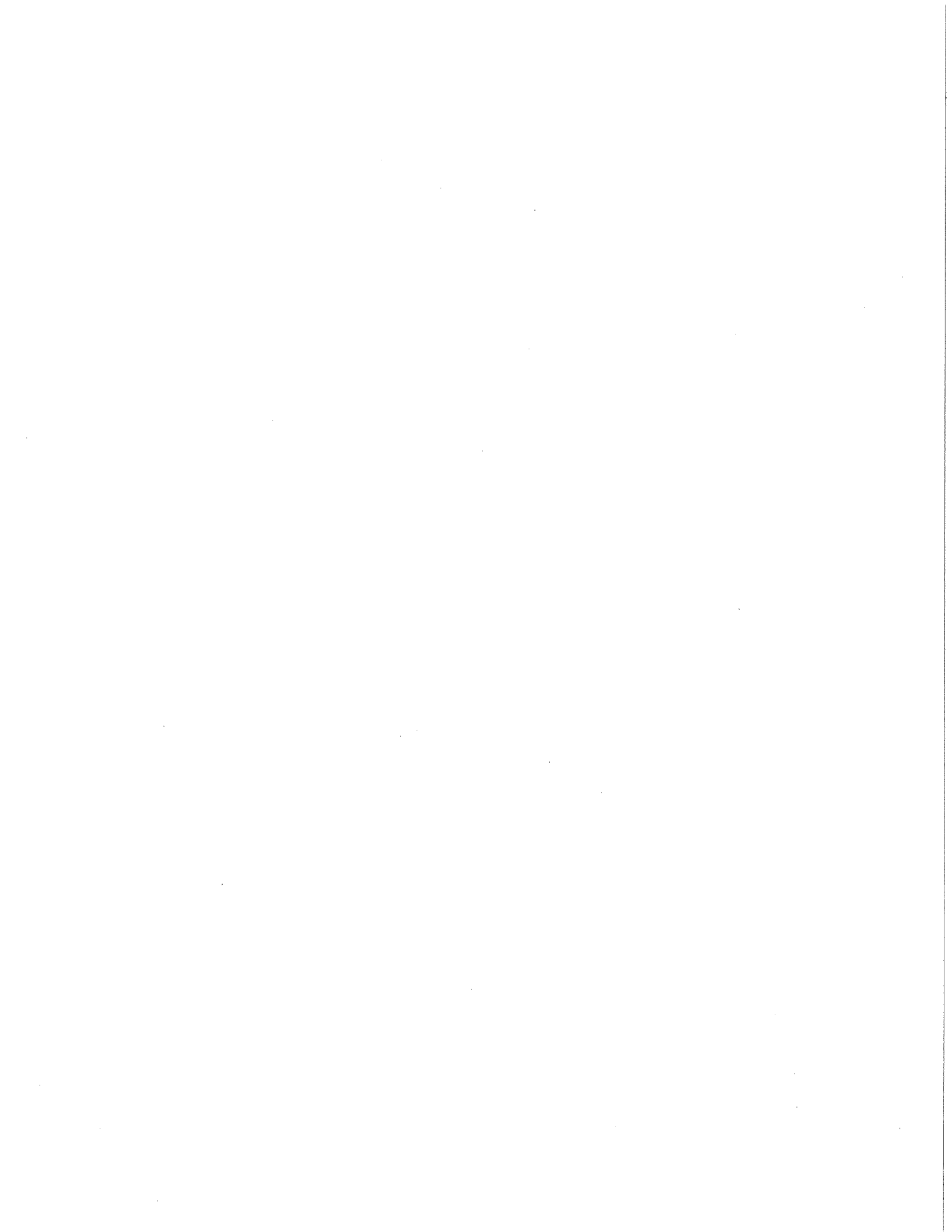
# Resource Guide for Youth Exit Packet



## Cumberland Region



Cabinet for Health and Family Services  
Department of Community Based Services  
Division of Protection and Permanency  
Chafee Independence Program



## **The Chafee Independence Program for Teenagers Currently in or Aged Out of Foster Care**

The John Chafee Independence Program is a federally funded program designed to teach children and youth in out-of-home care and youth formerly in care the skills that will enable them to be self-sufficient after they are released from care. The Chafee Independence Program mandates that all children 12 and over in care receive independent living services, regardless of permanency goal.

Services are provided by twelve regional Independent Living Coordinators and one Central Office specialist employed by Eastern Kentucky University and private child care contractors.

Referrals for independent living services can be made by contacting regional Independent Living Coordinators. Referrals to the program may be made by foster parents, workers, private contractors or by the youth.

Services available to youth are based on ages and commitment to the Cabinet for Families and Children.

### **The following services are available through the Chafee Independence Program:**

#### **12 – 15 year olds**

Foster parents are now being trained to work with 12 – 15 year olds in the home on "soft" skills such as anger management, problem-solving and decision-making, and on daily living skills such as cooking, household responsibilities, laundry and money management.

#### **16 year olds**

Sixteen year olds are eligible for formal Life Skills classes taught in each region by Independent Living Coordinators or private contractors. The curriculum includes instruction on Employment, Money Management, Community Resources, Housing and Education.

#### **18 – 21 year olds committed to the Cabinet for Families and Children**

Eighteen to 21 year olds who extend their commitment with the Cabinet are eligible for formal Life Skills classes, tuition assistance and a tuition waiver.

#### **18 – 21 year olds who left care because they turned 18**

Youth 18 – 21 who left care because they turned 18 are eligible for formal Life Skills classes, KOFFY and KYNEX (campus support groups), a tuition waiver, assistance with room and board, Education Training Voucher (ETV) funding for college expenses, and Foster Youth Transition Assistance (FYTA) for working youth.

#### **Youth Participation/Mentoring**

The Kentucky Organization for Foster Youth (KOFFY) is a statewide group open to youth currently and formerly in foster care. The aim of the group is to provide an opportunity for former and current foster youth to educate the public and policy makers about the needs of youth in foster care. The group will also seek to change negative stereotypes about foster kids, develop a mentoring program and create a speaker's

bureau of youth. Membership is open to any current or former foster youth, regardless of age. Contact your regional Independent Living Coordinator for upcoming events.

**Other services coordinated through the Chafee Independence Program:**

**Tuition Assistance - state**

Youth 18 – 21 who extend their commitment with the Cabinet for Families and Children for educational purposes are eligible for tuition assistance to attend college or vocational training. Tuition assistance is paid from state general funds and can be used for expenses not covered by federal financial assistance. Youth must fill out a Free Application for Federal Student Assistance (FAFSA), available on line at <http://www.fafsa.ed.gov/>. Tuition assistance is applied if federal financial assistance, KEES, CAP, the tuition waiver for foster and adopted children and/or any other private scholarships do not meet all expenses.

**Tuition Waiver for Foster and Adopted Children - state**

KRS 164.2847, the Tuition Waiver for Foster and Adopted Children waives tuition and mandatory fees at any Kentucky public university, technical or community college. Youth must fill out a Free Application for Federal Student Assistance (FAFSA), available on line at <http://www.fafsa.ed.gov/>. The tuition waiver is a last resort resource, applied if federal financial assistance, KEES, CAP and/or any other private scholarships do not meet all expenses.

**Education Training Voucher (ETV) – federal**

Up to \$5,000 per youth per year for expenses directly related to a post secondary or job training program

**Cumberland Region**

**Exit Packet**

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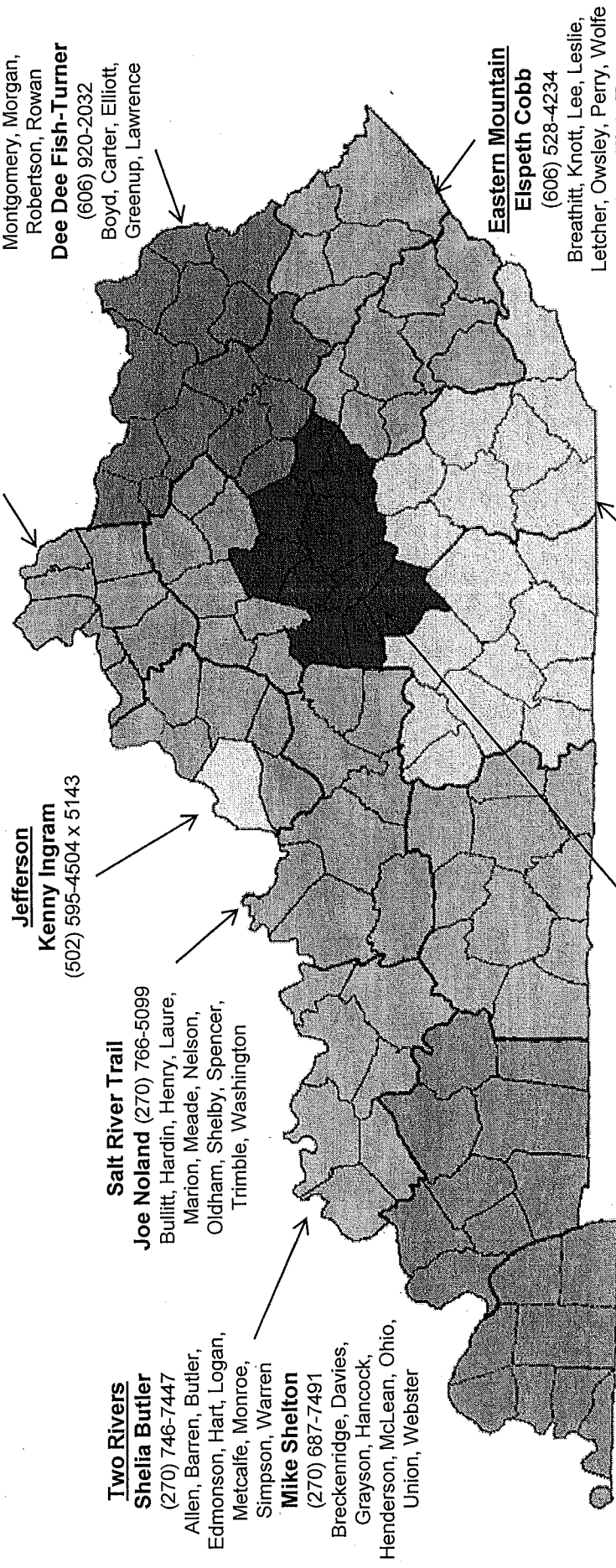
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# Independent Living Program – Regional Coordinators

**Central Office**  
 Keith Jones, State Independent Living Coordinator  
 Shelley Brown, Independent Living Assistant  
 (502) 564-2147



**Northern Bluegrass**  
**Ron Gladden** (859) 292-6340  
 Boone, Bourbon, Campbell,  
 Carroll, Gallatin, Grant,  
 Harrison, Kenton, Nicholas,  
 Owen, Pendleton

**Northeastern**  
**Darlene Perkins**  
 (606) 783-8555  
 Bath, Bracken, Fleming,  
 Lewis, Mason, Menifee,  
 Montgomery, Morgan,  
 Robertson, Rowan  
**Dee Dee Fish-Turner**  
 (606) 920-2032  
 Boyd, Carter, Elliott,  
 Greenup, Lawrence

**Jefferson**  
**Kenny Ingram**  
 (502) 595-4504 x 5143

**Salt River Trail**  
**Joe Noland** (270) 766-5099  
 Bullitt, Hardin, Henry, Laure,  
 Marion, Meade, Nelson,  
 Oldham, Shelby, Spencer,  
 Trimble, Washington

**Two Rivers**  
**Shelia Butler**  
 (270) 746-7447  
 Allen, Barren, Butler,  
 Edmonson, Hart, Logan,  
 Metcalfe, Monroe,  
 Simpson, Warren  
**Mike Shelton**  
 (270) 687-7491  
 Breckennridge, Davies,  
 Grayson, Hancock,  
 Henderson, McLean, Ohio,  
 Union, Webster

**Eastern Mountain**  
**Elsbeth Cobb**  
 (606) 528-4234  
 Breathitt, Knott, Lee, Leslie,  
 Letcher, Owsley, Perry, Wolfe  
**Dee Dee Fish-Turner**  
 (606) 920-2032  
 Floyd, Johnson, Martin,  
 Magoffin, Owen, Pike

**Cumberland**  
**Elsbeth Cobb** (606) 528-4234  
 Bell, Clay, Harlan, Jackson, Knox,  
 Laurel, Rockcastle, Whitley  
**Char Hecht** (606) 787-8369  
 Adair, Casey, Clinton,  
 Cumberland, Green, McCreary,  
 Putlaski, Russell, Taylor, Wayne

**Southern Bluegrass**  
**Chorya Sloan Morton**  
 (859) 246-2266  
 Fayette, Scott, Woodford  
**Anne Westerfield**  
 (859) 734-5488  
 Anderson, Boyle, Clark, Estill,  
 Franklin, Gairard, Jessamine,  
 Lincoln, Madison, Mercer, Powell

**The Lakes**  
**Ron Campbell** (270) 247-2979  
 Ballard, Carlisle, Calloway, Fulton, Hickman,  
 Graves, Marshall, McCracken, Caldwell,  
 Christian, Crittenden, Hopkins, Livingston,  
 Lyon, Muhlenberg, Todd, Trigg

## State Wide DCBS Offices

To find you local Department of Community Based Services office contact your Independent Living Coordinator or use the following link.

**<https://apps.chfs.ky.gov/Office Phone/index.aspx>**



Department of Community Based Services

Bell County (606) 337-6171

Clay County (606) 598-5727

Harlan County (606)573-4620

Jackson County (606) 287-4475

Knox County (606) 546-5154

Laurel County (606) 330-2003

Rockcastle County (606) 256-2138

Whitley County

Corbin (606) 528-4234

Williamsburg (606) 549-4505

## Department of Community Based Services (DCBS) OFFICES

<u>ADDRESS</u>	<u>PHONE</u>
<u>ADAIR</u> P.O. Box 429, 703 Jamestown ST. Columbia, KY 42728-0429	270-384-2163
<u>CASEY</u> P.O. Box 1437, 137 Courthouse Square Liberty, KY 42539-1437	606-787-8338
<u>CLINTON</u> 801 Tennessee Road, Suite D Albany, KY 42602	606-387-6466
<u>CUMBERLAND</u> 232 Keen Street Burkeville, KY 42717-0397	270-864-2556
<u>GREEN</u> 116 North Main Street Greensburg, KY 42743	270-932-7484
<u>McCREARY</u> Whitley City Plaza, HWY 27 Whitley City, KY 42653-0457	606-376-5304
<u>PULASKI</u> 67 Eagle Creek Drive, Suite 101, Somerset Somerset, KY 42502	606-677-4086
<u>RUSSELL</u> Bates Building, South Main Street Jamestown, KY 42629-0770	270-343-3196
<u>TAYLOR</u> 1327 East Broadway, Suite A Campbellsville, KY 42718	270-465-6621
<u>WAYNE</u> P.O. Box 697, Tradeway Shopping Center Monticello, KY 42633-0697	606-348-3321

## Adult Protection Services

### Bell County

Leverna Bowman

(606) 337-6171

### Clay County

Dawn Turner

(606) 598-2027

### Harlan County

Sonnie Lovitt

(606) 573-4620

### Jackson and Rockcastle Counties

Tammy Peters

(606) 278-7114

### Knox County

Tammy Rogers

(606) 546-5154

### Laurel County

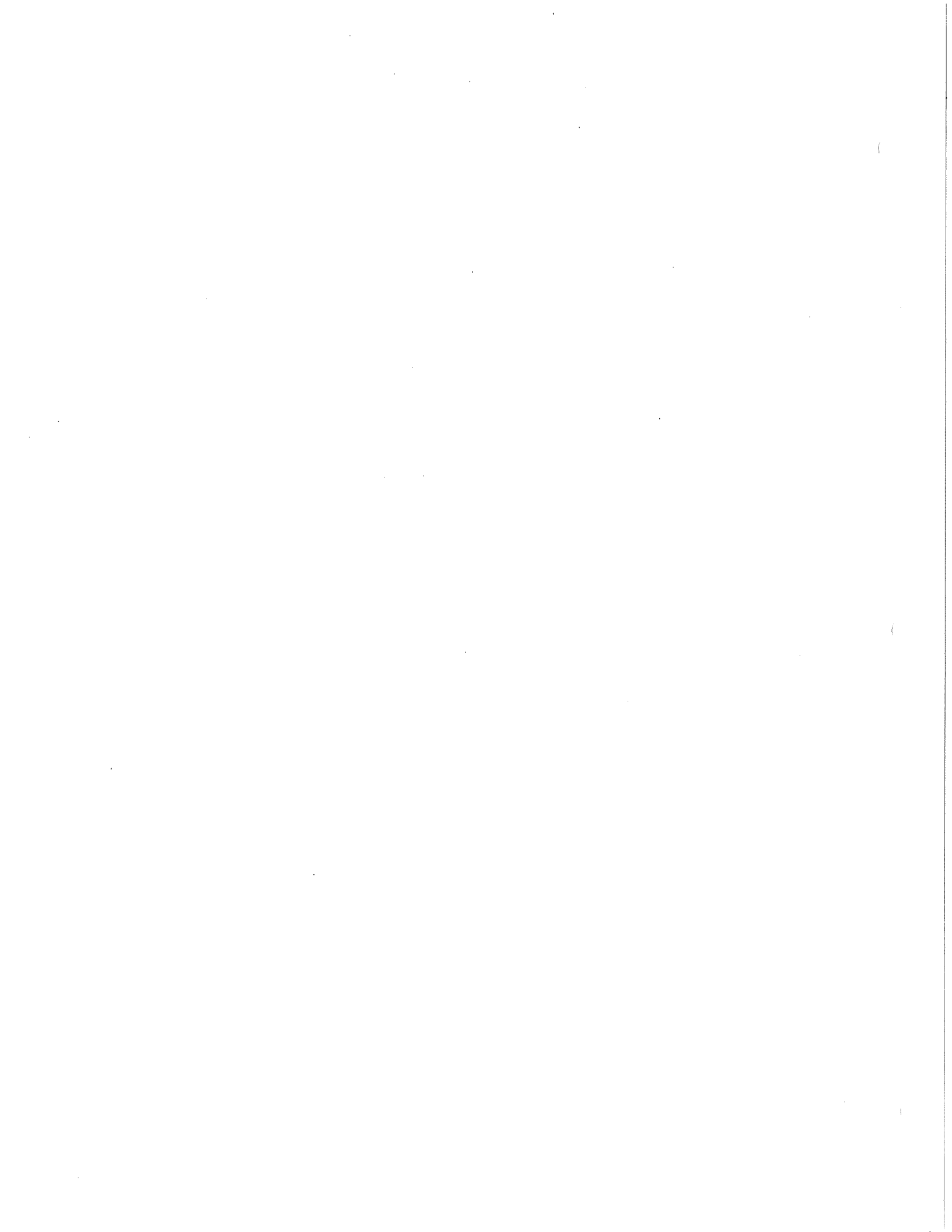
Jennifer Swafford

(606) 598-2027

### Whitley County

Kyley Adkins

(606) 528-4234



# Personal Information

Initials of Youth _____	Date Plan Completed _____	Initial or 6-Month Update _____
-------------------------	---------------------------	---------------------------------

**Transition Plan  
Youth's Demographic Information**

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

How long 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"/>
3. _____	_____	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? \_\_\_\_\_

**Personal Documents and Identification**

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. _____	_____	_____
3. _____	_____	_____

**Youth's Self-Stated Vision**

Can you tell us why we are here today? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Youth's Self-Stated Assets and Needs**

What strengths do you think you already have that will help you reach your goals and what do you think you will need to have or learn?

**Assets**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**Needs**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**Youth's Independent Living 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: \_\_\_\_\_

Objective 1: \_\_\_\_\_

How Measured: \_\_\_\_\_

Objective 2: \_\_\_\_\_

Action Step	Responsible Party	Due Date
1.		
2.		
3.		

**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 how to access?     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

**Housing Plan**

Goal: \_\_\_\_\_

Objective 1: \_\_\_\_\_

How Measured: \_\_\_\_\_

Objective 2: \_\_\_\_\_

How Measured: \_\_\_\_\_

Action Step	Responsible Party	Due Date
1.		
2.		
3.		

**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: \_\_\_\_\_

Objective 1: \_\_\_\_\_

How Measured: \_\_\_\_\_

Objective 2: \_\_\_\_\_

How Measured: \_\_\_\_\_

Action Step	Responsible Party	Due Date
1.		
2.		
3.		

**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 near-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: \_\_\_\_\_

Objective 1: \_\_\_\_\_

How Measured: \_\_\_\_\_

Objective 2: \_\_\_\_\_

How Measured: \_\_\_\_\_

Action Step	Responsible Party	Due Date
1.		
2.		
3.		

**Emotional/Physical Needs**

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? \_\_\_\_\_

\_\_\_\_\_

**Plan for Youth's Emotional/Physical Needs**

Goal: \_\_\_\_\_

Objective 1: \_\_\_\_\_

How Measured: \_\_\_\_\_

Objective 2: \_\_\_\_\_

How Measured: \_\_\_\_\_

Action Step	Responsible Party	Due Date
1.		
2.		
3.		

**Teen Activities**

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: \_\_\_\_\_

Objective 1: \_\_\_\_\_

How Measured: \_\_\_\_\_

Objective 2: \_\_\_\_\_

How Measured: \_\_\_\_\_

Action Step	Responsible Party	Due Date
1.		
2.		
3.		

**Transportation**

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: \_\_\_\_\_  
 Objective 1: \_\_\_\_\_  
 How Measured: \_\_\_\_\_  
 Objective 2: \_\_\_\_\_  
 How Measured: \_\_\_\_\_

Action Step	Responsible Party	Due Date
1.		
2.		
3.		

**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: \_\_\_\_\_  
 Objective 1: \_\_\_\_\_  
 How Measured: \_\_\_\_\_  
 Objective 2: \_\_\_\_\_  
 How Measured: \_\_\_\_\_

Action Step	Responsible Party	Due Date
1.		
2.		
3.		

**Additional Comments**

Detail any additional comments, concerns or information articulated by the group:

---

---

---

**Plan Review Dates**

This plan will be reviewed no later than: \_\_\_\_\_

**Independent Living Program Information**

My Independent Living Coordinator is: \_\_\_\_\_

I can reach my IL Coordinator at: \_\_\_\_\_

**Attendance List**

I have participated in the development of this plan and agree to it as detailed within this document.

Name	Affiliation/Organization	Address	Phone

CABINET FOR HEATH AND FAMILY SERVICES  
Department for Community Based Services  
275 East Main Street  
Frankfort, KY 40621

AN EQUAL OPPORTUNITY EMPLOYER M/F/D  
PRINTED WITH 100% FEDERAL GOVERNMENT FUNDS RECEIVED UNDER THE  
INDEPENDENT LIVING PROGRAM GRANT #01-9701-KY-1420

# Medical Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Insurance: \_\_\_\_\_

**CHILDHOOD ILLNESS:**  Measles  Rubella  Mumps  Pertusis  Chicken Pox  
 Meningitis  Frequent Ear infections  Tonsillitis  Other \_\_\_\_\_

**FAMILY HISTORY OF ILLNESS/CONDITIONS:** \_\_\_\_\_

**HOSPITALIZATION/ OPERATIONS:** \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

**MEDICATIONS:** \_\_\_\_\_

**IMMUNIZATION CERTIFICATE:**  No  Yes= **EXPIRES ON:** \_\_\_\_\_

**PHYSICAL** (current w/in 1yr.):  No  Yes= **DATE:** \_\_\_\_\_

**TB SKIN TEST** (current w/in 1yr.):  No  Yes= **DATE:** \_\_\_\_\_ **RESULT:** \_\_\_\_\_

**DENTAL EXAM** (current w/in 6 months):  No  Yes= **DATE:** \_\_\_\_\_

**VISION EXAM:**  No  Yes= **DATE:** \_\_\_\_\_

GENERAL INFORMATION				
DOCTOR	STREET ADDRESS	CITY, STATE, ZIP	PHONE	LAST SEEN
Physician				
Psychiatrist				
Eye Doctor				
Dentist				
Therapist				

# Emergency Contact List



<b>Local contact</b> [Name]	[Phone]	[Alternate phone]
<b>Out-of-state contact</b> [Name]	[Phone]	[Alternate phone]
<b>Next of kin</b> [Name] [Relationship]	[Phone]	[Alternate phone]
<b>Work contact</b> [Name]	[Phone]	[Alternate phone]
<b>Physician name</b> [Name]	[Phone]	[Alternate phone]
<b>Neighbor or landlord/homeowner association contact</b> [Name]	[Phone]	[Alternate phone]
<b>Other emergency contact</b> [Name]	[Phone]	[Alternate phone]
<b>Police/Ambulance</b>	<b>911</b>	
<b>Fire department</b>	[Phone]	
<b>Gas company</b>	[Phone]	
<b>Electric company</b>	[Phone]	
<b>Water company</b>	[Phone]	
<b>Poison control center</b>	[Phone]	

# Applications And Requests

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



COMMONWEALTH OF KENTUCKY  
STATE REGISTRAR OF VITAL STATISTICS



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](http://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." <b>This fee is non refundable.</b>	
_____ Certified Copies @ \$10.00 each	
How many	
<b>Total Amount Enclosed</b>	_____

**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](http://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](http://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.

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## 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](http://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

Form Approved  
OMB No. 0960-0066

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 4	DATE OF BIRTH	MM/DD/YYYY

5 CITIZENSHIP (Check One) →

U.S. Citizen     Legal Alien Allowed To Work     Legal Alien Not Allowed To Work (See Instructions On Page 3)     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 Select One or More (Your Response Is Voluntary) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Black/African American	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> White

8 SEX →  Male     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) →

— —     Unknown

10 A. FATHER'S NAME →

First    Full Middle Name    Last

B. FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3) →

— —     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?

Yes (If "yes" answer questions 12-13)     No     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 DAYTIME PHONE NUMBER ( ) - -

Area Code    Number

16 MAILING ADDRESS (Do Not Abbreviate) →

Street Address, Apt. No., PO Box, Rural Route No.  
City    State/Foreign Country    ZIP Code

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.

17 YOUR SIGNATURE →    18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:

Self     Natural Or Adoptive Parent     Legal Guardian     Other (Specify)

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)									
NPN		DOC		NTI		CAN		ITV	
PBC		EVI		EVA		EVC		PRA	
EVIDENCE SUBMITTED					SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW				
					DATE				
					DATE				

CFC-305  
(5/28/2003)

PLEASE PRINT LEGIBLY



# CABINET FOR FAMILIES AND CHILDREN COMMONWEALTH OF KENTUCKY



DEPARTMENT FOR COMMUNITY BASED SERVICES  
AN EQUAL OPPORTUNITY EMPLOYER M/F/D

## PROTECTION AND PERMANENCY

I, \_\_\_\_\_ (name of client, parent guardian/legal representative) HEREBY AUTHORIZE PROTECTION AND PERMANENCY IN THE DEPARTMENT FOR COMMUNITY BASED SERVICES IN THE CABINET FOR FAMILIES AND CHILDREN TO DISCLOSE AND USE THE SPECIFIED INFORMATION BELOW OF:

Name (Print) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Address (Print) \_\_\_\_\_  
(Street name & number) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Case Record # \_\_\_\_\_  
County where case record maintained \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
\_\_\_\_\_(City) \_\_\_\_\_(State) \_\_\_\_\_(Zip)  
\_\_\_\_\_(Home) \_\_\_\_\_(Work)

To:  
Individual/Agency Name (Print) \_\_\_\_\_  
Address (Print) \_\_\_\_\_  
(Street name & number) \_\_\_\_\_  
Individual/Agency Telephone Number \_\_\_\_\_  
\_\_\_\_\_(City) \_\_\_\_\_(State) \_\_\_\_\_(Zip) \_\_\_\_\_(Home) \_\_\_\_\_(Work)

The name of the individual whose information you are requesting: \_\_\_\_\_

The purpose of the use and disclosure is:  
 Assessment  Placement  Treatment  Planning  Eligibility Determination  Continuity of Service  
 At the Request of the Individual (Personal Protected Health Information Only)

Other \_\_\_\_\_  
The specific Protected Health Information (PHI) to be used and/or disclosed is:  
 Medical History  Immunizations  Treatment Information  Developmental Information  Benefits Eligibility Records  
 Payment Records  Medicaid Claim Information  CPS Information (Provide Court Custody Order or Court Order)  
 Guardianship Information (Provide Court Custody Order or Court Order)  APS Information (Provide Court Custody Order or Court Order)  Other \_\_\_\_\_

NOTE: Authorization for a use or disclosure of psychotherapy notes must be authorized using form CFC-305A, Authorization for Release, Use or Disclosure of Psychotherapy Notes

Please read carefully

- Complete this form within ten (10) days and mail to the Cabinet for Families and Children, Department of Community Based Services, Records Management Section, 275 East Main St., Section 3E-G, Frankfort, Kentucky, 40621
- I understand this authorization will expire in ninety (90) days.
- I understand I have the right to revoke this authorization at any time, however I must do so in writing. I further understand that actions already taken based on this authorization prior to revocation will not be affected.
- I understand I have the right to a copy of this authorization.
- I understand that authorizing the use/disclosure of PHI is voluntary. I need not sign this authorization in order to assure service. I may request to inspect or receive a copy of information to be used or disclosed, as provided in 45 CFR 164.524. I further understand that any disclosure of PHI carries with it the potential for an unauthorized disclosure and the information may not be covered by federal confidentiality rules. If I have questions about disclosure of PHI I can contact the Ombudsman's Office at (502) 564-5497 or the address listed above.
- The following statement applies to any alcohol and/or drug abuse treatment information that we disclose. This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations, 42 CFR Part 2, prohibit you from making further disclosure of it without the specific written authorization of the person to whom it pertains, or as otherwise specified by such regulations. A general authorization for disclosure is not sufficient for this purpose.

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent, Legal Guardian/Representative \_\_\_\_\_ Date \_\_\_\_\_  
(Include a copy of legal authority to act on client's behalf)

CFC-305  
(5/28/2003)

Authorization for Release, Use or Disclosure of PHI

PLEASE PRINT LEGIBLY

Date Received \_\_\_\_\_ Authorization has been  Approved  Denied

Note: All request for review on denial of authorization should be directed to the Cabinet for Families and Children, Ombudsman Office (HIPAA Compliance Officer) at (502) 564-5497 or by mail at 275 East Main St. (1E-B), Frankfort, Kentucky 40621

Date Sent to Office of Records Management \_\_\_\_\_ Name of staff processing request \_\_\_\_\_

Signature of Compliance Officer or designee \_\_\_\_\_ Date \_\_\_\_\_

Date Received _____	Date written denial sent to client _____	Date the disclosure sent to client _____
---------------------	--	--

Date entered in client's accounting of disclosure record for PHI \_\_\_\_\_

Name of staff processing request \_\_\_\_\_ Title \_\_\_\_\_



ATTENTION TO PERSONS WHO ARE  
NOT ELIGIBLE FOR AN  
ADMINISTRATIVE HEARING UNDER  
THE SERVICE APPEAL PROCESS:

FOR RESOLUTION OF A MATTER NOT  
SUBJECT TO REVIEW THROUGH AN  
ADMINISTRATIVE HEARING, YOU  
MAY CONTACT THE OFFICE OF THE  
OMBUDSMAN AT 1-800-372-2973.

IF YOU DO NOT WISH TO SPEAK

WITH THE OFFICE OF THE

OMBUDSMAN, YOU MAY SUBMIT  
YOUR GRIEVANCE IN WRITING TO A  
SERVICE REGION ADMINISTRATOR  
OR DESIGNEE NO LATER THAN 30

DAYS FROM THE DATE OF A

CABINET ACTION TO WHICH YOU

OBJECT.

PLEASE COMPLETE A  
CUSTOMER SATISFACTION  
SURVEY THROUGH THE  
FOLLOWING WEB-SITE:

[HTTP://CHFS.KY.GOV/DCBS/DCBSsatisfa  
ctionsurvey.s.htm](http://chfs.ky.gov/dCBS/dCBSsatisfa<br/>ctionsurvey.s.htm)

TO REQUEST AN  
ADMINISTRATIVE HEARING  
FOR APPEAL OF A CABINET  
ACTION, PLEASE COMPLETE  
THIS FORM  
AND MAIL TO:

Quality Assurance Section  
275 East Main Street, 1E-B  
Frankfort KY 40621.

IF YOU NEED ASSISTANCE WITH  
COMPLETION OF THIS FORM, PLEASE  
CONTACT THE LOCAL OFFICE AT:

270-687-7491

A REQUEST FOR AN  
ADMINISTRATIVE HEARING  
SHALL BE MAILED WITHIN 30  
DAYS FROM THE DATE OF A  
CABINET ACTION.

IF AVAILABLE, PLEASE SUBMIT A  
COPY OF THE DPP-154A, "NOTICE  
OF INTENDED ACTION" WITH THIS  
FORM.

# Protection and Permanency Service Appeal

In Accordance  
with 45 CFR 205.10 and  
922 KAR 1:320

CABINET FOR HEALTH  
AND FAMILY SERVICES

Department for Community  
Based Services  
275 East Main Street  
Frankfort KY 40621

FOR V/TDD SERVICES  
Call the CHFS Office of the  
Ombudsman  
Toll Free at 1-800-627-4702



PROTECTION AND PERMANENCY SERVICE APPEAL

NAME OF COMPLAINANT (PLEASE PRINT): \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STREET/P.O. BOX NO. \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ COUNTY OF RESIDENCE: \_\_\_\_\_

PLEASE STATE IN DETAIL THE NATURE OF YOUR COMPLAINT AGAINST THE DEPARTMENT FOR COMMUNITY BASED SERVICES. (ADDITIONAL PAPER MAY BE USED IF NECESSARY.)

Multiple horizontal lines for writing the complaint details.

PLEASE IDENTIFY THE DATE OF THE DISPUTED CABINET ACTION: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

PLEASE IDENTIFY EACH CABINET STAFF PERSON INVOLVED WITH THE SUBJECT MATTER OF YOUR APPEAL. (ADDITIONAL PAPER MAY BE USED IF NECESSARY.)

Form with fields for Name, Title, Work Address, City, County for the complainant and the authorized representative.

SIGNATURE OF COMPLAINANT \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE OF AUTHORIZED REPRESENTATIVE, IF APPROPRIATE \_\_\_\_\_ DATE \_\_\_\_\_

# Medical Information

## Adult Care

---

As young people grow from childhood into adulthood, many will move from care by pediatricians into adult medicine. Moving to a different town due to school or a change of employment will also create a need to find a new doctor, especially if you happened to grow up with chronic health issues. So, how do you find a doctor who will meet your medical needs, that will be covered by your health plan, and who will give you the care you are looking for?

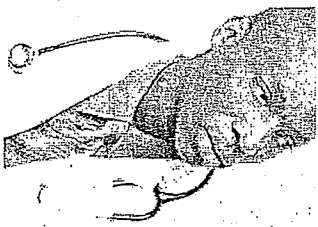
- Before you start looking for a new doctor, think about what do you want:
  - Is where the office located important? Will you need help with transportation? Do you need an office that is wheelchair accessible or do you need other special assistance in the doctor's office? Are office hours convenient? How do you contact the doctor at other times? What hospital do you want to use, and is this doctor on the staff there?
  - Do you want someone who will take time with you during an office visit or are you comfortable being seen by someone who is "good" in his or her field but perhaps does not have the best bedside manner?
  - Is it important that this new doctor is knowledgeable about your special health care needs or do you think you can provide that information or connect the new doctor with those who could provide medical insight?
- Ways to look for a new doctor include:
  - Ask your current doctor
  - Check out the doctor your parents or other family members see
  - Call a family support group or adult disability agency and check around
  - Ask adults who have health needs similar to yours for recommendations
  - Refer to your health insurance company booklet of approved providers
  - Ask a Vocational Rehabilitation or Independent Living Center counselor
  - Find a university health center (sometimes there are research studies going on which offer free care)
  - Contact your local Medical Society, American Academy of Family Practitioners, or Internal Medicine Society either through the Yellow Pages or on their national websites

Since your wellness depends on the medical services you receive, it is important that you are comfortable talking with your new doctor and feel that he or she understands your concerns. Consider scheduling a "get-acquainted" interview before you make a final choice of a new doctor. You will have to pay for this visit, as it is NOT covered by insurance benefits. An ideal interview time is about 15 to 30 minutes and should not waste your time or the doctor's. The best time to see a new physician is when your health condition is stable so you aren't asking for crisis care while seeing if you can develop a working relationship.

Think about (and write down) questions that are important to you:

- Is the doctor knowledgeable about your health issues and/or willing to learn from you and from previous doctors?
- Do you like the communication style with the doctor and in the office?

# What is Health Kentucky and What Can It Do For Me?



Health Kentucky is the umbrella program that includes the Kentucky Physicians Care (KPC). It is a voluntary network of Physicians, Dentists, Pharmacies, and Pharmaceutical Manufacturers. Health Kentucky is not associated with or is it a part of the Medicaid or Medicare Programs.

Health Kentucky was designed to aide those Kentuckians who do not qualify for Medicare, Medicaid or private health insurance. It is designed for minor, acute care and NOT EMERGENCIES.

Health Kentucky, Inc. relies upon private donations and grants to fund its various programs and services. Since 1984 over 300,000 Kentuckians have been served.



## Eligibility Requirements

The eligibility requirements for Health Kentucky/KPC program are:

- Applicant must be a U.S. citizen and a Kentucky resident between the ages of 18-64.
- Applicant cannot have any health insurance including Medicaid, Medicare, private insurance or disability(SSD).
- Income level for applicant's household must be at or below the Federal poverty guideline. Applicant's resources must be less than \$2,000.00. This can be determined when completing the application.

## How the Health Kentucky Program Works

1. The applicant applies at their local Department of Community Based Services Office or other approved application site.
2. When the application process is complete, the applicant will receive an approval letter. The applicant must keep this letter to prove acceptance into the KPC Program. The approval letter gives information and the number to the hotline, 1-800-633-8100. KPC client must call this number before each referral to a doctor, dentist or filling a prescription. **NOT ALL DOCTORS, DENTISTS OR PHARMACIES ARE KPC/HEALTH KENTUCKY PARTICIPANTS. THEY ARE NOT REQUIRED TO SEE WALK-INS.**

3. The first office visit is FREE. Any follow-ups or treatments may involve additional costs. It is up to the patient to confirm this with the physician.

4. Once the applicant goes to the physician, it may be necessary to have a prescription filled. Applicant will call the 800-hotline to determine if the prescription is covered through our pharmaceutical program and to learn of a participating pharmacy in their area. **NOT ALL MEDICATIONS ARE COVERED.** Providers may obtain a copy of the KPC medications list, by calling the 800-hotline.

## Health Kentucky / KPC cannot:

- Pay Past Medical Bills
- Assist with prescriptions other than those approved for our program.
- It does not aid with motor vehicle accidents or work related injuries.
- Assist with disability determination.
- Does not pay for any diagnostic testing, procedures or surgeries.



Apply at Your Local DCBS Office or  
Call Our Hotline for Information:  
**1-800-633-8100**



## Insurance Agent Questions and Answers

Please note: due to periodic changes in state and federal law and Kentucky Access program rules, answers to questions posed herein are subject to change. For the most up-to-date information, visit the program's web site at [www.KentuckyAccess.com](http://www.KentuckyAccess.com).

### Q1. What is Kentucky Access?

- A. Kentucky Access is a state authorized health plan that offers medical coverage to Kentuckians who find it difficult to obtain health insurance in the individual insurance market.

### Q2. Who is eligible for Kentucky Access?

- A. There are basically 6 ways an individual can qualify for Kentucky Access:

- Federally Eligible — Applies to current Kentucky residents who qualify as "eligible individuals" under the federal Health Insurance Portability and Accountability Act (HIPAA), including individuals coming off the following types of medical coverage: group, governmental, church plan, COBRA, or state continuation; or
- Insurance Rejection — Applies to 12 month Kentucky residents who have been rejected by a private insurer for individual medical coverage substantially similar to Kentucky Access coverage; or
- Higher Premium Rate — Applies to 12 month Kentucky residents who have been offered individual medical coverage at a premium rate higher than the premium rate charged by Kentucky Access for substantially similar coverage; or
- High Cost Condition — Applies to 12 month Kentucky residents with one or more of the following high cost medical conditions:

AIDS	Juvenile Diabetes	Quadriplegia
Angina Pectoris	Leukemia	Stroke
Ascites	Metastatic Cancer	Syringomyelia
Chemical Dependency	Motor or Sensory Aphasia	Wilson's Disease
Cirrhosis of the Liver	Multiple Sclerosis	Chronic Renal Failure
Coronary Insufficiency	Muscular Dystrophy	Malignant Neoplasm of the Trachea
Coronary Occlusion	Myasthenia Gravis	Malignant Neoplasm of the Bronchus
Cystic Fibrosis	Myotonia	Malignant Neoplasm of the Lung
Friedreich's Ataxia	Open Heart Surgery	Malignant Neoplasm of the Colon
Hemophilia	Parkinson's Diseases	Short Gestation Period for a Newborn
Hodgkin's Disease	Polycystic Kidney	Low Birth Weight of a Newborn; or
Huntington's Chorea	Psychotic Disorders	

- GAP Eligible — Applies to participants in the state Guaranteed Acceptance Program (GAP); or
- Spouse or Child — Applies to 12 month Kentucky residents who are eligible dependents of a Kentucky Access enrollee.

For complete details, contact Kentucky Access Customer Service, toll-free, at 1-866-405-6145 (TTY 1-800-313-4750).

Q3. Who is NOT eligible for Kentucky Access?

A. Your client may NOT be able to qualify for Kentucky Access if:

- On the effective date of his/her Kentucky Access coverage, your client has or is eligible for substantially similar coverage under another health care contract or policy, such as Medicare, Medicaid, group medical coverage, association medical coverage, individual medical coverage, COBRA coverage, state continuation coverage, or state conversion coverage:
  - An individual who waives group medical coverage is ineligible for Kentucky Access during the waived period; however, his or her spouse and dependents may be eligible;
  - Provided he or she is willing to terminate the other coverage, a person eligible for individual medical coverage may be able to qualify for Kentucky Access if he or she is a participant in the state Guaranteed Acceptance Program (GAP) or if he or she is offered a higher premium rate than the premium rate offered by Kentucky Access for substantially similar coverage; or
- Pursuant to 806 KAR 17:320(11), your Kentucky Access premiums, deductible, coinsurance, or copayment is partially or entirely paid or reimbursed by any of the following: a government-refunded or sponsored program; a government agency; a health care provider; a public or private foundation; a church or church-affiliated organization; an employer of the individual; or a person other than yourself, your spouse, your parent, your adult child or your legal guardian; or
- Your client is confined to a public institution, incarcerated in a federal, state, or local penal institution, or in the custody of federal, state, or local law enforcement authorities, including work release programs (does not apply to HIPAA eligibles); or
- Your client has one of the 4 "non-standard" Kentucky Access benefit plans and has reached his or her \$2,000,000 lifetime maximum; or
- Your client terminated Kentucky Access coverage less than 12 months ago without a good faith reason for the termination.

For complete details, contact Kentucky Access Customer Service, toll-free, at 1-866-405-6145 (TTY 1-800-313-4750).

Q4. How much time does my client have to obtain Kentucky Access coverage if a private insurance carrier denies coverage?

A. If your client has recently lost medical coverage and can qualify for Kentucky Access under any one or more of the six (6) Kentucky Access eligibility categories, he or she should IMMEDIATELY apply to Kentucky Access under all applicable categories to avoid a 63 day lapse in coverage. If the only way your client can qualify for Kentucky Access is to obtain a denial letter from a private insurer, he or she should work to obtain the denial letter as soon as possible and then IMMEDIATELY apply to Kentucky Access to avoid a 63-day lapse in coverage. Please note that the time it takes an individual health insurance carrier to determine eligibility will not be counted toward the 63-day lapse

Q5. What is the significance of a 63 day lapse in coverage?

A. A 63 day lapse in coverage during the past 18 months could prevent your client from qualifying as an "eligible individual" under the federal Health Insurance Portability and Accountability Act (HIPAA). This may be important because (a) HIPAA eligible individuals do NOT have to be 12 month Kentucky residents to qualify for the Kentucky Access program (current Kentucky residency is sufficient), and (b) HIPAA eligible individuals are NOT subject to pre-existing medical condition exclusions.

Persons unable to qualify as "eligible individuals" under HIPAA must qualify for Kentucky Access under one of the other Kentucky Access eligibility categories. Most of the other eligibility categories require that an individual be a 12 month Kentucky resident (current Kentucky residency is typically NOT sufficient); and ALL of the other eligibility categories subject the applicant to the normal rules concerning exclusion of pre-existing medical conditions. A 63-day lapse in coverage during the past 12 months could prevent your client from obtaining a waiver of the pre-existing condition exclusion or a reduction in the 12 month pre-existing condition exclusion period.

**Q6. How can my client apply to Kentucky Access?**

- A. One way for your client to apply to Kentucky Access is to visit the program's web site at [www.kentuckyaccess.com](http://www.kentuckyaccess.com), where he or she can view all program enrollment materials and download all necessary applications and other forms. Completed application forms and other necessary materials can then be sent to Kentucky Access, P.O. Box 33707, Indianapolis, IN 46203-0707. Your client can also contact Kentucky Access Customer Service, toll-free, at 1-866-405-6145 (TTY 1-800-313-4750) to request that an enrollment packet be mailed to him or her.

**Q7. When will my client's Kentucky Access coverage go into effect?**

- A. Assuming your client's application is approved and he or she does not request a later effective date (see discussion below), your client's coverage will automatically take effect on the 1st day of the month following the month in which his or her application is received by the Kentucky Access program. For example, if your client's application is received by Kentucky Access on June 10, if and when your client is approved he or she will be assigned a July 1 effective date.

The automatic effective date described above is mandated by Kentucky law. For that reason, the Kentucky Access program is NOT permitted to assign retroactive effective dates (i.e., effective dates prior to the 1<sup>st</sup> day of the month following the month in which the application is received by Kentucky Access). If your client is in need of a particular effective date to avoid a lapse in coverage, your client must be careful to ensure his or her application is received by Kentucky Access in time to obtain the desired effective date. Your client should make every effort to ensure his or her application is complete and that all necessary supporting documentation and premium payments are included. A checklist of necessary information and materials is included with the application form.

If your client needs to get an application to Kentucky Access at the last minute, he or she can fax a copy of the application to 317-614-2100. However, faxed versions of documents will not be used as the basis for determining eligibility for the Kentucky Access program. The version of the application containing your client's original signature, as well as the originals of any necessary supporting documents and the initial premium payment, must still be mailed to the Kentucky Access program by the close of the next business day.

If your client wants a different effective date, Kentucky law allows your client to request a later effective date, not to exceed a date 3 months after the month in which his or her application is received. Special requests of this type CAN include "middle of the month" effective dates. For example, if your client's application is stamped by Kentucky Access as "received" on June 10, your client may request, as an effective date, any date between July 1 and September 30.

**Q8. Will my client be rated the same as everyone else of his/her age and gender?**

- A. Yes. Age, gender, and choice of benefit plan are the only factors used to determine premium rates in the Kentucky Access program. Premium rates may be viewed on the program's web site at [www.KentuckyAccess.com](http://www.KentuckyAccess.com) and are also included in the enrollment packet.



Q9. What is the best way to maintain Kentucky Access coverage?

A. As long as your client pays premiums and continues to meet other applicable eligibility requirements, he or she will continue to be eligible for Kentucky Access coverage.

Q10. Are insurance agents licensed to sell Kentucky Access coverage?

A. Agents do not sell Kentucky Access benefit plans. However, any insurance agent currently licensed by the Kentucky Department of Insurance may refer a client to Kentucky Access. Consumers may apply to Kentucky Access with or without the assistance of an agent.

Q11. How are agents compensated?

A. An agent will be paid a one-time referral fee of \$50 once a client has been determined eligible for and enrolled in Kentucky Access. In order for an agent to receive the referral fee, the client must indicate on the application form that the agent referred the client to Kentucky Access.

Q12. Will it cost my client more to deal through an agent?

A. Since agent referral fees are not factored into your client's rates, there is no additional cost to your client for being referred by an agent. Agents are typically much more familiar with health care coverage than consumers and it is generally a good idea for consumers to work with agents they know and trust.

Q13. Will my client receive a rate or benefit comparison form?

A. No. Information about Kentucky Access rates and benefits may be viewed on the program's web site at [www.KentuckyAccess.com](http://www.KentuckyAccess.com) and are also included in the enrollment packet. Your client will have to perform his or her own comparison if he / she wants to compare Kentucky Access rates and benefits with rates and benefits available elsewhere in the individual insurance market. You may be able to furnish your client information about the products of private insurers.

Q14. Who is the administrator? Who processes claims?

A. Kentucky Access is directly overseen by the Kentucky Department of Insurance through a separate division of the Department. Benefits are administered by a third-party administrator, under contract. Enrollment, claims, and other questions should be directed to Kentucky Access, P.O. Box 33707, Indianapolis, IN 46203-0707. Your client may also call Kentucky Access Customer Service, toll free, at 1-866-405-6145 (TTY 1-800-313-4750).

Q15. Who should be contacted if an ID card is not received or if a card is lost?

A. Kentucky Access Customer Service should be contacted, toll free, at 1-866-405-6145 (TTY 1-800-313-4750).

Q16. When are premium payments due?

A. Premium payments are due one day before the coverage period begins. For example; if your client's coverage begins on February 1st, your client's premium payment would be due on January 31st. Your client may choose from a number of different premium payment options including monthly, quarterly, semi-annually, or annually. If your client elects to pay monthly, your client must enclose with his or her application the first 2 months worth of premium. If your client elects to pay quarterly, semi-annually, or annually, your client must enclose two months premium. Your client will be billed for remainder of premium for the pay mode selected before approval will be issued. The initial premium check must be attached to the application and mailed to Kentucky Access, P.O. Box 33707, Indianapolis, IN 46203-0707. The check should be made payable to "Kentucky Access."

Once the initial premium payment has been mailed to Kentucky Access and your client has been approved for coverage, your client may either (a) mail subsequent premium checks to Division of Kentucky Access, P. O. Box 712820, Cincinnati OH 45271-2820 (regular mail only), (b) overnight your payment to Kentucky Access, 4550 Victory Lane, Indianapolis, IN 46203 or (c) have subsequent premium payments electronically transferred from his or her bank account to Kentucky Access by means of monthly "electronic fund transfers" (EFTs). An EFT form may be downloaded from the program's web site at [www.kentuckyaccess.com](http://www.kentuckyaccess.com) and is also included in the enrollment packet.

Q17. Can my client's spouse and children be included in his or her Kentucky Access coverage?

A. Yes. As long as they can provide proof of dependency and proof of 12 month Kentucky residency for non-eligible individuals and current residency only for eligible individuals, spouses and dependent children of eligible Kentucky Access enrollees may be included in Kentucky Access coverage. Additional premiums are charged for coverage of spouses and other dependents.

Q18. What benefit plan options are available to Kentucky Access enrollees?

A. Kentucky Access offers 3 different health benefit plans:

- Traditional Access — traditional, fee-for-service type plan
- Premier Access — PPO (preferred provider organization) type plan
- Preferred Access — PPO (preferred provider organization) type plan

Each of the PPO plans offers more than one cost-sharing option. Altogether, Kentucky Access offers 6 different benefit / cost-sharing options designed to give applicants a variety of choices.

Each Kentucky Access benefit plan also offers (at additional cost) a prescription drug rider, a mental health parity rider and a dependent rider. Information on benefit plans and riders is available on the program's web site at [www.kentuckyaccess.com](http://www.kentuckyaccess.com) and is included in the enrollment packet.

Q19. What health care providers are in the network?

A. The Kentucky Access program uses Anthem Blue Cross and Blue Shield tri-state (KY, IN, OH) health care provider networks. The "Traditional Access" benefit plan uses Anthem's *Blue Traditional* network, while the "Premier Access" and "Preferred Access" benefit plans use Anthem's *Blue Access* network. All three benefit plans use the Anthem Pharmacy and Anthem Mental Health Networks. Please visit the program's web site at [www.kentuckyaccess.com](http://www.kentuckyaccess.com) or refer to the enrollment packet for additional information about provider networks.

Q20. Some of the Kentucky Access plans have maximum lifetime limits. What happens when those limits are reached? Will coverage be available under another Kentucky Access plan?

A. Two (2) of the 6 Kentucky Access benefit / cost-sharing options are associated with benefits identical to those in the Kentucky standard plan. Like the benefits in the Kentucky standard plan, the benefits associated with these 2 benefit/cost sharing options do NOT have lifetime maximums. The other four "non-standard" Kentucky Access benefit / cost-sharing options are each associated with benefits having a \$2,000,000 lifetime maximum. If your client selects one of the four "non-standard" benefit / cost sharing options and reaches the lifetime maximum, he or she will immediately become ineligible for Kentucky Access.

Q21. Can my client apply for Kentucky Access coverage any time during the year or is there a limited enrollment period?

A. Your client may apply for Kentucky Access at any time during the year.

Q22. If my client currently has individual coverage with a private insurer, can my client be forced to switch to Kentucky Access?

- A. No. As long as your client continues to pay his or her premiums and meet other applicable requirements, your client's policy with the private insurer is guaranteed renewable under Kentucky law. The Kentucky Department of Insurance will monitor this situation to assure your client's rights are protected.
- Q23. Will Kentucky Access pay my client's premium if he or she has a limited income?
- A. No. Although it is expected Kentucky Access will subsidize overall program costs to some extent, your client must still be able to afford and pay the program's stated premiums. Kentucky Access is not designed to serve indigent citizens or to completely subsidize program costs.
- Q24. If my client is on COBRA or state continuation coverage, and the premium rate is higher than the premium rate offered by Kentucky Access for substantially similar coverage, can my client switch to Kentucky Access?
- A. No. However, once COBRA or state continuation coverage has been exhausted or is no longer available (for example, if your client's employer discontinues coverage), your client may be eligible for Kentucky Access coverage.
- Q25. Two members of the same family have high cost conditions. Can they be included in the same Kentucky Access benefit plan or do they each need a separate plan?
- A. Both family members can be covered under the same benefit plan.
- Q26. How often can Kentucky Access enrollees change benefit plans and/or cost sharing options?
- A. Enrollees will be permitted to change benefit plans and/or cost sharing options once a year, at the time of renewal.
- Q27. How does your client file an appeal with Kentucky Access?
- A. Kentucky Access is required to follow all applicable laws of the Insurance Code, just like health insurers. Kentucky Access enrollees have all of the same patient protections as individuals enrolled with health insurers.
- Q28. If my client's health status improves, will he be able to return to the regular insurance market?
- A. If the amount of premium your client pays during a three year period is greater than the amount of claims paid by Kentucky Access for your client's health coverage, your client will be given a "certificate of insurability" and will be able to look for insurance in the regular market. Health insurance carrier's will use their medical underwriting guidelines to evaluate your client's health status in deciding whether to issue your client a policy. Your client may want to consider keeping his or her Kentucky Access coverage in effect until he or she is sure he or she has been approved for coverage with the other health plan because going without health insurance coverage for 63 days may cause your client to forfeit any rights to coverage for pre-existing conditions.
- Q29. If your client can't afford Kentucky Access premiums but a civic group, foundation, etc. agrees to pay the premium, will this be accepted?
- A. Your client may NOT be eligible for Kentucky Access if his or her Kentucky Access premium is partially or completely paid for or reimbursed by an employer; a government-funded or sponsored program; a government agency; a health care provider; a public or private foundation; a church or church-affiliated organization; or any person other than your client, your client's spouse, your client's parent, your client's adult child, or your client's legal guardian. For complete details, contact Kentucky Access Customer Service, toll-free, at 1-866-405-6145 (TTY 1-800-313-4750).

- Q30. Will an individual who is an "eligible individual" (as defined by HIPAA: the Health Insurance Portability and Accountability Act of 1996) be eligible for Kentucky Access if he or she is eligible to purchase an individual policy that is substantially similar to Kentucky Access but chooses not to purchase the policy?
- A. Yes. Under this circumstance, your client is still eligible for Kentucky Access even if he or she is eligible to purchase a substantially similar individual policy as long as he or she does not purchase the individual policy and he or she is not covered by a substantially similar individual policy.
- Q31. Will a HIPAA eligible individual be denied eligibility for Kentucky Access if the 30-day period for submitting additional requested information expires before the individual incurs a 63-day ("significant break in coverage") break in coverage?
- A. No. If your client is a HIPAA eligible individual, he or she will be allowed to submit the additional requested information beyond the 30-day period without submitting a new application if the 63-day period has not expired. If the 63-day period has expired, your client will no longer be a HIPAA eligible individual and will be required to submit a new, completed application.
- Q32. How can an individual certify that he or she has "exhausted benefits under COBRA" if COBRA was not offered to the individual?
- A. The fact that your client was not offered benefits under COBRA satisfies the requirement that he or she is not currently eligible for nor currently receiving benefits under COBRA. Thus, your client may certify that he or she has "exhausted benefits under COBRA", and he or she will be considered federally eligible according to HIPAA.
- Q33. Is any other evidence of creditable coverage permissible other than Certificates of Creditable Coverage?
- A. Yes. As the Kentucky Access application informs, your client may provide a "Certificate of Creditable Coverage provided by the previous insurance carrier / employer," or your client may submit "other evidence of medical coverage." This other evidence may include payment receipts, letters from insurers, or any other documentation that furnishes adequate verification of your client's prior insurance status.

For complete details, contact Kentucky Access Customer Service, toll free, at 1-866-405-6145 (TTY 1-800-313-4750).



[www.KentuckyAccess.com](http://www.KentuckyAccess.com)

Revised 11/09

# KENTUCKY Rx CARD

WWW.KENTUCKYRXCARD.COM

For Immediate Release

## FREE PRESCRIPTION DRUG CARD LAUNCHED IN KENTUCKY

*Kentucky Rx Card will Provide Prescription Assistance to All Residents*

Louisville, KY —A new statewide discount drug card program called the Kentucky Rx Card is being launched today. The program, which is free to all residents of the Commonwealth, will provide savings of up to 75% on prescription drugs (savings should average roughly 30%). This program has no restrictions to membership, no income requirements, no age limitations and no applications to fill out. Kentucky Rx Card is accepted at over 50,000 pharmacy locations across the country.

Kentuckians can download a "FREE" card by visiting [WWW.KENTUCKYRXCARD.COM](http://WWW.KENTUCKYRXCARD.COM). Anyone not able to access the website, or otherwise obtain a member card from various distribution sites, can simply visit any CVS/pharmacy or Kmart location in Kentucky and ask the pharmacy to have their prescription processed through the Kentucky Rx Card program.

Kentucky Rx Card was launched to help the uninsured and underinsured residents of Kentucky afford their prescription medications. However, the program can also be used by people who have health insurance coverage with no prescription benefits, which is common in many health savings accounts (HSA) and high deductible health plans. Additionally, people who have prescription coverage can use this program for non-formulary or non-covered medications.

The Kentucky Rx Card is a solution to the confusing maze of discount prescription programs that have appeared in recent years. Many of these programs only cover certain drugs, charge fees, and some have membership restrictions such as age and income limitations. Kentucky residents can download a free card, search drug pricing, and locate participating pharmacies at [WWW.KENTUCKYRXCARD.COM](http://WWW.KENTUCKYRXCARD.COM).

For more information, press only:

Richard McQuerry  
Program Director

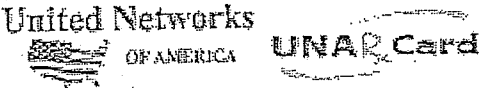
**Kentucky Rx Card**

E-mail: [richard@kentuckyrxcard.com](mailto:richard@kentuckyrxcard.com)

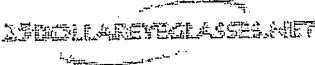






Phone: (859) 333-7724

Interview requests and questions requiring immediate response during the launch of the program should be sent to [media@kentuckyrxcard.com](mailto:media@kentuckyrxcard.com).

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<h2 style="text-align: center;">KENTUCKY Rx CARD</h2> <p style="text-align: center;">WWW.KENTUCKYRXCARD.COM</p> <p><b>Member:</b> <b>ID Number:</b> <b>Program:</b> <b>RxBIN:</b> <b>RXGrp:</b></p> <p><b>Note:</b> Everyone is eligible for this program. There are no age or income restrictions. Each family member must have his/her own card. If you can't print a card have your pharmacy call the Pharmacy Help Line and we will help them process your prescription.</p> <p style="text-align: center;"><b>THIS PROGRAM IS NOT INSURANCE</b> THIS PROGRAM IS A POINT OF SALE DISCOUNT PLAN</p>	<p><b>INSTRUCTIONS</b> This card is pre-activated and can be used immediately. Simply print this card and take to any participating pharmacy to receive a discount. You can search pharmacy, pricing information, and FAQ's on the website. We are restricted from disclosing drug pricing over the phone. Customer Service (TOLL FREE) 800-726-4232</p> <p><b>ATTENTION PHARMACIST</b> If you need help processing a prescription call our Pharmacy Help Line at Pharmacy Help Line (TOLL FREE) 877-321-6755.</p> <p><b>PROGRAM POWERED BY:</b></p> <div style="text-align: center;">  </div> <p style="text-align: center;">© Copyright 2010 United Networks of America</p>
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**IMPORTANT: PRINT CARD. YOU WILL NEED TO BRING THIS CARD TO THE PHARMACY WITH YOUR PRESCRIPTION.**

	\$25 DOLLAR EYEGLASSES	WWW.25DOLLAREYEGLASSES.NET	\$25 Prescrip Eyeglasses
	TEETH WHITENING	WWW.PROSMILEUSA.COM	Save 70%
	VITAMINS	WWW.VITAMINSAVINGSPLAN.COM	Save 40%
	DIABETIC SUPPLIES	WWW.DIABETICSAVINGSPLAN.COM	Save 50%
	LASIK SURGERY	1-888-733-6695	Save 40% to
	DENTAL PLANS	WWW.CHOICEPLUSDENTALPLANS.COM	Save 30% ((UNA30)
	HEARING AIDS	WWW.USHEARINGPLAN.COM	Save up to 5

**Mortgage Payment Assistance (888) 447-8752 Free Consultation**  
Falling behind on your mortgage payments? Call our housing counselors to discuss your options.

**Free Bankruptcy Advice (888) 669-1064 Free Consultation**  
If your financial situation has become unbearable call for a free conversation to discuss whether debt relief under bankruptcy is you

**Debt Relief Hotline (888) 784-2792 Free Consultation**  
Struggling with credit card debt? This agency will contact creditors, reduce payments, interest, and even principal amounts owed.

**Tax Relief Hotline (888) 692-7108 Free Consultation**  
Do you owe money to the IRS? We are here to help! Services include: offers in compromise, payment plans, innocent spouse relief, relief.

## PHARMACIES

<u>ADAIR COUNTY</u>		
Columbia Pharmacy	300 Bomar Heights, Columbia	270-384-2117
Wal-Mart Pharmacy	Columbia	270-384-3913
Prescription Shoppe	Jamestown Street, Columbia	270-384-2133
Nations Medicine	Jamestown Street, Columbia	270-384-5874
The Medicine Shoppe	Jamestown Street, Columbia	270-384-4474
Certa Care	947 N Campbellsville St, Columbia	270-385-9139
<u>CASEY COUNTY</u>		
Hill's Pharmacy	Liberty Square, Liberty	606-787-8321
Wesley Drugs	Middleburg Street, Liberty	606-787-6181
Rite Aide	343 N. W. Wilkinson Avenue, Liberty	606-787-5574
<u>CLINTON COUNTY</u>		
Shearer Drugs	Medical Arts Building, Ablany	606-387-6616
Dyer's Drug Company, Inc.	100 Cumberland Street, Albany	606-387-6444
Certa Care	150 Westview Shopping Center	606-387-2031
<u>CUMBERLAND COUNTY</u>		
Morgan's Medicine	360 Keen Street, Burkesville	270-864-2222
Smith Pharmacy	Public Square, Burkesville	270-864-2231
Capps	231 Keen Street, Burkesville	270-864-1772
<u>GREEN COUNTY</u>		
Health First Pharmacy	407 D. Columbia Hwy., Greensburg	270-299-2467
Rite Aide	603 Columbia Hwy., Greensburg	270-932-4518
Greensburg Discount Pharmacy	1911 Campbellsville Road, Greensburg	270-932-5251
<u>McCREARY COUNTY</u>		
Daugherty Drug	Pine Knot	606-354-2222
Rite Aide	Bestway Plaza, Whitley City	606-376-3307
Burgess Drug Store	Whitley City	606-376-5043
<u>PULASKI COUNTY</u>		
Rite Aide	1250 S. Hwy. 27, Somerset	606-676-0485
Wal-Mart Pharmacy	117 Washington Drive, Somerset	606-679-8466
Hometown Pharmacy	406 Bogles St, Somerset	606-677-1062
Medicine Shoppe	900 E. Mt. Vernon Street, Somerset	606-679-9227
Kroger Pharmacy	Grand Central Plaza, Somerset	606-678-4012
Professional Pharmacy	342 Bogle Street, Somerset	606-679-1169
Somerset Pharmacy	101 S. Main Street, Somerset	606-679-1571
K-Mart Pharmacy	Cumberland Square Shopping Center	606-679-1121
Walgreen's Pharmacy	600 Hwy. 27, Somerset	606-677-0594
Nation's Medicine	875 S. Hwy. 27, Somerset	606-677-0073
CVS Pharmacy	490 East Hwy. 80, Somerset	606-679-7395
Nancy Pharmacy	9734 W. Hwy. 80, Nancy	606-636-4444
Science Hill Drug	5775 N. Hwy 27, Science Hill	606-423-9959
<u>RUSSELL COUNTY</u>		
Jameston Value Rite	1417 Main Street, Jamestown	270-343-4443
Grider Drug #1	539 Main Street, Russell Springs	270-866-6477
Grider Drug #2	124 Dowell Raod, Russell Springs	270-866-2686
Grider Drug Key Village	Key Village Shopping Center	270-866-7541
K-Mart Pharmacy	Northridge Shopping Center	270-866-7166
Kroger Pharmacy	Northridge Shopping Center	270-866-3223

Laker Drug  
Russell County (CONT.)  
Rite Aide

92 Joe Petty Drive, Russell Springs

270-866-7787

Northridge Shopping Center

270-866-2226

TAYLOR COUNTY

Central Drug  
Nation's Medicine  
The Medicine Shoppe  
CVS Pharmacy  
Wal-Mart Pharmacy  
Kroger Pharmacy  
Kroger Pharmacy

Campbellsville  
Campbellsville  
Campbellsville  
Campbellsville  
Campbellsville  
Green River Plaza, Campbellsville  
1509 E. Broadway, Campbellsville

270-465-4137  
270-789-4734  
270-465-3784  
270-465-6661  
270-789-0734  
270-465-5782  
270-465-0501

WAYNE COUNTY

Rite Aide  
South Creek Pharmacy  
Kroger Pharmacy  
F & H Drug Store  
Wal-Mart Pharmacy  
Daffron Kwik Script

Monticello  
Monticello  
Monticello  
Monticello  
Monticello  
Columbia Avenue, Monticello

606-348-5512  
606-348-3363  
606-348-8773  
606-348-9263  
606-348-3333  
606-348-4455



## KENTUCKY PHYSICIANS CARE PROGRAM

Call Toll Free 1-800-633-8100  
Monday - Friday - 8:00 a.m. - 5:00 p.m. EST

### WHAT THE KENTUCKY PHYSICIANS CARE PROGRAM IS:

1. It is a voluntary program of the Kentucky Medical Association.
2. It is a network of volunteer doctors who will donate their time to see you in the doctor's office without charging you for the routine office visit. If you need further visits you must ask the doctor if future visits will also be free of charge. You may be charged for additional visits. If the doctor is unable to continue seeing you after the first visit call the toll free number listed above the next time you need medical care and you will be referred to another doctor who is participating in the program.
3. The doctors in KPC are not paid by this program, state or federal funds. The doctors are all volunteers who donate their services.
4. Not every doctor in Kentucky participates in the KPC program. When you call the toll free number, listed above, you will be referred to a volunteer doctor who will see you.

### WHAT THE KENTUCKY PHYSICIANS CARE PROGRAM IS NOT...

1. Part of the state or federal government.
2. Part of Medicaid or Medicare.
3. Not insurance.
4. Not for emergencies.
5. Not a medical card.
6. Not for obstetrical or prenatal care.

### THE KENTUCKY PHYSICIANS CARE PROGRAM CAN...

1. Refer you to a volunteer doctor when you call 1-800-633-8100. The doctor will see you in his/her office at the next open appointment. The doctor will not charge you for your first routine office visit, but may charge for tests, x-rays or shots.
2. Refer you to a specialist who will see you for a routine office visit at no charge.

### THE KENTUCKY PHYSICIANS CARE PROGRAM CANNOT...

1. Pay your past medical bills.
2. Pay the doctor for your visit.
3. Pay for lab tests, x-rays, treatments or medication.
4. Pay for emergency room visits.
5. Pay for obstetrical or prenatal care.

## PHYSICIANS

### ADAIR COUNTY

Chuck Giles, MD  
 Anastacio Herrera, MD  
 John L. Korba, MD  
 Gary Partin, MD  
 J. C. Saldy, MD  
 Westlake Primary Care  
 Phil Aaron Medical Center  
 Family Medical Center

Jamestown Street 270-384-6451  
 937 Campbellsville Road 270-384-2777  
 Westlake Drive 270-384-4753  
 101 Westlake Drive 270-384-6455  
 Columbia 270-384-6475  
 Jamestown Street 270-384-4764  
 Burkesville Street 270-384-1110  
 Campbellsville Road 270-384-9934

### CASEY COUNTY

Primary Care Center, Includes:  
 Hosam Haddad, MD; Robert Kell, MD;  
 Tammie Hill, RNP; Karen Likins, RNP  
 Liberty Family Medical Center, Includes:  
 Jonathan Clark, MD; Kim McKenna, RNP;  
 Anne Davis, RNP  
 Point of Care - Hafig Admad, MD  
 John Price, MD  
 Scott & Goodwin, PSC  
 Bluegrass Clinic - Todd Reinhart, MD

187 Wolford Street 606-787-8348  
  
 511 Middleburg Road 606-787-5963  
 112 Liberty Square 606-787-8888  
 Hwy. 127 S. Liberty 606-787-6246  
 303 S. 4th Street 859-236-1080  
 410 N. Wallace Wilkinson Blvd. 606-787-0014

### CLINTON COUNTY

Tammy Brown, MD  
 Michael Cummings, MD  
 Carol Peddicord, PSC  
 William C. Powell, MD  
 Surgical Specialties  
 Shirley K. Brown, MD (Pediatrician)

Westview Shopping Center 606-387-4251  
 Medical Arts Building 606-387-6627  
 106 Cross Street 606-387-6631  
 106 Cross Street 606-387-6631  
 250 Burksville Road 606-387-3000 or 866-387-3007  
 701 Burksville Road 606-387-0675

### CUMBERLAND COUNTY

Robert Flowers, MD  
 Sam Rice, MD  
 Eric E. Loy, MD  
 BF Taylor Medical Arts Clinic

122 South Main Street 270-864-3371  
 349 Keen Street 270-864-5102  
 360 Keen Street 270-864-2889  
 299 A. Glasgow Road 270-864-2555

### GREEN COUNTY

Central KY Primary Care, Includes:  
 Kenneth Desimone, MD; Robert Shuffett, MD  
 Jane Todd Primary Care, Includes:  
 William Shuffett, MD; Harry Huntsman, MD  
 James Bland, MD

270-932-2424  
 Columbia Road  
 212 Industrial Rd. 270-932-5355  
 Jane Todd Behavior Unit 270-932-4216

### McCREARY COUNTY

Gerald Burgess, MD; John Patton, MD  
 H.A. Perry, MD; Nancy Wheat, MD  
 Southfork Medical Clinic

606-376-5391  
 606-376-5363  
 606-376-7212

### PULASKI COUNTY

#### Allergy and Asthma

Dr. James Parker

971 S. Hwy. 27, Somerset 606-451-0239

#### Dermatology

Christopher Frost, MD

120 Tradepark Dr, Ste B, Somerset 606-679-9292

#### ENT

Kevin Kavangh

402 Bogle St, Ste 3, Somerset 606-679-7426

Pulaski County (CONT.)

Family Practice / Internal Medicine

Dr. Allison and Dr. Brent Cherry	850 Hail Knob Road	606-678-4288
Eadens and Grimbald Internal Medicine	340 Bogle St, Suite 101	606-451-9953
Dr. Stephen Kiteck	600 Bogle St	606-677-0459
Lake Cumberland Medical Associates	350 Hospital Way	606-451-2600
Betsy Reynolds, MD	310 Langdon, Somerset	606-679-9213
Anjum Iqbal, MD	110 Hardin Lane, Somerset	606-679-7316

Gastroentology

Samir Cook, MD	118-B Tradepark Dr, Somerset	606-677-2913
Khalid Iqbal, MD	110 Hardin Lane, Somerset	606-679-7316
Brenda Jobson, D.O.	340 Bogles St, Ste 105, Somerset	606-678-8883

General Surgeons

Donald Brown, MD	26 Oxford Way, Somerset	606-679-5358
Chad Patterson	26 Oxford Way, Somerset	606-679-5161
Keith Sinclair	26 Oxford Way, Somerset	606-679-5161
Mike Citak, MD	26 Oxford Way, Somerset	606-679-5161

Medical Arts/Internists

Stanton Cole	350 Hospital Way, Somerset	606-451-2662
Harry Kennedy	350 Hospital Way, Somerset	606-451-2628
Jospeh Weigel, MD	350 Hospital Way, Somerset	606-451-2628
Jeffrey Golden, MD	350 Hospital Way, Somerset	606-451-2650
Rodney Oakes, MD	350 Hospital Way, Somerset	606-451-2662
Gregory Sherry, MD	350 Hospital Way, Somerset	606-451-2662
James Wilson, MD	350 Hospital Way, Somerset	606-451-2662
Patrick Jenkins, MD	350 Hospital Way, Somerset	606-451-2650

OB/GYN

Robert Cummings	341 Bogle St, Somerset	606-676-8186
Somerset Women's Health Specialists	333 Bogle St, Somerset	606-678-0705
Bluegrass Medical Day Spa	355 Langdon St, Somerset	606-679-8671

Ophthalmology

Huffman & Huffman PSC	303 Langdon St, Somerset	606-677-7461
Mark Henry, MD	120 Tradepark Dr, Ste A, Somerset	606-679-7778

Pediatrician

Children's Clinic	350 Langdon St, Somerset	606-678-8155
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Physical Therapy

Blue Grass Physiotherapy	117 Tradepark Dr, Somerset	606-678-5708
Total Rehab Center	353 Bogle St, Somerset	606-679-1761

Psychiatry

PD Patel	104 Hardin Ln, Somerset	606-678-8323
Dr. Zev Zusman	401 Bogle St, Somerset	606-678-7664
Robinia Bokhari, MD	110 Hardin Ln, Ste 1, Somerset	606-451-9748

Pulmonology

John Rodrigues	143 A Bogle Office Park, Somerset	606-677-9793
Urgent Medical Care	754 S. Hwy. 27, Somerset	606-677-6787

Urology

Eric Ruby, MD	100 Hardin Ln, Somerset	606-679-5679
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RUSSELL COUNTY

Robert L. Bertram, Jr., MD; Jane Gunter, ARNP	92 Joe T. Petty Drive	270-866-8881
Russell County Primary Care After Hours Clinic	92 Joe T. Petty Drive	270-866-7303
Kent Gibson, MD	92 Joe T. Petty Drive	270-866-7066
Jamestown Healthcare Clinic, includes; Jerry W. Lawson, MD; Thomas D. Johnson, MD; Stephanie R. Jones, MD;		
Joseph L. Garland, PA-C	1417 N. Main Street	270-343-2597
John Killgallin, MD; Sharon Benson, ARNP-C	Dowell Road, Medical Arts Bldg.	270-866-3161
Jeffrey Lengel, MD	2686 South Hwy. 127	270-866-7771
Richard Miles, MD	124 Dowell Road, Suite 6	270-866-2440
Charles Peck, MD	Dowell Road, Medical Arts Bldg.	270-866-3940

Russell County (CONT.)

Westlake Primary Care of Russell County

2485 Lakeway Drive

270-858-3636

TAYLOR COUNTY

Taylor Regional Physicians for Women

1698 Old Lebanon Rd, Ste 3-A

270-465-3568

James Angel, MD

1698 Old Lebanon Rd, Ste 3-B

270-789-2471

Eric Bentley, MD

105 Greenbriar Drive

270-465-2821

James Bland, MD

Jane Todd Behavior Unit

270-932-4216

C. Winit, MD, Pediatrician

73 Kingswood Drive

270-465-8311

Internal Medical Associates, Includes:

95 Kingswood Drive

270-465-3821

Joel D. Eade, MD; David Montgomery, MD

Steve Hinton, MD; Rogers, MD

James Ewing, MD; Robert Hastings, MD

105 Greenbriar Drive

270-465-3595

John Garner, MD

1856 Old Lebanon Road

270-789-1022

Mark Risen, DPM

67 Kingswood Drive

270-789-4342

Taylor Regional Surgical Associates, Includes:

1698 Old Lebanon Rd, Ste 2-A

270-789-0587

Robert Romine, MD; Eugene Shivley, MD

105 Greenbriar Drive

270-789-0587

George Bodeanu, MD Pediatrician

370 East Broadway

270-789-4788

Jerome Dixon, MD; Charles Cusumano, MD

150 West Bear Track Road

270-465-8133

Kelly Frogg, MD

105 Greenbriar Drive

270-465-0191

WAYNE COUNTY

Christine Foster, MD

Rolling Hills Medical Center

606-348-8825

Monticello Medical Associates, Includes; Stephen J. Pollard, MD;

James Sublett, MD; Sam Brown, PT

1 South Creek Drive

606-348-3365

Michael Cummings, MD PSC

100 Twin Lakes Medical Arts Bldg.

606-387-6627

## Hospitals

### Bell County

Pineville Community Hospital

606-337-3052

Middlesboro ARH

606-242-1100

### Clay County

Manchester Memorial Hospital

606-598-5104

### Harlan County

Harlan Regional Hospital

606-573-8100

### Jackson County

Berea Hospital

859-986-3151

### Knox County

Knox County Hospital

606-545-5500

### Laurel County

St. Joseph London

606-878-6520

### Rockcastle County

Rockcastle County Hospital

606-256-2195

### Whitley County

Baptist Regional Medical Center

606-528-1212

## HOSPITALS

Adair	Westlake Regional Hospital	901 Westlake Drive	Columbia	270-384-4753
Casey	Casey County Hospital	187 Woodford Avenue	Liberty	606-787-6275
Clinton	Clinton County Hospital	723 Burkesville Road	Albany	606-387-6421
Cumberland	Cumberland County Hospital	Glasgow Road	Burkesville	270-864-2511
	BF Taylor Medical Arts	Glasgow Road	Burkesville	270-864-2555
Green	Jane Todd Crawford Rd.	Milby Street	Greensburg	270-932-4211
McCreary	Scott County Hospital	Hwy. 27	Oneida, TN	615-569-8521
Pulaski	Lake Cumberland Regional Hospital	305 Langdon Street	Somerset	606-679-7441
Russell	Russell County Hospital	Dowell Road	Russell Springs	270-866-4141
Taylor	Taylor County Hospital	1700 Lebanon Road	Campbellsville	270-465-3561
Wayne	Wayne County Hospital	166 Hospital Road	Monticello	606-387-9343
Misc.	Norton's Kosair Children's Hospital	231 East Chestnut	Louisville	502-562-6000

(Free Treatment to Children Whose Family Qualifies)

Old Kosair Clinic Louisville

(Commission for Handicapped Children - Hearing & Speech Evaluations, Orthopedic, Seizures,  
Ophthalmology, Tumor Clinic)

Child Evaluation Center (Total Physical, Behavioral & Mental Evaluations) 502-588-5331

Cardinal Hill Lexington 859-254-5701

UK Medical Center Lexington 859-233-5000

Kentucky School for Deaf Danville 859-236-5132

Louisville Deaf - Oral School Louisville 502-636-2084

Shiners Hospital for Children (Referrals by Shriners) Lexington 859-266-2101

## AMBULANCE SERVICES / 911

Adair	West Lake Drive	Columbia	270-384-6464
Casey	1167 Campbellsville Street	Liberty	606-787-8350
Clinton	100 Emergency Medical Lane	Albany	606-387-6649
Cumberland	299 Glasgow Rd.	Burkesville	270-864-2525
Green	Hodgenville Road	Greensburg	270-932-4911
McCreary		Whitley City	606-376-5062
Pulaski	301 Hail Knob Road	Somerset	606-619-6388
Russell	Ferco Drive	Russell Springs	270-343-6464
Taylor	105 South Columbia Avenue	Campbellsville	270-789-3135
Wayne	515 North Main Street	Monticello	606-348-3301

## Clinics/Health Departments

### Bell County

Daniel Boone Clinic

606-248-5800

Health Department

Pineville- 606-337-7046

Middlesboro- 606-248-2862

### Clay County

Daniel Boone Clinic

606-573-4520

Health Department

606-598-2425

### Harlan County

Daniel Boone Clinic

606-573-4520

Health Department

606-573-3700

### Jackson County

Annvile Medical Clinic

606-364-5162

Health Department

606-287-8421

### Knox County

Health Department

606-546-3486

### Laurel County

East Bernstadt Clinic

606-843-6195

Rural Health Clinic

606-877-3800

Health Department

606-864-2195

### Rockcastle County

Health Department

606-256-2242

Rockcastle Health Center

606-256-2242

### Whitley County

Health Department

Corbin- 606-528-5613

Williamsburg- 606-549-3380

Cumberland River Clinic

606-549-2656

## HEALTH DEPARTMENTS

**Services Include:** Family Planning; Prenatal Care/Postpartum Care Program; Child Health Services; Immunizations; Nutrition for Women, Infants & Children (WIC); Treatment for TB, VD & Environmental Protection; Health Counseling, Teen Pregnancy; Early Periodic Screening Program (EPSDT); Vital Statistics; Commission for Children with Special Health Care Needs; Infant-Preschool; Infant/Toddler Car Seat

Adair	Jamestown Street, Columbia	270-384-4731
Casey	Adams Street, Liberty	606-787-9472
Clinton	101 Adanta Cirice Industrial Dr Rte 4, Albany	606-387-7635
Cumberland	390 Keen Street, Burkesville	270-864-2206
Green	429 Hodgenville Road, Greensburg	270-932-5015
McCreary	Whitley City	606-376-2466
Pulaski	113 Hardin Lane, Somerset	606-679-6251
Russell	South Hwy. 127, Jamestown	270-343-2551
Taylor	Hearthside Professional Center, Campbellsville	270-465-7424
Wayne	Columbia Ave, Monticello	606-348-9318

### LAKE CUMBERLAND CHILDREN'S ADVOCACY CENTER

Pam Eads, *Director* 427 South Main Street, Jamestown 270-343-6006

Serves any child in the ten county service area who has been referred for sexual abuse.

### AIM PREGNANCY CENTER

Pulaski 176 Enterprise Drive, Suite 1, Somerset 606-678-0335

### HANDS PROGRAM

Pulaski Angel Hopkins - 45 Roberts St, Somerset 606-679-4416

### PARENTS AS TEACHERS PROGRAM

Pulaski Carrie Altmaier -198 Enterprise Dr, Somerset 606-677-0229

### FIRST STEPS

Lake Cumberland 259 Parkers Mill Road, Somerset 606-678-2821  
Tammie Hardwick, *Program Director*



**Mental Health Services**

**Comprehensive Care Centers**

**Whitley County**

**Bell County**

Pineville 606-337-6137

Middlesboro 606-248-4949

Corbin 606-529-7010

Williamsburg 606-549-1440

**Clay County**

Manchester 606-598-5172

**Harlan County**

Harlan 606-573-1624

Benham 606-848-5444

**Jackson County**

McKee 606-287-7137

**Knox County**

Barbourville 606-546-3014

**Laurel County**

London 606-864-2104

**Rockcastle County**

Mt. Vernon 606-256-2129

## THE ADANTA BEHAVIORAL HEALTH SERVICES

Hours of Operation: 8:00 a.m. - 4:30 p.m. (Monday - Friday)

Outpatient treatment, detoxification, education and outreach, residential treatment, mental health and retardation/psychiatric/psychological/counseling and adult activities.

24 Hour Hotline: 1-800-632-8581

Adair	200 East Frazier Street, Columbia	270-384-3898
Casey	322 Middleburg Street, Liberty	606-787-9472
Clinton	Hwy. 90, Albany	606-387-7635
Cumberland	390 Keen Street, Burkesville	270-864-5631
Green	429 Hodgenville Road Greensburg	270-932-5015
McCreary	Whitley City	606-376-2466
Pulaski	113 Hardin Lane, Somerset	606-679-6251
Russell	119 Herford Curve Road, Jamestown	270-343-2551
Taylor	Hearthside Professional Center, Campbellsville	270-465-7424
	Lake Cumberland Clinical Services, Campbellsville	270-465-7424
Wayne	1994 N. Main Street, Monticello	606-348-9318
Rape Victim Services	259 Parker's Mill Road, Somerset	606-679-4782

### BEHAVIORAL HEALTH SERVICES OF PULASKI

Intrust Healthcare	401 Bogle St, Suite 102, Somerset	606-676-0638
Mountainview Health	110 Hardin Lane, Suite 1, Somerset	606-451-9748
Phoenix Preferred Care	201 East Mount Vernon St, Somerset	606-451-9379
Somerset Mental Health	149 Enterprise Dr, Somerset	606-679-6995

### PSYCHIATRISTS OF PULASKI

Dr. PD Patel	104 Hardin Lane, Somerset	606-678-8323
Dr. Martin Siegel	401 Bogle St, Suite 202, Somerset	606-678-9139
Dr. Zev Zusman	401 Bogle St, Somerset	606-678-7664

### SUPPORT GROUPS OF PULASKI

AA/NA	St. Patricks Episcopal Church	606-678-4868
AL-NON	Beacon Hill Baptist Church, 74 Old Monticello Road, Somerset	Tuesday 7:30 PM
Grandparents Support	305 College St, Somerset	606-679-8689
Autism Support	Eubank	606-379-6222

## TELEPHONE NUMBERS TO CALL FOR HEALTH & SAFETY INFORMATION

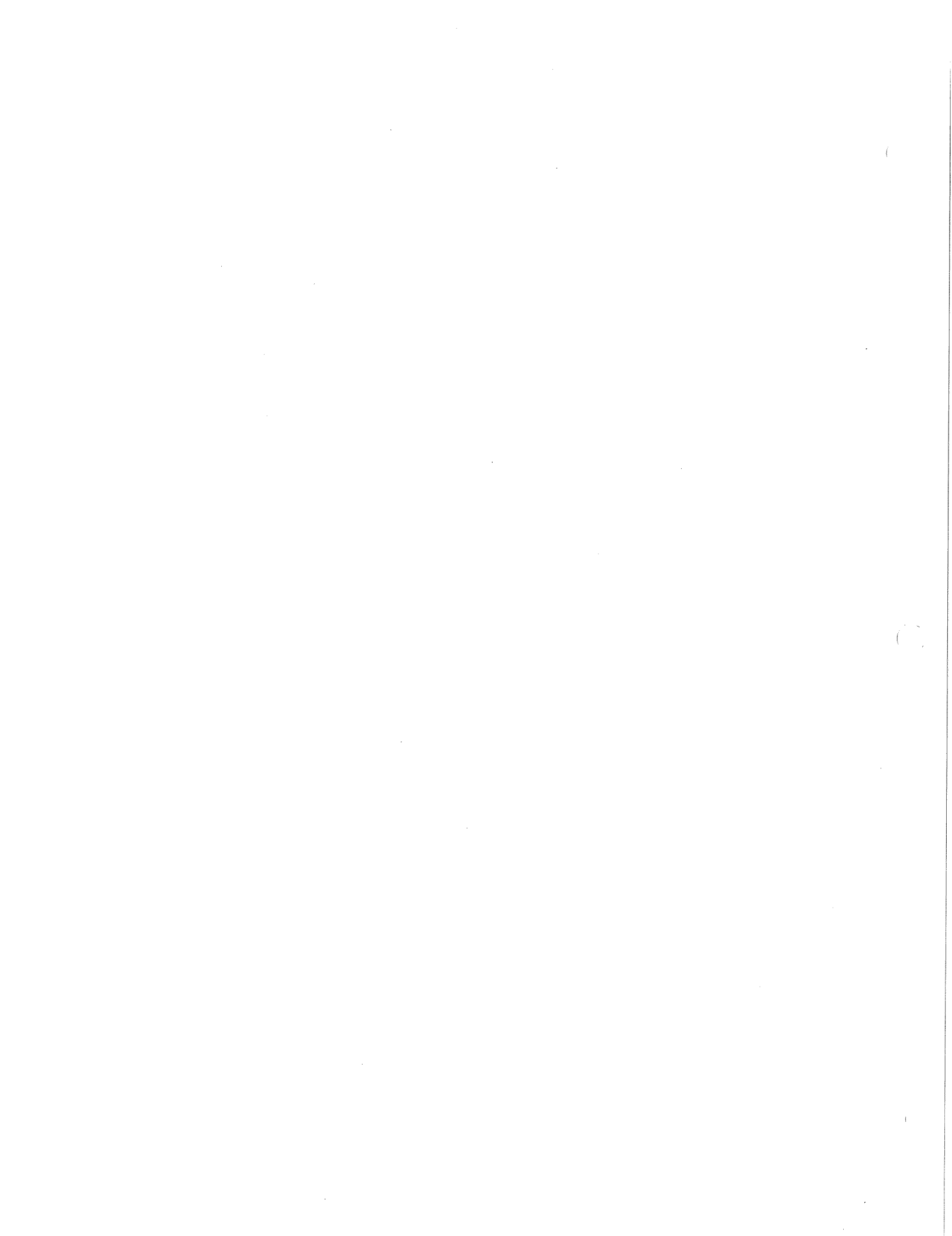
American Academy of Pediatrics	800-433-9016
National AIDS Hotline	800-342-2437
American Cancer Society	800-227-2345
American Trauma Society	800-556-7890
Consumer Product Safety Commission	800-638-7272
Environmental Protection Agency	800-942-6496
Fetal Alcohol Syndrome	800-252-8591
Health Care Hotline	800-325-9564
National Alcohol Hotline	800-252-6465
National Health Information Center	800-336-4797
National Highway Traffic Safety Administration	800-424-5600
National Mental Health Association	800-969-6642
National Pediatric HIV Resource Center	800-362-0071
National Safety Council	800-621-7619
Parents Anonymous (Parents Under Stress)	800-421-0353
Poison Control Center	800-492-2414
U.S. Dept. Of Agriculture Meat & Poultry	800-535-4555
U.S. Dept. of Housing & Urban Development	800-669-9777
Women, Infant and Children (WIC)	800-572-3270
Spouse Abuse - Bethany House	606-679-8852

## FAMILY HOME HEALTH CARE

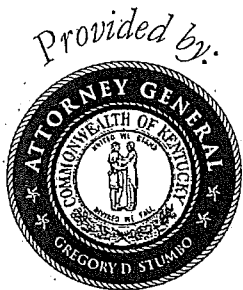
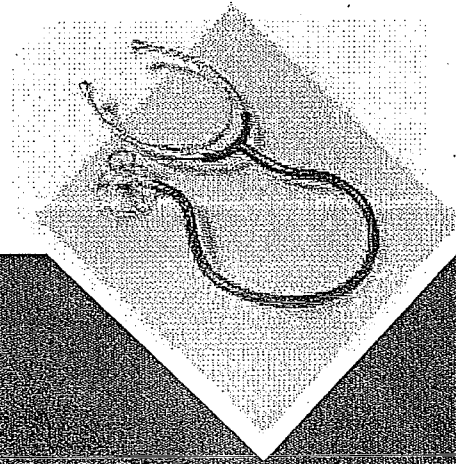
Family Home Health Care, Inc. is licensed by the Cabinet for Human Resources and is certified provider of Medicare and Medicaid Services. Call your nearest location for further information.

Hours: 8:00 A.M. - 4:30 P.M. Monday - Friday

Adair	270-384-6411
Casey	606-787-8066
Clinton	606-387-6651
Cumberland	270-864-4196 / 270-864-2254 - Adult Health Care
Green	270-932-7791
McCreary	606-376-4466 - Adult Day Health Care
Taylor	270-465-4978
Wayne	606-340-0001 - Adult Health Care
Central Office	606-679-8555



# KENTUCKY LIVING WILL PACKET



*The Office of the Attorney General  
Gregory D. Stumbo, Attorney General*

## 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:**

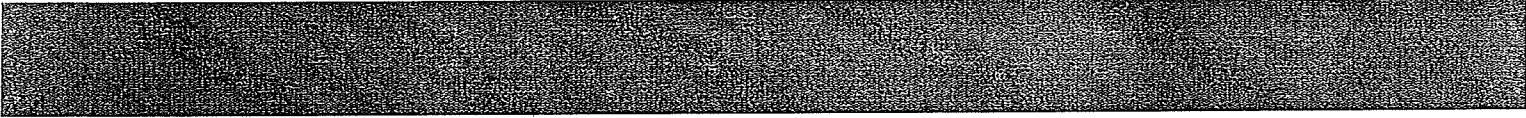
- **Designate a Health Care Surrogate**
- **Refuse or request life prolonging treatment**
- **Refuse or request artificial feeding or hydration (tube feeding)**
- **Express your wishes regarding organ donation**

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



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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.

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 [www.ag.ky.gov/livingwill](http://www.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.

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.

## LIVING WILL DIRECTIVE - CONTINUED

### 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.

\_\_\_\_\_ (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 Donation (check and initial only one)

\_\_\_\_\_ (check box and initial line, if you desire the option below)  
Authorize the giving of all or any part of my body upon death for any purpose specified in KRS 311.185.

\_\_\_\_\_ (check box and initial line, if you desire the option below)  
DO NOT authorize the giving of all or any part of my body upon death.

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 -**

STATE 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 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.

# Housing Information

**Chafee Independence Program  
Room & Board Referral  
Kentucky Housing Corporation**

DCBS     DJJ                      KHC ID Number \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

Youth Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth (MM – DD – YY) : \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Sex:  Male     Female

Race:  American Indian or Alaska Native

Asian     African American

Employed:  Yes     No

Native Hawaiian or Other Pacific Islander

Hispanic/Latino     Caucasian

Education Level: \_\_\_\_\_  Other: \_\_\_\_\_

Does the youth have a mentor?     Yes     No

Mentor Name: \_\_\_\_\_

Mentor Address: \_\_\_\_\_

Mentor Phone Number: \_\_\_\_\_

Mentor Email: \_\_\_\_\_

ILC Signature: \_\_\_\_\_

## **Chafee Independence Program**

### **Room and Board**

### **Kentucky Housing Corporation**

Kentucky Housing Corporation can provide housing assistance for up to 6 months for homeless youth who have aged out of foster care at 18 but are not over age 21.

KHC will assist participants with finding a suitable home, provide a home inspection, assist with leasing paperwork, security deposits, utility deposits, and may also be able to provide household start up funds.

If you are interested in the Chafee Room and Board Program through Kentucky Housing Corporation and want to see if you qualify please contact:

#### **Your local Independent Living Coordinator**

or

#### **Kentucky Housing Corporation Representative**

Keli Reynolds

Self-Sufficiency Manager

[kreynolds@kyhousing.org](mailto:kreynolds@kyhousing.org)

1231 Louisville Road

Frankfort, KY 40601-6191

(502) 564-7630 ext. 376

(502) 564-9963 (fax)

(800) 633-8896 (toll free in KY)

[www.kyhousing.org](http://www.kyhousing.org)

## **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.



# Helpful Hints to Rental Housing

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## The Lease

A lease is a binding, legal agreement. It usually spells out the obligations of a landlord and a tenant to one another. Although the lease may limit you in some ways, it can offer protection you would otherwise not have. Insist on a written lease. Read the lease carefully and do not sign it until you fully understand all obligations.

The lease should contain a description of the premises; the length of time the lease is to be in effect; the name and address of the landlord or owner and who receives legal notices on his/her behalf; the amount of the rent, its due date, where it should be paid and any associated late charges; termination requirements; the landlord's rules and regulations; and responsibilities for utility payments.

## The security deposit

The security deposit serves as insurance to the landlord that the unit will be inhabited for a set period of time. Usually, it serves as a damage deposit too. Before paying a deposit, which sometimes equals one or two month's rent, ask the person in charge: the exact amount of the deposit; the purpose of the deposit, what conditions will effect its refund, and when the refund will be made.

## Tenant responsibilities

As a tenant of rental property, you have some basic responsibilities to: pay rent on time, abide by the landlord's rules and regulations, keep your unit as clean and safe as possible, not damage or remove parts of the property, respect your neighbors' rights to peace and quiet.

## Right to entry

Your landlord has the right to enter your apartment/house for several reasons. They are: to make repairs, to provide maintenance, and to show the property to prospective renters or buyers. Since you occupy the premises, you have a right to privacy. The landlord should come at times convenient to you.

## Moving

Always give the landlord written notice of your plans to move. Follow the requirements stated in the lease. If you have no lease, or if it states no requirement, give 30 days written notice if you pay monthly and seven days written notice if you pay weekly. The landlord may have the right to keep your security deposit, depending on the terms of the lease. He/she may also have the right to demand that you make future rent payments due under the lease. The landlord has these options, if it is stated in the lease.

## Eviction

Remember that withholding your rent can be considered nonpayment and may subject you to eviction. If you fail to pay rent on time or break any rules of the landlord or provision of the lease, the landlord can go to court and may get an eviction notice.

The landlord must inform you first of this intention. If you receive an eviction notice, consult an attorney immediately. You may go to court and explain your situation. If you have not lived up to the lease and/or have not paid your rent on time, you probably will not be allowed to remain in the apartment/house. The landlord cannot, however, remove your possessions without a court order.

### Guidelines to avoid problems

The following is a list of five basic guidelines to help avoid problem areas renters sometimes encounter:

1. Know the rental situation before you sign. Ask who will be responsible for repairs. Find out how and where to contact that person, day or night. Be aware of any rules on painting and papering walls, hanging pictures, allowing pets and noise restrictions.
2. Read the lease carefully. Some contracts may limit your rights under state law. Ask questions before you sign. Make changes if necessary (and if possible) and have the landlord initial the changes along with your own initials. Keep copies in a safe place. Do not rely on verbal promises.
3. Before renting, you and your landlord should inspect the apartment/house together. Take pictures and/or make a checklist of all pre-existing damages and poor conditions, which could later be charged to you. Both of you should sign and date the checklist and you each should keep a copy. If your landlord will not agree to this, have another person perform this job and have the list notarized. The return of your security deposit could depend on having an accurate checklist.
4. Try to maintain good relations with your landlord. Before reporting problems to authorities, discuss them with the landlord. If he/she will not help you, at least you have tried to cooperate and improve the situation on your own.
5. Report problems immediately to the landlord or manager. Minor problems are repaired more easily before they become major ones. In addition, the sooner problems are acknowledged, the less time you should have to live with them. Remember to keep accurate records.

### Discrimination

You cannot be denied housing on the basis of race, color, religion, sex, national origin, handicap, or familial status. However, there are some exceptions. You may contact the Kentucky Commission on Human Rights for more information.

The U.S. Office of Housing and Urban Development (HUD) offers the following signs of possible discrimination: You are told the unit you wish to rent is not available when it really is. You are offered different rental terms or conditions from those offered someone else. You are being directed to rent in a particular neighborhood in order to keep people of your particular race, color, religion, sex, or national origin from obtaining a unit in a certain area.

If you feel you have been discriminated against, call HUD's toll-free number **1-800-669-9777**; or call the Kentucky Commission on Human Rights at **1-800-292-5566**. These agencies can assist you in filing a complaint.

## Housing

### Bell County

Bella Gardens

606-248-1602

Cumberland Village

606-248-4480

Housing Authority Middlesboro

S.38<sup>th</sup> Street

P.O. Box 977

Middlesboro, KY 40965

### Clay County

Beech Creek Apartments

606-598-2522

Cedar Creek Apartments

606-598-3382

Rain Tree Apartments

606-598-7310

### Harlan County

Cumberland Valley Regional Housing  
Authority

606-574-0013

Bradford Square Apartments

606-598-4862

### Christian Outreach to Appalachian People

606-573-7347

### Jackson County

Hickory Hill Heights Apartments

606-287-8777

### Knox County

Cumberland Valley Regional Housing  
Authority

606-546-9334

Housing Authority

606-3634

### Laurel County

HUD/Section 8

606-878-1512

Betty Jane Apartments

606-877-5121

McKnight Apartments

606-864-8359

### Rockcastle County

Mt. Vernon Manor

606-256-5223

Mt. Vernon Green

606-256-3658

Whitley County

Brush Harbor Apartments

606-549-0282

Corbin Housing Authority

606-528-5104

## HOUSING AUTHORITY

### Low Income Housing

Housing Authority provides low rent for low income families. Application Required. Disabilities and Elderly.

#### ADAIR COUNTY

Housing Authority	120 Carrie Bolin Drive, Columbia	270-384-2271
Country Place Apartments	810 Magnolia Street, Columbia	270-384-5888
Col. Groves and Greens	292 Jamestown Street, Columbia	270-384-6724

#### CASEY COUNTY

Housing Authority	75 Riverdale Dr, Liberty	606-787-7821
Liberty Manor Apartments	Butcher Street, Liberty	606-787-8550
Broughton Hill Apartments	Houstonville Street, Liberty	606-787-5226

#### CLINTON COUNTY

Albany Village	Cumberland Street, Albany	606-387-8205
Golden Harvest	Albany	606-387-7708
Albany Manor	Hwy. 738, Albany	606-387-7157
Clinton Terrace	111 West Water Street, Albany	606-387-4212
Clinton County Apartments	308 Clear Street, Albany	606-387-4027

#### CUMBERLAND

Housing Authority	401 Sunset Drive, Burkesville	270-864-5111
Burkesville Manor	225 Lower River Street, Burkesville	270-864-4171
Keenland Apartments	201 Copper Lane, Burkesville	270-864-3437
Cumberland Valley Apartments	542 Cary Lane, Burkesville	270-864-5129

#### GREEN

Housing Authority	200 Nancy Street, Greensburg	270-932-4296
Hillview Terrace Apartments	105 Hillview Terrace, Greensburg	270-932-3587
Greensburg Village	200 Nancy Street, Greensburg	270-932-4297
Galilee Apartments	200 Nancy Street, Greensburg	270-932-6116
Woodland Apartments	304 Scottsville Street, Greensburg	270-932-7068

#### McCREARY

McCreary County Housing	HC 82 Box 380, Pine Knot	606-354-2200
Pine Knot Manor	Meadow Grove Road, Pine Knot	606-354-2157
McCreary Apartments	317 Old Bailey Rd, Whitley City	606-376-5688
Landing Apartments	12 Old Bailey Road, Whitley City	606-376-9689
Greene Pointe Apartments	Marshes Siding	606-376-9449
Parkhurst Apartments	26 Meadows Grove Connection, Pine Knot	606-354-2256

#### PULASKI

Somerset Housing Authority	400 Hail Knob Road, Somerset	606-679-1332
Western Hill Apartments	800 Hail Knob Road, Somerset	606-678-5110
Colonial Village Community Center	608 McKinley Street, Somerset	606-679-2203

#### RUSSELL

Housing Authority	60 Valley Circle Dr, Jamestown	270-343-4284
Jamestown Manor	678 South Main St, Jamestown	270-343-2329
Russell Springs Manor	85 Main St, Russell Springs	270-866-2131

TAYLOR

Housing Authority  
Campbellsville Manor

400 Ingram Avenue, Campbellsville  
110 Anna Court, Campbellsville

270-465-3576  
270-789-2480

WAYNE

Housing Authority  
Horse Hollow Apartments  
Beech Valley Manor

712 Homestead HTS, Monticello  
Monticello  
301 Beech Valley, Monticello

606-348-6286  
606-348-5242  
606-348-9676

EXTENSION OFFICES

Education/Training on Nutrition, Homemaker, Etc.

Adair	270-384-2317
Casey	606-787-7384
Clinton	606-387-5404
Cumberland	270-864-2681
Green	270-932-5311
McCreary	606-376-2524
Pulaski	606-679-6361
Russell	270-866-4477
Taylor	270-765-4511
Wayne	606-348-8453

## Shelters

### Bell County

Light House Mission Trinity

606-337-1834

### Clay County

Calvary Baptist

606-5984053

Daniel Boone

606-5985127

### Harlan County

Christ's Hands

606-573-6030

### Jackson County

Family Abuse Shelter

606-256-2724

### Knox County

KCEOC

606-546-3152

### Laurel County

Christian Shelter for the  
Homeless

606-330-0785

### Rockcastle County

Ahlee's House

606-256-5315

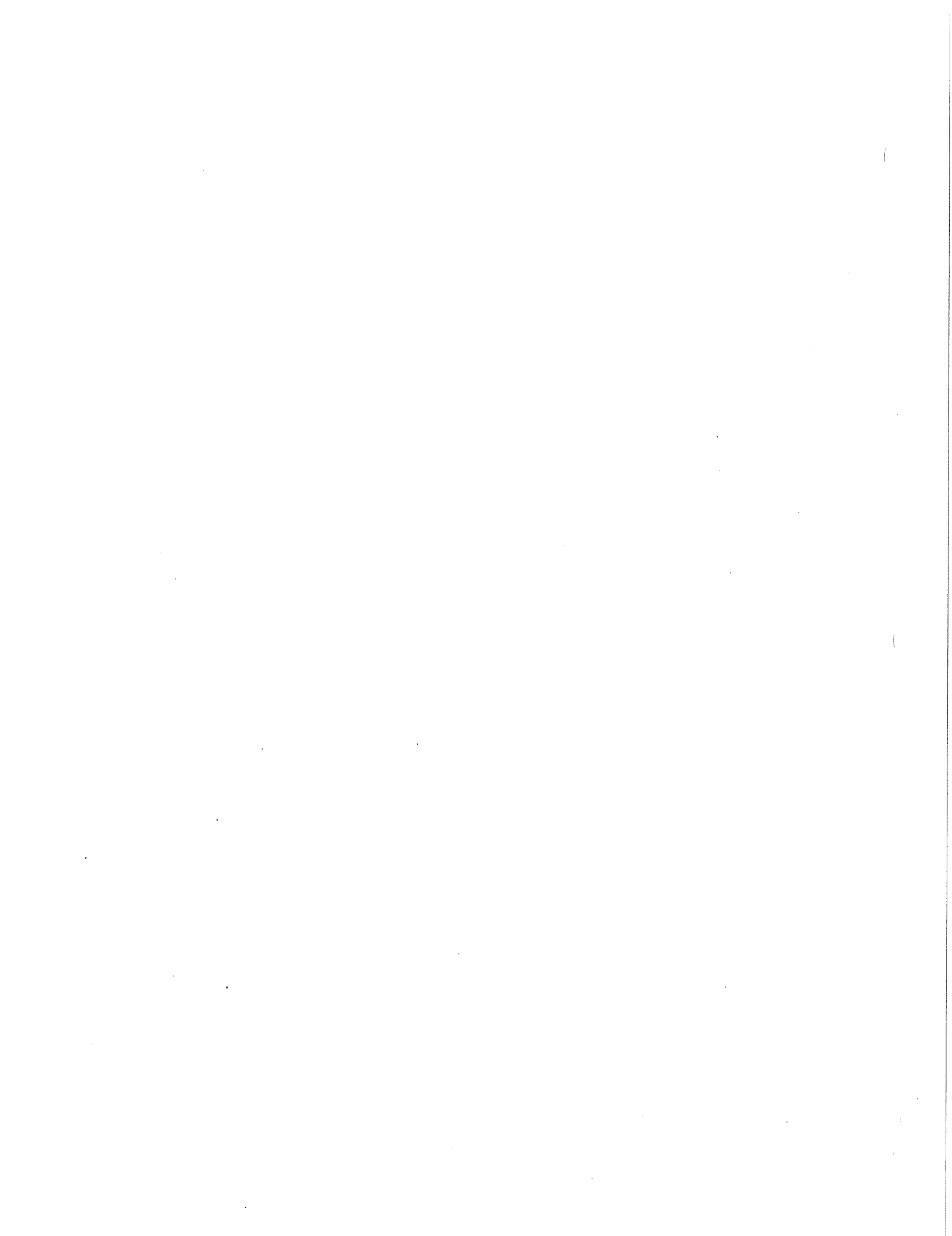
Family Life Services

606-256-5612

### Whitley County

Emergency Christian Ministries

606-549-2922





# Education Information

# Helpful Hints on Funding Education

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You've decided that you want to pursue a degree from a college or trade school; but you've heard how expensive it can be! If you are like most of us, you don't have an endless supply of money, but don't let this discourage you! Studies have shown that the benefits of education after high school are well worth the costs. There are many financial aid options out there so don't let the cost of any school cause you to not apply if you feel you are qualified to go there! We can help you find a way to fund your future!

Before you look at the financial aid options available to you take a look at the costs typically associated with college or trade school. You will need money for tuition, books, fees, school supplies, transportation, and other miscellaneous items (movies, laundry, the phone bill, and, if you're lucky, the occasional date!) and room and board if you choose not to live at home.

Tuition generally refers to money that is charged to cover the cost of instruction. The cost of tuition will vary from school to school. Public institutions tend to be less expensive than private schools for students who are residents of the state. Tuition can also be less expensive at community colleges and trade schools than at larger colleges and universities. Like it or not, you will have to buy books for your classes when you get to college. These costs are not included in your tuition.

Fees tend to include charges for costs not associated with instruction and will also vary from school to school.

Room and board refers to where you will live and what you will eat. These prices will also vary by institution and will be affected by whether you prefer to live on campus, in the surrounding neighborhood, or at home.

The amount of money you spend on transportation will be affected by how far away school is from home and how close to campus you plan on living.

As you can probably imagine, these costs add up quickly making the college experience a potentially expensive pursuit. Don't worry—there are lots of options when it comes to funding your education. More than half of all students receive some type of financial aid.

## Different Types of Financial Aid

**Grants and Scholarships:** This is money that, in most cases, does not have to be paid back. Students typically obtain grants and scholarships based on merit or need. Often this type of aid is awarded to students who have demonstrated high levels of academic performance, show potential for success, have special talents, or special needs. Sometimes conditions accompany this type of aid, for example, students might remain eligible for the aid only if they are able to maintain a certain grade point average while in school.

**Loans:** This type of financial aid is available for both students and parents and is based on need. Loans are a type of financial that must be paid back. Typically the interest rates on these loans are low and, often payment does not start until after the student has finished school and found a job.

**Work Study:** This involves students working both on and off campus to help defray college costs.

### Applying for financial aid

So, how do you get your hands on all this money for college? Well, there are a few things you need to do. The first one is the most important - APPLY!!! Many students don't take the time to apply for financial aid because they don't think they have a chance at getting any. Everyone is eligible for some kind of financial aid.

#### Things That Determine Financial Aid Eligibility

- You should have financial need
- You must have a high school diploma or the equivalent
- You must be enrolled in an eligible program of study
- You must be a U.S. citizen or an eligible non-citizen
- You must be registered with the selective service (if male)
- You must complete all required forms
- You must make satisfactory academic progress

Eligibility is considered to be the difference between the amount of money needed for your education (costs) and your Expected Family Contribution (EFC).

You must complete a free application for federal financial aid (FAFSA). These forms are available in your school counselor's office, college and trade school financial aid offices, and at [www.edu.gov](http://www.edu.gov) or complete it on line at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). If you find you need help filling out the FAFSA the Department of Education has provided some online instructions for you to follow or ask your guidance counselor for help.

You must complete and send the FAFSA as soon as possible after January first. Financial Aid is awarded on a first come - first serve basis. You should contact individual schools for their financial aid deadlines as well. You will receive a Student Aid Report (SAR) approximately 4-6 weeks after the FAFSA is sent in. In addition, the schools you named on the FAFSA will receive information. You should receive an award letter from the Financial Aid Office of the school you have selected that indicates the type of aid that you are eligible for.

You should check with the schools you have applied to and find out if any additional paperwork is required in order to receive your financial aid.

To receive information about FAFSA or to request The Student Guide by writing to:  
Federal Student Aid Information Center  
P.O. Box 84, Washington, DC 20044  
Or call toll-free 1-800-4FED-AID

Remember: There IS a way to fund your future! Don't let education costs keep you from achieving your dreams

MCHB Healthy and Ready To Work Projects

**EDUCATIONAL & FINANCIAL RESOURCES  
FOR COMMITTED YOUTH**

Tuition Assistance

DCBS youth 18-21

Pays for educational expenses at a post secondary educational program not covered by financial aid such as Pell & CAP Grants, KEEES, scholarships, etc

Maintain 2.0 GPA

Form OOH-103 completed by worker & approved by SRA

Contact:

Keith Jones  
1-800-232-5437  
502-564-2147

Tuition Waiver

DCBS & DJJ youth 18-21

Waives cost of tuition to any KY public post secondary educational program (NOT PRIVATE SCHOOLS)

Eligibility:

5 years from date of first entry into school

Maintain 2.0 GPA

Form DPP-333 Completed by youth & submitted to school's bursar, business or financial aid office.

Contact:

Keith Jones  
1-800-232-5437  
502-564-2147

Scattered Site Apartment Living Program

DCBS youth 17-21

Level of Care 1-3 ONLY

Referral through placement coordinator and interview with youth

Enrolled in an educational program and working part-time

Rent assistance, case management & support services

Contact:

Contact:

Keith Jones  
1-800-232-5437  
502-564-2147

**EDUCATIONAL & FINANCIAL RESOURCES  
FOR NON-COMMITTED YOUTH**

Education Training Voucher

Youth left care on or after 18

or  
Adopted on or after 16

\$5,000 yearly maximum

Youth completes ETV form and submits to Fawn Conley in Frankfort

Maintain 2.0 GPA & youth must submit

monthly verification form to Frankfort

If in good academic standing at 21, can continue until 23

Contact:

Keith Jones  
1-800-232-5437  
502-564-2147

Tuition Waiver

Youth left care on or after 18 or adopted from state foster care

Waives cost of tuition to any KY public post secondary educational program (NOT PRIVATE SCHOOLS)

Eligibility:

5 years from date of first entry into school

Maintain 2.0 GPA

Form DPP-333 Completed by youth & submitted to school's bursar, business or financial aid office

Contact:

Keith Jones  
1-800-232-5437  
502-564-2147

Chafee Room & Board Program

DCBS or DJJ youth (18-21) that left care on or after 18

Enrolled in an educational program & working part-time

Rent assistance, case management & support services

Contact:

Keith Jones  
1-800-232-5437  
502-564-2147

	Tuition Assistance (covered by state general funds)	Tuition Waiver for Foster & Adopted Children (waived by schools)	Education/Training Vouchers (ETV) (federally funded)
Eligibility	<ul style="list-style-type: none"> <li>➤ Extended commitment with Commonwealth of Kentucky</li> <li>➤ Enrolled in postsecondary education/training</li> <li>➤ Maintaining academic eligibility</li> <li>➤ Full – or part-time study</li> <li>➤ Undergraduate study only</li> </ul>	<ul style="list-style-type: none"> <li>➤ Currently in state foster care or DJJ custody</li> <li>➤ In care on 18<sup>th</sup> birthday</li> <li>➤ Adopted from state foster care</li> <li>➤ Family receives state funded adoption assistance</li> <li>➤ Participating in state funded independent living program</li> <li>➤ Enrolled in KY public postsecondary education/training</li> <li>➤ Maintaining academic eligibility</li> <li>➤ With four years of high school graduation</li> <li>➤ Full – or part-time study only</li> <li>➤ Undergraduate study only</li> </ul>	<ul style="list-style-type: none"> <li>➤ Aged out of care on or after 18<sup>th</sup> birthday</li> <li>➤ Adopted on or after 16<sup>th</sup> birthday</li> <li>➤ Enrolled in post secondary education or job training program</li> <li>➤ Maintaining academic eligibility or making satisfactory progress in program</li> <li>➤ Full- or part-time study</li> <li>➤ If in good standing at 21 can continue until 23<sup>rd</sup> birthday</li> </ul>
Eligibility Time frame	As long as legally committed to Commonwealth	Five years from date of first entry into school	➤ 18 – 23 years of age if in good standing
Forms Needed	<ul style="list-style-type: none"> <li>➤ Free Application for Federal Student Assistance (FAFSA)</li> <li>➤ OOH-103 Application for Tuition Assistance</li> </ul>	<ul style="list-style-type: none"> <li>➤ Free Application for Federal Student Assistance (FAFSA)</li> <li>➤ Tuition Waiver for Foster &amp; Adopted Children</li> </ul>	<ul style="list-style-type: none"> <li>➤ Free Application for Federal Student Assistance (FAFSA)</li> <li>➤ Request for Education/Training Voucher Funds</li> </ul>
Forms Available From	<ul style="list-style-type: none"> <li>➤ FAFSA - online <a href="http://www.fafsa.ed.gov/">http://www.fafsa.ed.gov/</a></li> <li>➤ OOH-103 - child's worker</li> </ul>	<ul style="list-style-type: none"> <li>➤ FAFSA - online <a href="http://www.fafsa.ed.gov/">http://www.fafsa.ed.gov/</a></li> <li>➤ Tuition Waiver for Foster &amp; Adopted Children – financial assistance office at school, child's worker, (800-232-5437 or 502-564-2147)</li> </ul>	<ul style="list-style-type: none"> <li>➤ FAFSA - online <a href="http://www.fafsa.ed.gov/">http://www.fafsa.ed.gov/</a></li> <li>➤ Request for Education/Training Voucher Funds – financial assistance office at school, child's former worker, (800-232-5437 or 502-564-2147)</li> </ul>
Frequency of Forms	<ul style="list-style-type: none"> <li>➤ FAFSA – every January</li> <li>➤ OOH-103 – every semester/quarter or summer session.</li> </ul>	<ul style="list-style-type: none"> <li>➤ FAFSA – every January</li> <li>➤ Tuition Waiver for Foster &amp; Adopted Children – once unless changing schools or sitting out semester/quarter session</li> </ul>	<ul style="list-style-type: none"> <li>➤ FAFSA – every January</li> <li>➤ Request for Education/Training Voucher Funds – every semester; monthly verification of standing required from school or training program</li> </ul>
Expenses Covered	School expenses not covered by federal or state financial assistance, KEES, private scholarships (can include school-provided health insurance, books, dormitory or apartment, food, transportation, childcare expenses, etc.)	Only tuition and mandatory fees not covered by federal and state financial assistance, KEES, private scholarships	Any educational or job training expenses not covered by federal or state financial assistance, KEES, private scholarships (can include room & board, transportation allowance, books, fees, supplies, dormitory supplies, day care while in class or tutoring, equipment, calculators, tape recorders, computers, uniforms, etc.)

## **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 Families and Children.**

- 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.

# TUITION WAIVER FOR FOSTER AND ADOPTED FOR CHILDREN

## SECTION 1 — APPLICANT INFORMATION

FULL NAME: <i>(please print)</i>		
STREET ZIP	CITY	STATE
PHONE NUMBER:	DATE OF BIRTH:	SSN:
FOSTER OR ADOPTIVE PARENTS' FULL NAMES:		
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 Families and Children.
- Is in an Independent Living Program funded by the Cabinet for Families and Children.
- Was in the permanent legal custody of the Cabinet for Families and Children prior to being adopted and the family received state-funded adoption assistance.
- Was in the legal custody of the Cabinet for Families and Children on his or her eighteenth (18<sup>th</sup>) 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 Families and Children 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

CABINET FOR FAMILIES AND CHILDREN

ATTN: Tuition Waiver  
275 East Main Street Mail Drop 3 C-E  
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 PERSON

\_\_\_\_\_  
DATE

## **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 the Project Administrator, Chafee Independent Living Program at 800-232-5437 or email [chafee.ilp@ky.gov](mailto:chafee.ilp@ky.gov).





**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	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>	<b>TOTAL RESOURCES/Income</b>	<b>\$</b>

**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	\$

# 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 Keith Jones' or 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 Keith Jones or Shelley Brown. When we receive the form or the updated account information; on the 15<sup>th</sup> 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 Keith Jones or 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, Keith Jones & 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 Keith Jones [keith.jones@ky.gov](mailto:keith.jones@ky.gov) or Shelley Brown [shelley.brown2@ky.gov](mailto:shelley.brown2@ky.gov) BEFORE you receive your next ETV Check.

Student Account Information:

User ID: \_\_\_\_\_

Password: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
ILC

**AUTHORIZATION FOR ELECTRONIC DEPOSIT OF PROVIDER PAYMENT**  
(Please print or type all information)

Enter the following provider information... Please remember to attach a voided check.

Provider Information	
Provider SSN/FEIN:	_____
Provider/Organization Name:	_____
Account Name:	_____
Street:	_____
City:	State: _____ Zip: _____
Telephone #	Contact: _____
Email Address:	_____

Financial Institution Information	
Bank Name:	_____
Branch:	_____
Or correspondent Bank (if applicable)	
City:	State: _____ Zip: _____
Bank Routing #	_____
Account #	_____
Account Type (select one) ( ) Checking Account ( ) Savings Account	

I, the undersigned, authorize the Commonwealth of Kentucky to initiate accounting transactions to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the Financial Institution to post these transactions to that account. This authorization is to remain in force until the Commonwealth of Kentucky receives written notice of cancellation from me.

\_\_\_\_\_

Signature Date

---

Name Printed

I, the undersigned, hereby cancel the authorization for the Commonwealth of Kentucky to originate electronic deposit entries into my checking/savings account. The cancellation is effective as soon as the State of Kentucky has reasonable opportunity to act upon it.

\_\_\_\_\_

Signature Date

---

Name Printed

For TWIST Use	
Received By _____	Date _____
Entered By _____	Date _____

## INSTRUCTIONS TO THE STUDENT

Continued eligibility for Chafee Independence Program Educational and Training Voucher funding is based on academic standing and/or progress in an educational/job training program.

You are required to provide the Cabinet for Families and Children with monthly verification that you are in good academic standing and/or making satisfactory progress toward the completion of a degree or program. **It is your responsibility to take the attached form to the Registrar's/Program Director's Office at your school/program and have it completed, signed, dated and sealed.**

After the school/program has verified your standing, send the form to:

CABINET FOR FAMILIES AND CHILDREN  
ATTN: Chafee Independence Program  
Education/Training Voucher Funds  
275 East Main Street Mail Drop 3 E-D  
Frankfort, KY 40621

The form must be completed and sent to Frankfort by the 10<sup>th</sup> of every month. Failure to provide the required verification will result in termination of funds.

For further information or if you have questions, feel free to call, fax or email:

Keith Jones / **Shelley Brown**  
Phone: 502-564-2147 ext. 3154  
Fax: 502-564-5995  
[Keith.Jones@ky.gov](mailto:Keith.Jones@ky.gov) / [Shelley.Brown2@ky.gov](mailto:Shelley.Brown2@ky.gov)

## MONTHLY ACADEMIC STANDING AND ENROLLMENT VERIFICATION

Continued eligibility for Educational and Training Voucher funding is based on academic standing and/or progress in an educational/job training program.

In order to determine a student's continuing eligibility for funding, the Cabinet for Families and Children requires verification from the institution of higher education of the following:

\_\_\_\_\_ is enrolled/participating in an  
**Student's Name**

educational/job training program at \_\_\_\_\_, and  
**Name of Institution**

- Is in good academic standing in a degree program, or
- Is making satisfactory progress toward completion of a job training program.

\_\_\_\_\_  
Printed Name of Registrar or Program Director

\_\_\_\_\_  
Signature of Registrar or Program Director

\_\_\_\_\_  
Date

**Please attach official school/program seal.**

## COUNTY SCHOOLS

### ADAIR

Col. Wm. Casey Elementary	270-384-3367
John Adair Intermediate School	270-384-3341
Adair County Middle School	270-384-5308
Adair County Elementary School	270-384-0077
Adair County High School	270-384-2751

### CASEY

Liberty Elementary School	606-787-6961
Walnut Elementary School	606-787-0045
Jones Park Elementary School	606-787-1217
Casey County Middle School	606-787-6796
Casey County High School	606-787-6151

### CLINTON

Albany Elementary School	606-387-5828
Clinton County Middle School	606-387-6466
Clinton County High School	606-387-5569

### CUMBERLAND

Cumberland County Elementary	270-864-4390
Cumberland County Middle School	270-864-5818
Cumberland County High School	270-864-3451

### GREEN

Green County Elementary School	270-932-4388
Green County Middle School	270-932-7773
Green County High School	270-932-7481
Summersville School	270-932-5103

### McCREARY

Pine Knot Primary School	606-354-2161
Whitley City Elementary School	606-376-2690
McCreary County Middle School	606-376-5081
Pine Knot Intermediate School	606-354-2511
McCreary Central High School	606-376-5051

### PULASKI

Nancy Elementary School	606-636-6338
Pulaski Elementary School	606-678-4713
Burnside Elementary School	606-561-4250
Eubank Elementary School	606-379-2712
Southern Elementary School	606-678-5229
Woodstock Elementary School	606-379-2151
Science Hill Elementary School	606-423-3341
Shopville Elementary School	606-274-4411
Hopkins Elementary School	606-678-8707
Memorial Education Center	606-678-4100
Oakhill Elementary School	606-679-2014
Northern Middle School	606-678-5230

### PULASKI (CONT.)

Southern Middle School	606-679-6855
Meece Middle School	606-678-5821
Pulaski County High School	606-679-1574
Somerset High School	606-678-4721
Southwestern High School	606-678-9000
Pulaski Central	606-677-9986
Jordan Christian Academy	606-561-4137
Saline Christian Academy	606-679-9265
Somerset Christian School	606-451-1600
Tabernacle Christian Academy	606-677-9045
Pulaski Day Treatment Center	606-679-1303

### RUSSELL

Russell Springs Elementary	270-866-3587
Salem Elementary	270-866-6197
Jamestown Elementary	270-343-3166
Union Chapel Elementary	270-343-4666
Russell County Middle School	270-866-2224
Russell County High School	270-866-3341

### TAYLOR

Taylor County Elementary	270-465-5691
Campbellsville Elementary	270-465-4561
Taylor County Middle School	270-465-2877
Campbellsville Middle School	270-465-5121
Taylor County High School	270-465-4431
Campbellsville High School	270-465-8774

### WAYNE

Bell Elementary School	606-348-8150
Monticello Elementary School	606-348-1814
Walker Elementary School	606-348-4251
Monticello Middle School	606-348-5312
Turner Intermediate School	606-348-6122
A J Lloyd Middle School	606-348-6691
Wayne County High School	606-348-5575
Monticello High School	606-348-5312

## COLLEGES

Campbellsville University	1 University Drive, Campbellsville	270-789-5000
Somerset Community College	808 Monticello Street, Somerset	606-679-8501
Lindsey Wilson College	210 Lindsey Wilson, Columbia	270-384-2126
SCC - Clinton Center	1001 West Hwy. 90, Albany	877-629-9722
McCreary Center Campus	Whitley City	606-376-5747
Clinton County - WKU	310 King Drive, Albany	606-387-5360
Daymar College	107 E. Water Street, Albany	606-387-4600

## KENTUCKY TECH VOCATIONAL SCHOOLS

Adult Courses in: Health Sciences, Wood Manufacturing, Machine Tool, Electricity, Automotive, Welding, Business

Casey County ATC	1723 Hwy. 70, Liberty	606-787-2641
Clinton County ATC	Route 4 Box 40, Albany	606-387-6448
Green County ATC	102 Carlisle Avenue, Greensburg	270-932-4263
Pulaski County ATC	230 Airport Drive, Somerset	606-677-4049
Lake Cumberland ATC (Russell County)	South Hwy. 127, Russell Springs	270-866-6175
Wayne County ATC	150 Cardinal Way, Monticello	606-348-8424

## ADULT EDUCATION CENTERS

Adair Learning Center	Columbia	270-384-4497
Casey County Adult Education Program	690 Wallace Wilkerson Blvd. Suite II, Liberty	606-787-5119
Clinton County Adult Training	Albany	606-387-6648
Albany Link	110 Spring, Suite D, Albany	606-387-4492
Clinton County Family Literacy	Route 4, Box 85, Albany	606-387-9452
Cumberland County Education Program	Burkesville	270-864-3473
Cumberland County Even Start	Burkesville	270-864-1262
Green County Learning Center	Greensburg	270-932-5936
McCreary County Learning Center	250 College Street, Whitley City	606-376-5747 Press #4 then Ext. 2024, 2025, 2026, 2027
Pulaski Adult Learning Center	502 Chandler Street	606-679-7030
Russell County Adult Learning Center	Hwy. 80 (Old Russell Springs Elementary)	270-833-8836
Taylor County Learning Center	Campbellsville	270-465-7736
Wayne County Adult Learning Center	Monticello	606-387-5286



Universities/Colleges

Eastern Kentucky  
University

Richmond Campus

859-622-1000

Corbin Campus

859-622-6640

Manchester Campus

859-622-6644

University of the  
Cumberlands

606-549-4303

Union College

800-489-8646

Southeast Community  
College

Cumberland

606-598-2145

Harlan

606-598-2145

Middlesboro

606-598-2145

Somerset Community  
College

877-629-9722

## Public Libraries

### Bell County

Pineville- 606-337-3422

Middlesboro- 606-248-4812

### Clay County

606-598-2617

### Harlan County

606-573-5220

### Jackson County

606-287-8113

### Knox County

606-546-9293

### Laurel County

606-864-5759

### Rockcastle County

606-256-2388

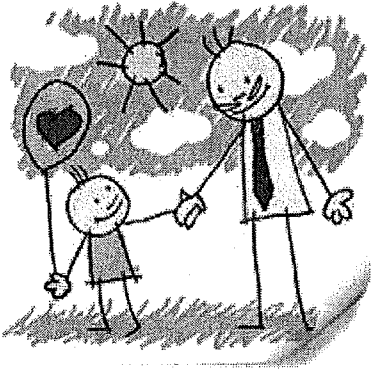
### Whitley County

Corbin - 606-528-6366

Williamsburg - 606-549-0818

# Mentor Program

# Chafee Mentor



## Program

### What is a Mentor

An adult who is a positive role model, and provides a youth with support, guidance, and encouragement, is a mentor.

### What Do Mentors Do?

Mentors assist committed youth ages 16 and older with daily living skills such as home management and problem solving skills. They share ideas and experiences.

Mentors help youth with career exploration, job shadowing and educational planning.

Mentors help youth develop self-confidence as they share the ups and downs in life.

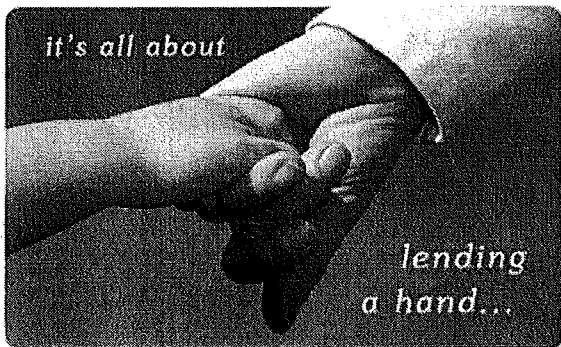
They help youth build upon their individual strengths and accomplish personal goals. They teach the youth to become more responsible.



### How Do Mentors Benefit Our Youth?

Foster youth transitioning from care are often unsure about who they can count on for ongoing support. Many of their relationships with adults have been based on professional connections which will terminate once the transition from care is complete.

The mentoring program facilitated through Murray State University helps build a structured and trusting relationship that brings youth together with caring individuals who offer lasting guidance and support to develop strong, capable youth ready to transition into adulthood on their own.



Murray State University Mentor Program

Lauren Carson

**Toll Free: 1-877-994-9970**

**lauren.carson@murraystate.edu**

# Additional Resources

## Food/Clothing Banks

### Bell County

Salvation Army

606-248-4925

Henderson Settlement

606-337-7729

COPE

606-337-6137 ext.132

### Clay County

Calvary Baptist

606-598-4053

Community Church

606-598-8588

### Harlan County

Laurel Mission

606-5583780

Martin Forks Interfaith

606-5735540

Meridzo Center

606-848-2766

Christ's Hands

606-573-6030

### Jackson County

Jackson County Food Banks

606 287-8336

Salvation Army

859-625-013

Sand Gap Christian Food Pantry

606-965-3205

### Knox County

KCEOC

606-546-3152

CUE

606-5287523

### Laurel County

CCC Come-Unity Care

606-864-2351

### Rockcastle County

1st Baptist Mission

606-256-1540

CAP Grateful Threads

### Whitley County

Friendship Center

606-549-5900

## Transportation

### Bell County

Henderson settlement

606-337-7729

R-TEC

1-800-321-7832

### Clay County

Daniel Boone

606-598-8000

LKLP

1-800-245-2826

### Harlan County

LKLP Community Action

1 800-633-7651

### Jackson County

Daniel Boone

606-364-4484

### Knox County

R-TEC

1-800-321-7832

### Laurel County

O-PAC

606-878-6261

R-TEC

1-800-321-7832

### Rockcastle County

R-TEC

1-800-321-7832

### Whitley County

R-TEC

1-800-321-7832

## LEGAL SERVICES

Two agencies in the Lake Cumberland Area provide legal services to low-income families. They are, Appalachian Research and Defense Fund of Kentucky and Cumberland Trace Legal Services.

### Appalachian Research and Defense Fund by County Listing (They do not handle criminal cases)

Adair	100 South High Street, Columbia	270-384-4707
Casey	Contact the Adair County Office	
Clinton	109 N. Washington Street, Albany	606-387-9752
Cumberland	Contact the Adair County Office	
McCreary	Contact the Pulaski County Office	
Pulaski	100 South Central Street, Somerset	606-679-7313
Russell	Contact the Adair County Office	
Wayne	Contact the Pulaski County Office	

### Cumberland Trace Legal Services by County Listing

Green	Green County Courthouse, Greensburg (Tuesday Only)	270-932-7324
Taylor	120 Easy First Street, Campbellsville	270-789-2366



## CONSUMER HOTLINES

- Cabinet for Human Resources Ombudsman** 1-800-372-2973 7:30 A.M. – 5:00 P.M.  
Handles questions or complaints concerning Human Resource Programs, including heat assistance, food stamps, welfare, and adoptions.
- Public Services Commission Consumer Hotline** 1-800-772-4636  
Persons having disputes with local utility companies over service or bills can ask the PSC employees to intervene.
- Attorney General's Consumer Complaint** 1-800-432-9257 8:30 A.M. – 4:30 P.M.  
Accepts complaints from consumers. In many cases callers are referred to appropriate agencies.
- LCCAA Ombudsman** 1-800-928-9241  
Nursing Home Facilities and Family Care Homes. Contact Opal Carter at the toll free number listed above.
- Department of Public Advocacy, Protection and Advocacy Division and Public Advocate's Office** 1-800-372-2988  
Protects and advocates the rights of persons with developmental disabilities and provides legal assistance to the indigent.
- Long Term Care Ombudsman** 1-800-372-2991  
Takes complaints about nursing homes and provides information about long-term care programs and adult protective services.
- State Police Emergency** 1-800-222-5555  
To report suspected drunken drivers or request emergency help 24 hours a day.
- Attorney General's Victim's Hotline** 1-800-372-2551  
Handles questions from crime victims and persons wanting information about crime in the state.
- Commission on Human Rights** 1-800-292-5566 or 502-588-4025 (Louisville)  
Accepts complaints concerning race and sex discrimination on the job and answers questions concerning discrimination laws.
- Spouse Abuse** 1-800-755-2017 – Crisis Line  
1-606-679-1553 – Bethany House, Somerset, KY
- Ronald McDonald House** 1-859-268-0757  
Located near Children's Hospital in Lexington, Louisville and Cincinnati, OH. Parents receive free room and board during the child's hospitalization or while receiving daily treatment.
- Kentucky Regional Poison Center** 1-800-722-5725 or 502-562-7268 (Louisville)  
Provides 24 Hour emergency information in suspected poisoning cases, as well as, general information related to poisons.
- Legislative Message Center** 1-800-372-7181  
Between legislative sessions, the phone is answered until 6:00 P.M. during legislative sessions; messages are recorded after regular state government hours.
- Parent Helpline** 1-800-CHILDREN (1-800-24453736)  
Gives advice to potential child abusers and referrals to local help groups. Phones answered 24 hours a day. Staff does not take child abuse reports.

**SAFETY/SUPPORT RESOURCES**

***Emergency Resources in Pulaski County:***

Kentucky State Police 1-800-222-5555  
 Sheriff's Department 606-678-5145  
 Somerset Police Department 606-678-5176

*In case of emergency or immediate danger, please call 911!*

***Other Community Resources:***

Department for Social Services 606-677-4086  
 After hours 1-800-633-5599  
 Department for Social Insurance 606-677-4103  
 Bethany House 1-800-755-2017  
 Victim Services Program 1-800-656-4673  
 Children's Advocacy Center 270-343-6922  
 Adanta Counseling Services 606-679-7348  
 24-Hour Crisis Line 1-800-633-5599  
 Housing Authority of Somerset 606-679-1332  
 UK - Targeted Assessment Project 606-677-4103  
 Pulaski Emergency Relief Ministry 606-678-8153  
 St. Mildred's Outreach Center 606-678-4617  
 God's Food Pantry 606-679-8560  
 Lake Cumberland Regional Hospital 606-679-7441  
 St. Luke's Clinic 606-451-8282  
 Bethesda Clinic of Saline Church 606-679-8053  
 Give Back A Smile Program 1-800-773-4227  
 God's Helping Hands 606-274-4575  
 Employment Services 606-677-4124  
 County Attorney's Office 606-679-4449  
 Legal Aid 606-679-7313  
 Domestic Violence Hotline 1-800-799-SAFE

**FOR YOUR SAFETY...**

- ♦ If you or your children have been threatened or assaulted, you can request a protective order from the Pulaski County District Court Clerk at 606-677-4112. You may request a protective order 24 hours a day, 7 days a week. After business hours you will need to go to the Pulaski County Sheriff's Department to seek one. You may also obtain custody, child support, an order for no contact, and/or an order for the batterer to vacate the home.
- ♦ Keep your protective order with you AT ALL TIMES. Give a copy to a relative or friend.
- ♦ Call the police if your partner breaks the protective order.
- ♦ Discuss a safety plan with your children for when you are not with them.
- ♦ Inform your children's school, daycare, etc., about who has permission to pick up your children.
- ♦ Inform neighbors and landlord that your partner no longer lives with you and they should call the police if they see him near your home.

**WHAT TO TAKE WHEN YOU LEAVE**

- Driver's license
- Children's birth certificates
- Your personal birth certificate
- Social security cards
- Welfare identification
- Money and/or credit cards
- Bank books
- Check book
- Your protective order (keep this with you AT ALL TIMES)
- Work permits/green card/VISA
- Divorce/custody papers
- House and car keys
- Medication
- Change of clothes for you and your children

**GOT QUESTIONS? GET ANSWERS!**

*What if I think I or someone I care about . . . . .*

Is thinking about killing or harming self? 1-800-221-0446  
 Is sad and depressed most of the time? 1-800-633-5599  
 Is not safe at home? 1-800-752-6200  
 Is not safe at school? Youth Services Center  
 Is being physically abused? 1-800-752-6200  
 Is being sexually abused? 1-800-752-6200  
 Has been raped? 1-800-656-4673  
 Is involved in a violent/dangerous relationship? 1-800-799-7233  
 Is pregnant or has made someone pregnant? 1-800-672-2296  
 Has a sexually transmitted disease? 1-800-227-8922  
 Has AIDS/HIV? 1-800-342-2437  
 Has a drinking/drug problem? 1-800-454-8966  
 Is having family problems? 1-800-633-5599  
 Is too fat or too thin? 1-800-931-2237  
 Is thinking about running away? 1-800-621-4000  
 Is falling behind or failing in school? Youth Services Center  
 Is considering quitting school? Youth Services Center  
 Needs to see a doctor, but doesn't have insurance? 1-877-524-4718  
 Does not have food/clothes/shelter? Youth Services Center

***Other Important Resources***

Lake Cumberland District Health Department 1-800-928-4416  
 Kentucky State Police 1-606-878-6622  
 Department for Community-Based Services,  
 Protection, Permanency, & Family  
 Support (in Somerset) 1-606-677-4086  
 (in Monticello) 1-606-348-9361  
 Bethany House Domestic Violence Shelter 1-606-679-8852  
 Rape Crisis Center 1-606-678-5034

**Your Local Youth Services Center is Always Ready to Help You!**

**Wayne County YSC**  
 250 Cardinal Way  
 Monticello, KY 42633  
 606-348-3479  
 606-340-8919

**Monticello Independent YSC**  
 135 Cave Street  
 Monticello, KY 42633  
 606-348-3938

**Southern Middle YSC**  
 200 Enterprise Drive  
 Somerset, KY 42501  
 606-678-9892

**Northern Middle YSC**  
 650 Oak Leaf Lane  
 Somerset, KY 42503  
 606-679-7824

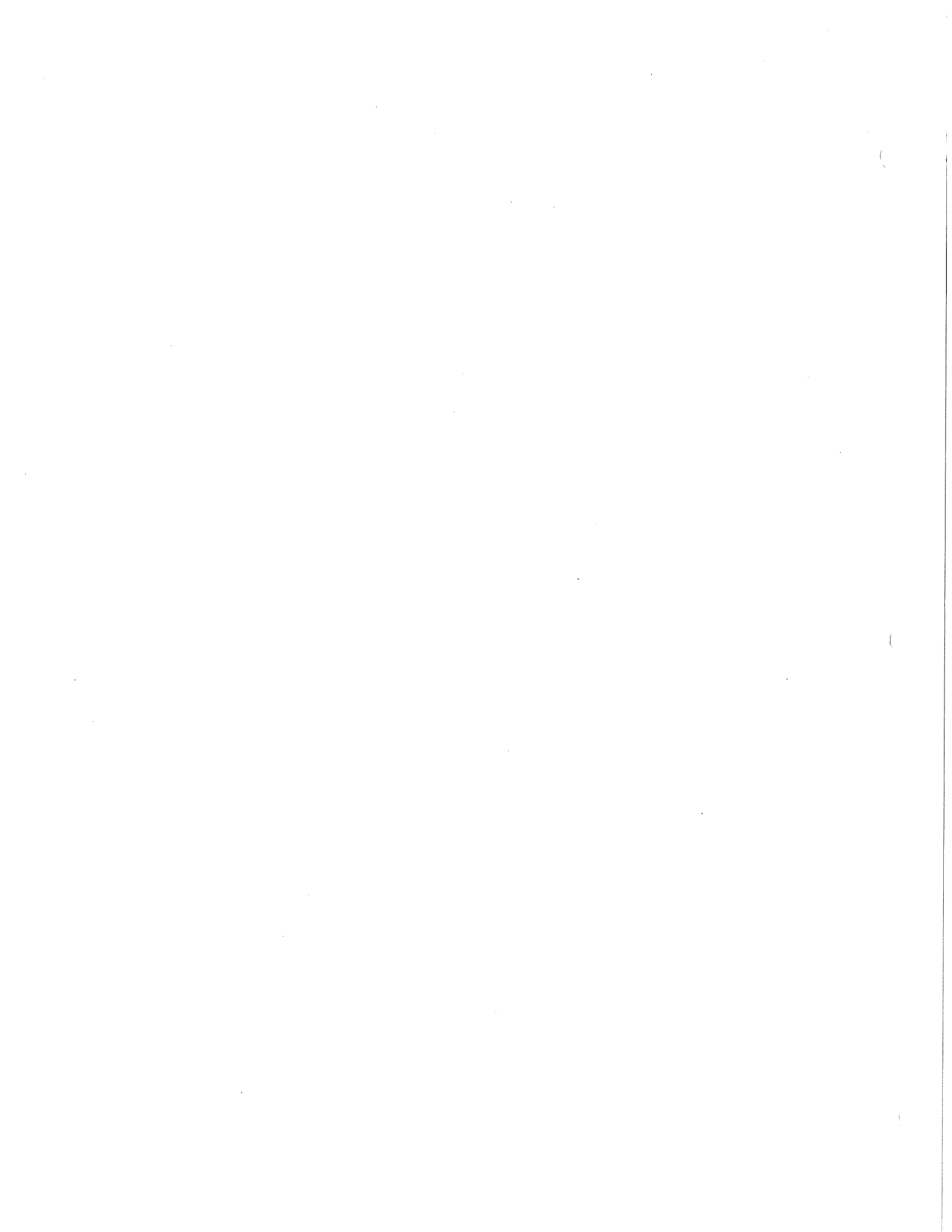
**Southwestern High YSC**  
 1765 WTLO Road  
 Somerset, KY 42503  
 606-451-8803

**Pulaski County High YSC**  
 511 University Drive  
 Somerset, KY 42503  
 606-676-0164

**Somerset Independent YSC**  
 305 College Street  
 Somerset, KY 42501  
 606-679-8689

**In Case of Emergency or Immediate Danger, Please Call 9-1-1!**





# Acknowledgment of Receiving Documents

\_\_\_\_\_  
Last First ML DOB mm-dd-yyyy

\_\_\_\_\_  
Street City State Zip

Social Security # 123-45-6789

Phone # (123) 456 -7890

Commitment of the child to the custody of the cabinet for placement for an indeterminate period of time not to exceed his attainment of the age eighteen (18). To allow participation in state or federal education programs or to permit the cabinet to assist the child in establishing independent living arrangements, any person who is or has been committed to the cabinet as dependent, neglected, or abused may request that the court extend or reinstate his commitment up to the age of twenty-one (21). The request shall be made prior to the person's attaining eighteen (18) years and six (6) months of age. Upon receipt of the request and with the concurrence of the cabinet, the court may authorize commitment up to the age of twenty-one (21).  
KRS 620.140 1D

I, \_\_\_\_\_, acknowledge that I have until six months after my eighteenth birthday to recommit myself to the cabinet. I also acknowledge that have received the following information provided by my Independent Living Coordinator and/or my DCBS Social Worker.

- Open Records Request
- Application for Birth Certificate
- Application for Social Security Card
- Information regarding the Chafee Foster Care Independent And Educational Training Vouchers and Program
- Comparison Chart of Tuition Assistance, Tuition Waiver, and ETV
- Information on Rental Housing, which includes the Rights and Responsibilities of Tenants and Landlords
- List of all Independent Living Coordinators

\_\_\_\_\_  
Client Date

\_\_\_\_\_  
Independent Living Coordinator Date

\_\_\_\_\_  
DCBS Social Worker Date

\_\_\_\_\_  
FSOS Date

