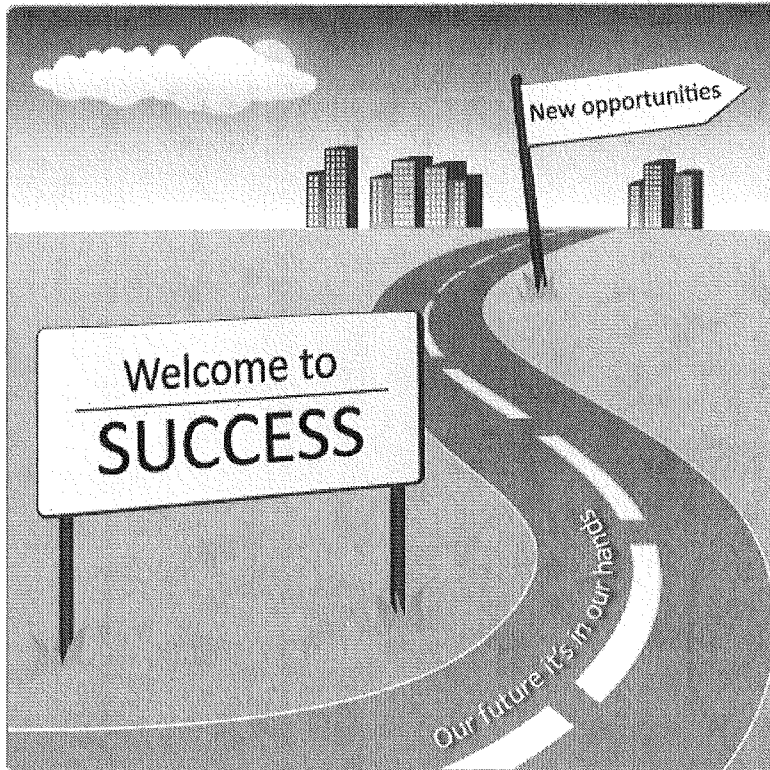


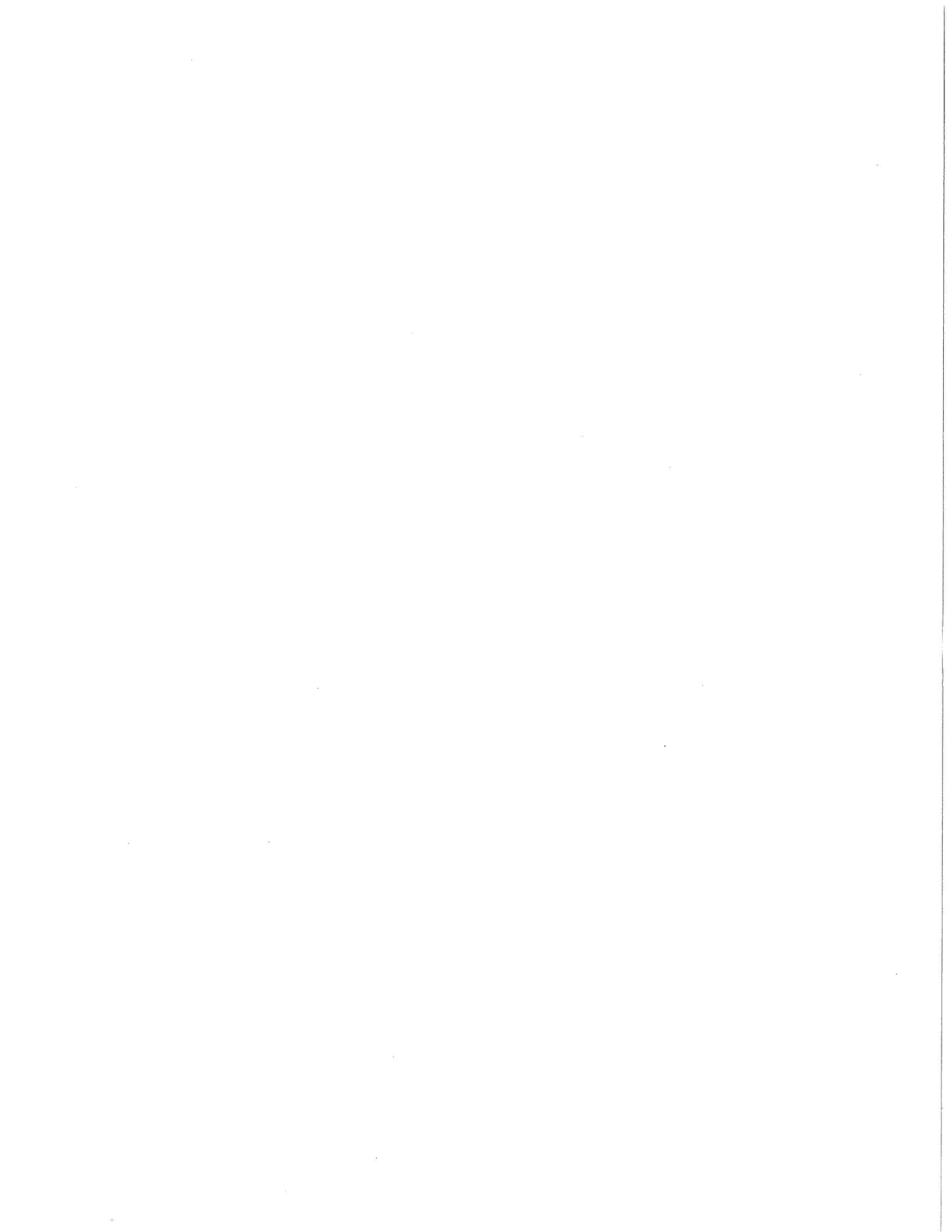
Resource Guide for Youth Exit Packet



Eastern Mountain Region



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



Eastern Mountain Region

Exit Packet

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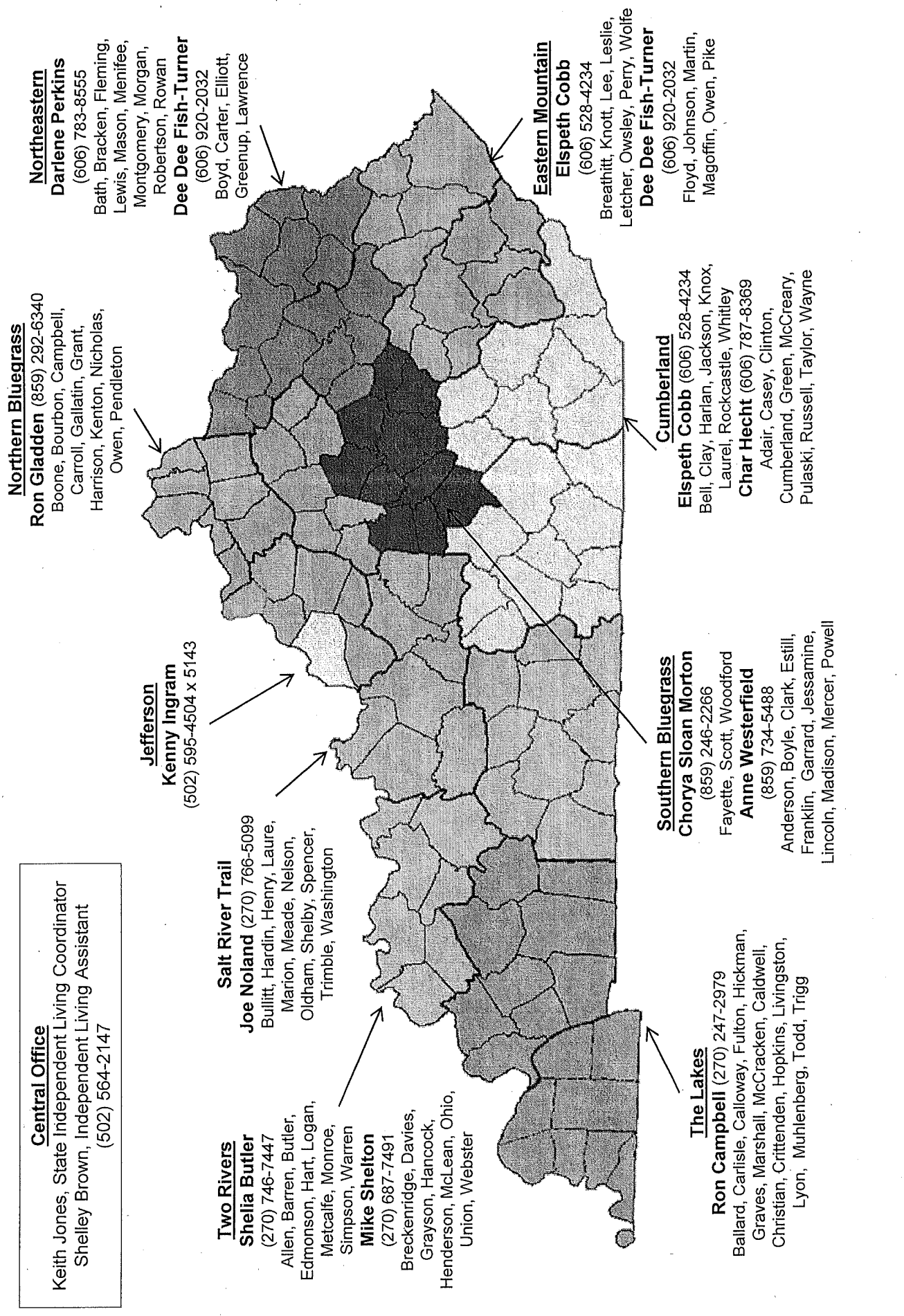
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Independent Living Program – Regional Coordinators

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
 Breckenridge, 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,
 Pulaski, Russell, Taylor, Wayne

Southern Bluegrass
Chorya Sloan Morton
 (859) 246-2266
 Fayette, Scott, Woodford
Anne Westerfield
 (859) 734-5488
 Anderson, Boyle, Clark, Estill,
 Franklin, Garrard, 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>

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
- Lifebook /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



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

Applications And Requests

DPP-010
922 KAR 1:510
(R. 6/04)

**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):	

Records Requests Fee: The charge is ten cents (\$0.10) per page after twenty (20) pages, 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 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 AND/OR CHFS-305A 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, Master Card, Discover or American Express). An additional charge card fee will apply. This is in addition to the fee for each certified copy requested. Certificates requested via internet may be returned by overnight courier for the cost of the additional shipment fee if that record is available. The address is www.vitalchek.com.

Telephone: Orders may be placed by telephone using a credit card (Visa, Master Card, Discover or American Express). 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 (877) 817-7362, choose option 3.

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, Frankfort, KY 40621. Our telephone number is (502) 564-4212.

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

FEEES

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

_____ Certified Copies @ \$10.00 each
How many

Total Amount Enclosed _____

THIS SECTION MUST BE COMPLETE FOR ALL ORDERS

REQUESTORS INFORMATION:

NAME
MAILING ADDRESS

CITY, STATE, ZIP CODE

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Applying for a Social Security Card is free!

USE THIS APPLICATION TO:

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

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

Original Social Security Card

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

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

Replacement Social Security Card

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

Changing Information on Your Social Security Record

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

LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS

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

IF YOU HAVE ANY QUESTIONS

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

EVIDENCE DOCUMENTS

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

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

Evidence of Age

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

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

Evidence of Identity

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

As proof of your identity, you must provide a:

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

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

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

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

Evidence of U.S. Citizenship

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

Evidence of Immigration Status

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

HOW TO COMPLETE THIS APPLICATION

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

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

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

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

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

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

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

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

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

HOW TO SUBMIT THIS APPLICATION

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

PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

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

PRIVACY ACT STATEMENT Collection and Use of Personal Information

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

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

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

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

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

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

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

SOCIAL SECURITY ADMINISTRATION Application for a Social Security Card

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 FCI	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)	7	RACE Select One or More (Your Response is Voluntary)
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian

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 15 DAYTIME PHONE NUMBER

MM/DD/YYYY () - 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 _____
() (Home) () (Work)
(City) _____ (State) _____ (Zip) _____

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	<input type="checkbox"/> Approved	<input type="checkbox"/> 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/DCB5/DCB5SATISFA](http://chfs.ky.gov/dcb5/dcb5satisfa)
[TION/SURVEY.S.HTM](http://chfs.ky.gov/dcb5/dcb5survey.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

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

An Equal Opportunity Employer M/F/D



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.)

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.)

Name: _____ Title, if known: _____
Work Address: _____
City: _____ County: _____
Name: _____ Title, if known: _____
Work Address: _____
City: _____ County: _____

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

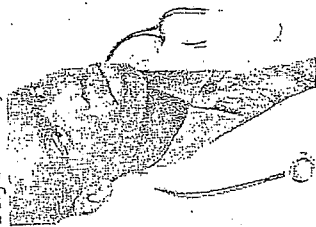
Since your wellness depends on the medical services you receive, it is important that you are comfortable talking with your new doctor and feel that he or she understands your concerns. Consider scheduling a "get-acquainted" interview before you make a final choice of a new doctor. You will have to pay 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 (SSI).
- 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.

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
Angina Pectoris
Ascites
Chemical Dependency
Cirrhosis of the Liver
Coronary Insufficiency
Coronary Occlusion
Cystic Fibrosis
Friedreich's Ataxia
Hemophilia
Hodgkin's Disease
Huntington's Chorea

Juvenile Diabetes
Leukemia
Metastatic Cancer
Motor or Sensory Aphasia
Multiple Sclerosis
Muscular Dystrophy
Myasthenia Gravis
Myotonia
Open Heart Surgery
Parkinson's Diseases
Polycystic Kidney
Psychotic Disorders

Quadriplegia
Stroke
Syringomyelia
Wilson's Disease
Chronic Renal Failure
Malignant Neoplasm of the Trachea
Malignant Neoplasm of the Bronchus
Malignant Neoplasm of the Lung
Malignant Neoplasm of the Colon
Short Gestation Period for a Newborn
Low Birth Weight of a Newborn; or

- 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, 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 1st 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 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 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 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 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 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

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. 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.

For more information, press only:

Richard McQuerry
Program Director
Kentucky Rx Card
E-mail: richard@kentuckvrxcard.com
Phone: (859) 333-7724

Interview requests and questions requiring immediate response during the launch of the program should be sent to media@kentuckvrxcard.com.

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United Networks Rx Card

KENTUCKY RX CARD

WWW.KENTUCKYRXCARD.COM

Member:
ID Number:
Program:
RXBIN:
RxGrp:

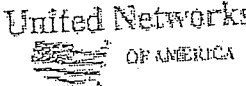
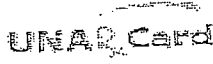
Note: Everyone is eligible for this program. There are no age or income restrictions. Each family member must have his/her own card. If you can't print a card have your pharmacy call the Pharmacy Help Line and we will help them process your prescription.

THIS PROGRAM IS NOT INSURANCE
THIS PROGRAM IS A POINT OF SALE DISCOUNT PLAN

INSTRUCTIONS 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

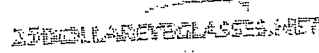

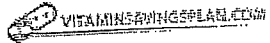



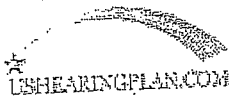
ATTENTION PHARMACIST If you need help processing a prescription call our Pharmacy Help Line at Pharmacy Help Line (TOLL FREE) 877-321-6755.

PROGRAM POWERED BY:

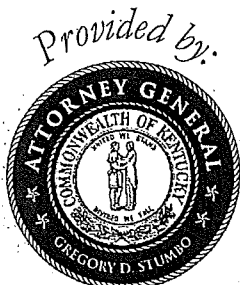
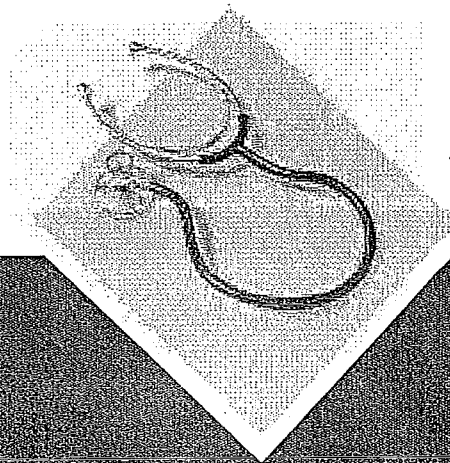
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IMPORTANT: PRINT CARD. YOU WILL NEED TO BRING THIS CARD TO THE PHARMACY WITH YOUR PRESCRIPTION.

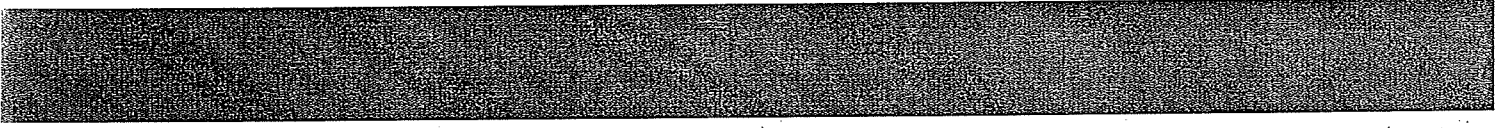
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|---|------------------------|-------------------------------|--------------------------|
|  | \$25 DOLLAR EYEGLASSES | WWW.25DOLLAREYEGLASSES.NET | \$25 Prescrip Eyeglasses |
|  | TEETH WHITENING | WWW.PROSMILEUSA.COM | Save 70% |
|  | VITAMINS | 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.

KENTUCKY LIVING WILL PACKET



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



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 or make photocopies of this packet.

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

The OAG does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or in the provision of services and provides upon request, reasonable accommodation necessary to afford individuals with disabilities an equal opportunity to participate in all programs and activities.

Copies printed with state funds.

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.

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.

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

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

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

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.

Education Information

Helpful Hints on Funding Education

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 or complete it on line at 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, KEES, 49 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"> ➤ Extended commitment with Commonwealth of Kentucky ➤ Enrolled in postsecondary education/training ➤ Maintaining academic eligibility ➤ Full – or part-time study ➤ Undergraduate study only 	<ul style="list-style-type: none"> ➤ Currently in state foster care or DJJ custody ➤ In care on 18th birthday ➤ Adopted from state foster care ➤ Family receives state funded adoption assistance ➤ Participating in state funded independent living program ➤ Enrolled in KY public postsecondary education/training ➤ Maintaining academic eligibility ➤ With four years of high school graduation ➤ Full – or part-time study only ➤ Undergraduate study only 	<ul style="list-style-type: none"> ➤ Aged out of care on or after 18th birthday ➤ Adopted on or after 16th birthday ➤ Enrolled in post secondary education or job training program ➤ Maintaining academic eligibility or making satisfactory progress in program ➤ Full- or part-time study ➤ If enrolled in the ETV Program and is in good standing at 21, youth can continue until 23rd birthday
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"> ➤ Free Application for Federal Student Assistance (FAFSA) ➤ OOH-103 Application for Tuition Assistance 	<ul style="list-style-type: none"> ➤ Free Application for Federal Student Assistance (FAFSA) ➤ Tuition Waiver for Foster & Adopted Children 	<ul style="list-style-type: none"> ➤ Free Application for Federal Student Assistance (FAFSA) ➤ Request for Education/Training Voucher Funds
Forms Available From	<ul style="list-style-type: none"> ➤ FAFSA - online http://www.fafsa.ed.gov/ ➤ OOH-103 - child's worker 	<ul style="list-style-type: none"> ➤ FAFSA - online http://www.fafsa.ed.gov/ ➤ Tuition Waiver for Foster & Adopted Children – financial assistance office at school, child's worker, Keith Jones (800-232-5437 or 502-564-2147) 	<ul style="list-style-type: none"> ➤ FAFSA - online http://www.fafsa.ed.gov/ ➤ Request for Education/Training Voucher Funds – financial assistance office at school, child's former worker, Keith Jones (800-232-5437 or 502-564-2147)
Frequency of Forms	<ul style="list-style-type: none"> ➤ FAFSA – every January ➤ OOH-103 – every semester/quarter or summer session 	<ul style="list-style-type: none"> ➤ FAFSA – every January ➤ Tuition Waiver for Foster & Adopted Children – once unless changing schools or sitting out semester/quarter session 	<ul style="list-style-type: none"> ➤ FAFSA – every January ➤ Request for Education/Training Voucher Funds – every semester; monthly verification of standing required from school or training program
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 (18th) birthday.

Has applicant previously applied and received a Tuition Waiver for Foster and Adopted Children?

_____ Yes _____ No If "Yes", when? _____

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

I agree to provide the Cabinet for 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

52

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.

REQUEST FOR EDUCATIONAL AND TRAINING VOUCHER FUNDS

SECTION 3 – APPLICANT EXPENSES AND INCOME

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

Requested Funds \$ _____

Restrictions:

Comments:

 Student Signature Date

 Independent Living Coordinator Date

Use the block below to figure transportation allowance:

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

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 15th of each month, we will make a check request and send it to the accounting department. After that, another division directs the process and we no longer have control over it.
5. If you move during the semester please provide us with your new address ***IMMEDIATELY*** so that it does not slow up the process. Call 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 or Shelley Brown 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 10th 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 / 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

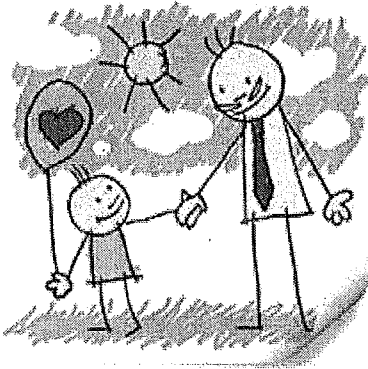
Signature of Registrar or Program Director

Date

Please attach official school/program seal.

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.

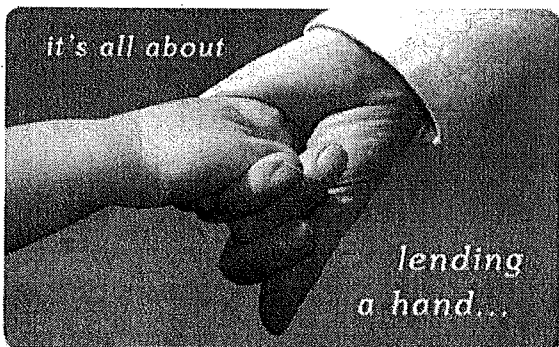
They help youth build upon their individual strengths and accomplish personal goals. They teach the youth to become more responsible.



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.

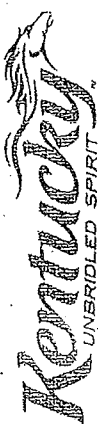
The mentoring program facilitated through Murray State University helps build a structured and trusting relationship that brings youth together with caring individuals who offer lasting guidance and support to develop strong, capable youth ready to transition into adulthood on their own.



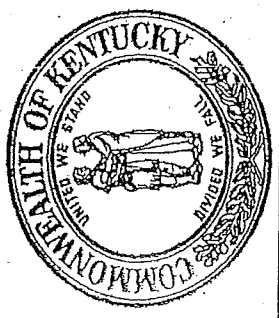
Murray State University Mentor Program
Lauren Carson
Toll Free: 1-877-994-9970

lauren.carson@murraystate.edu

Additional Resources



**FLOYD COUNTY
RESOURCES
10-01-09**



FOOD/CLOTHING/FURNITURE

- Allen First Baptist - emergency food ----- 874-9468
- American Red Cross / Gen. Help ----- 886-8330
- OR - 1-866-438-4636
- CAP (Emergency Aid) ----- 1-606-789-9791/ 886-9718
- CAP Warehouse - (Judith) ----- 886-9718
- Church Of Christ (Thomasine) ----- 285-9696
- Christian Services Ministry ----- 377-6266
- Community Action ----- 886-2929
- Emmanuel Baptist - Charles Marlow ----- 437-6896
- Faith Ministries - John Coleman ----- 452-9403
- Feed My Sheep Food Pantry (Tom) ----- 886-3726
- FEMA (Federal Emergency Mgt. Adm.) ----- 886-0498
- Fishes & Loaves (Joe) ----- 886-6619
- FOOD STAMPS ----- (1-888-268-2615) 889-1800
- Gap (Whs.) - 377-0090) Pantry ----- 377-0332
- God's Pantry - (501-c3) ----- 886-8598
- Hand In Hand Ministries (Auxier) ----- 886-0709
- Heaven's Harvest (Renee) ----- 874-8717
- Hospice of Big Sandy ----- (606) 789-3841
- LIHEAP - Energy Funds ----- 1-800-456-3452
- Ministerial Assoc. - John-358-9263 - Mark-886-8031
- Mud Creek Food Pantry (Eula Hall) ----- 587-2200
- Saint Vincent Mission - Joyce ----- 886-2513
- Salvation Army ----- (606) 789-1291
- St Jude Warehouse (Louisa) ----- (606) 638-9884
- St. Martha's Church - (Jamilie) ----- 874-9526
- Wheelwright Baptist Center ----- 452-4770
- Wheelwright Ministries (Charles) ----- 452-2051

HOUSING

- Branham Heights ----- 452-4777
- Christian App. Homeless Center ----- 1-606-395-6133
- Church Housing Association ----- 886-1927
- Cliffside ----- 886-1819
- Dixie Heights ----- SOUTH ----- 886-6423
- Goble Roberts ----- NORTH ----- 886-0608
- Habitat for Humanity ----- 437-4011
- Highland Heights ----- 886-0608
- Homeless Shelter (Pike Co.) ----- 432-9442
- Homes, Inc (repair/build) ----- 1-606-855-4100
- Housing WEB Page: www.kyhousing.org
- HUD Section #8 - (1-800-247-2510) ----- 886-1235
- Ivy Creek ----- 478-4224
- LINKS Low Income Hsg. Repair ----- 886-0152
- Minnie Town Houses ----- 377-2422
- Pageant Hills (Grigby Hts.) ----- 285-3681
- PARK PLACE Apartments ----- 886-0039
- Prestonsburg Hsg. Authority ----- 886-2717
- REGENCY Housing ----- 886-8318
- Safe Place Shelter ----- 437-9587 or 433-1574
- SPOUSE ABUSE SHELTER (SVS) - 1-800-649-6605
or 886-6025
- Tenant Based & Section 8 (CAP) ----- 886-2929
- WARCO Housing ----- 285-3833
- USDA Home Repairs ----- 739-3766

HOTLINE NUMBERS

- AIDS Hotline (24 hours) ----- 1-800-342-2437
- American Electric Power Co. 1-800-572-1113
- Area Agency on Aging ----- 1-800-737-2723
- Better Business Bureau ----- 1-800-866-6668
- Child & Adult ABUSE Hotline ----- 1-877-597-2331
- Child Support Hotline ----- 1-800-248-1163
- Cocaine Hotline ----- 1-800-262-2463
- Consumer Complaints ----- 1-888-432-9257
- Consumer complaints/Inquire ----- 1-800-262-2463
- Crisis Line for Parents ----- 1-800-432-9251
- Diabetes Hotline ----- 1-800-342-5383
- DRUG TIP LINE - - - - UNITE - - - - 1-866-424-4382
- DRUG TREATMENT- UNITE - - - - 1-866-908-6483
- EBT CARD HOTLINE ----- 1-888-979-9949
- Educational Grants Hotline ----- 1-800-638-5700
- Fair Housing ----- 1-800-424-8590
- Federal Bureau of Investigation 1-606-432-1226
- Foster Care ----- 1-800-232-5437
- Grief Recovery Helpline ----- 1-800-445-4808
- Homerun (Run-Aways) ----- 1-800-448-4663
- HUD FRAUD Hotline ----- 1800-347-3735
- Internal Revenue Service ----- 1-800-829-1040
- Kentucky Adoption Hotline ----- 1-800-432-9346
- Kentucky Poison Center ----- 1-800-222-1222
- KY-REGULATORY SERVICES - 1-502-696-7010
- LEGAL- OLDER KENTUCKIANS - 1-800-2003833
- Medical Transport (Medicaid) - 1-800-444-7433
- Medicare Hotline ----- 1-877-293-7447
- Nat'l Health Info & Referrals ----- 1-800-336-4797
- National Child Abuse Hotline ----- 1-800-422-4453
- National Eye Care Project ----- 1-800-222-3937
- National Youth Hotline ----- 1-800-422-4453
- PUBLIC SERVICE COMMISSION: - 1-800-772-4636
- PARENT HELPLINE ----- 1-800-432-9251
- Rape Crisis Line - Kentucky - - 1-800-422-1060
- Rape Crisis Line - National - - 1-800-656-4673
- RECC Electric ----- 1-800-709-6700
- Social Security Fraud ----- 1-800-269-0271
- State Ombudsman ----- 1-800-372-2973
- Victim Info. Notification ----- 1-800-511-1670
- Welfare FRAUD Hotline - - - - - 1-800-372-2970

**CABINET FOR HEALTH &
FAMILY SERVICES**

DEPARTMENT FOR
COMMUNITY BASED
SERVICES
DIVISION
for
FAMILY SUPPORT

1009 NORTH LAKE DRIVE
PRESTONSBURG, KY 41653

PHONE: 606-889-1800
Toll Free: 1-888-268-2615
FAX: 1-606-889-1813

Safety Net Specialist
1-888-268-2615 Ext. 116
Fax: 1-606-889-1813

HOTLINE NUMBERS

AIDS Hotline (24 hours) --- 1-800-342-2437
 American Electric Power Co. - 1-800-572-1113
 Area Agency on Aging --- 1-800-737-2723
 Better Business Bureau --- 1-800-866-6668
 Child & Adult ABUSE Hotline --- 1-800-752-6200
 Child Support Hotline --- 1-800-248-1163
 Cocaine Hotline --- 1-800-COCAINE
 Consumer Complaints --- 1-888-432-9257
 Consumer complaints/Inquire --- 1-800-262-2463
 Crisis Line for Parents --- 1-800-432-9251
 Diabetes Hotline --- 1-800-342-5383
DRUG TIP LINE --- UNITE --- 1-866-424-4382
DRUG TREATMENT --- UNITE- 1-866-908-6483
EBT CARD HOTLINE --- 1-888-979-9949
 Educational Grants Hotline --- 1-800-638-5700
 Fair Housing --- 1-800-424-8590
 Federal Bureau of Investigation --- 1-606-432-1226
 Foster Care --- 1-800-232-5437
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 HUD FRAUD HOTLINE --- 1-800-347-3735
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 Kentucky Poison Center --- 1-800-222-1222
 KY REGULATORY SERVICES --- 1-502-696-7010
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 National Child Abuse Hotline --- 1-800-422-4453
 National Eye Care Project --- 1-800-222-3937
 National Rape Crisis Line --- 1-800-656-4673
 National Youth Hotline --- 1-800-422-4453
 Protection and Advocacy --- 1-800-372-2988
PUBLIC SERVICE COMMISSION: --- 1-800-772-4636
 Rape Crisis Center --- 1-800-422-1060
 RECC Electric --- 1-800-709-6700
 Social Security Fraud --- 1-800-269-0271
 State Ombudsman --- 1-800-372-2973
 Victim Info. Notification --- 1-800-511-1670
 Welfare FRAUD Hotline --- 1-800-372-2970

FOOD/CLOTHING/FURNITURE

American Red Cross / Gen. Help-866-438-4636
 CAP (Emergency Aid) --- 789-9791
 CAP Operation Sharing --- 789-3146
 Catholic Church (Father Hoppenjans)- 789-4455
 Church of God --- 789-3995
 Community Action --- 789-3641
FEMA (Federal Emergency Mgt. Adm)- 886-0498
 First Baptist Church --- 789-3168
FOOD STAMPS --- 788-7118
 Furniture: Goodwill Ind. --- 1-800-889-8775
 Furniture: Vol. of America --- 1-859-255-4000
 Habitat for Humanity --- 432-9216
 Hospice of Big Sandy --- (606) 789-3841
 HUD --- 866-1235 --- 1-800-247-2510
 Link-Up - Bell South Telephone --- 557-6500
LIHEAP - Energy Funds --- 1-800-456-3452
 Paintsville Salvation Army --- 788-8794
 Salvation Army --- 788-8794
 St. Jude Warehouse --- (606) 638-9884

HOUSING

Brookside Apartments --- 789-2057
 CAP Outreach Housing Program --- 789-6441
 Christian App. Homeless Ct. --- 1-606-395-6133
 Detention Center - Juvenile --- 297-5245
 Fairview Apartments --- 789-7266
 HI Rise Apartment --- 789-1974
 Homes, Inc. (build & repair) - -- 1-606-855-4100
 Homeless Shelter (Magoffin Co.) --- 349-5833
 Homeless Shelter (Pike Co.) --- 432-9442
Housing WEB Page: www.kyhousing.org
HUD Section #8 - (1-800-247-2510) - - 886-1235
 Johnson County Housing --- 789-5212
LINKS (Low Income Hsg. Repair) --- 886-0152
 Paintsville Housing Authority-- (HUD) - 789-1782
 Paintsville Housing --- 789-9442
 Perry Vanhooose Apartments --- 297-1400
 Ponderosa Apartments --- 789-8634
 Riverview Apartments --- 789-5212
Safe Place Shelter --- 437-9587 or 433-1574
SPOUSE ABUSE SHELTER --- 886-6025
 Tenant Based & Section 8 (CAP) - -- 886-2929
 USDA - Home Repairs --- 789-3766



**JOHNSON COUNTY
 RESOURCES
 10-01-09**



**CABINET FOR HEALTH
 AND FAMILY
 SERVICES**

**DIVISION OF
 FAMILY SUPPORT**

**205 Main Street, Suite 1
 PAINTSVILLE, KY 41240
 PHONE: 606-788-7118
 FAX: 606-788-7128**

**DPP OFFICE: 606-788-1700
 DPP Fax: 788-7105**

Social Service Clinician II
 Toll Free: 1-888-268-2615 Ext. 116
 Fax: 1-606-889-1813

HOTLINE NUMBERS

AIDS Hotline (24 hours) 1-800-342-2437
 American Electric Power Co. 1-800-572-1113
 Area Agency on Aging 1-800-737-2723
 Better Business Bureau 1-800-866-6668
 Child & Adult ABUSE Hotline 1-877-597-2331
 Child Support Hotline 1-800-248-1163
 Cocaine Hotline 1-800-COCAINE
 Consumer Complaints 1-888-432-9257
 Consumer complaints/Inquire 1-800-262-2463
 Crisis Line for Parents 1-800-432-9251
 Diabetes Hotline 1-800-344-4863
 DRUG TIP LINE --- UNITE --- 1-866-424-4382
 DRUG TREATMENT---UNITE- 1-866-908-6483
 EBT CARD HOTLINE --- 1-888-979-9949
 Educational Grants Hotline 1-800-638-5700
 Fair Housing 1-800-424-8590
 Federal Bureau of Investigation 1-606-432-1226
 or 1-800-752-6000
 Foster Care 1-800-232-5437
 Grief Recovery Helpline 1-800-445-4808
 Homerun (Run-Aways) 1-800-448-4663
 HUD Fraud Hot Line 1-800-347-3735
 Internal Revenue Service 1-800-829-1040
 Kentucky Adoption Hotline 1-800-432-9346
 Kentucky Poison Center 1-800-222-1222
 KY Poison Control 1 800 722-5725
 KY REGULATORY SERVICES: 1-502-696-7010
 Legal --OLDER KENTUCKIANS --1-800-200-3633
 Medical Transport (Medicaid) - 1-800-444-7433
 Medicare Hotline 1-877-293-7447
 Nat'l Health Info & Referrals 1-800-336-4797
 National Child Abuse Hotline 1-800-422-4453
 National Eye Care Project 1-800-222-3937
 National Rape Crisis Line 1-800-656-4673
 National Youth Hotline 1-800-422-4453
 PUBLIC SERVICE COMMISSION: 1-800-772-4636
 Rape Crisis Center 1-800-422-1060
 RECC Electric 1-800-709-6700
 State Ombudsman 1-800-372-2973
 Victim Info. Notification 1-800-511-1670
 Welfare FRAUD Hotline 1-800-372-2970

FOOD/CLOTHING/FURNITURE

American Red Cross / Gen. Help-1-866-438-4636
 Americorp - self-sufficiency 349-7601
 CAP (Emergency Aid) 349-2110
 CAP Warehouse (Judy) 886-9718
 Catholic Social Services 874-9170
 Community Action Program 349-2217
 FEMA - Fed. Emer. Mgt. Adm -- 1-(606) 86-0498
 Food Pantry - Licking R. Bapt. Church- 884-7605
 FOOD STAMPS 349-6131
 God's Pantry --(501-c3) 886-8598
 HANDS (Bertie Kay Salyer) 349-6212
 Hospice of Big Sandy (606) 789-3841
 LIHEAP Energy Assistance 1-800-456-3452
 REACH 349-3733
 Saint Jude Warehouse (606) 638-9884
 Saint Luke Catholic Church 349-5311
 Saint Vincent Mission --Joyce 886-2513
 Salvation Army (606) 789-1291

POST OFFICES:

GAPVILLE 884-2223
 ROYALTON 884-2222
 SALYERSVILLE 349-3400

UTILITIES

Howard's TV Cable 349-5520
 Foothills Telephone 349-6111

HOUSING

Budget Inn Express 349-3143
 Christian App. Homeless Ct.- 1 606-395-6133
 Habitat For Humanity -- 1-(606) 432-9216
 Home Care - ARH 349-1666
 Homeless Shelter (Pike Co.) 432-9442
 Homes, Inc. (build & repair) - 1-606-855-4100
 Housing WEB Page: www.kyhousing.org
 HUD Section #8 -(1-800-247-2510) - 886-1235
 Ivy Point Motel 349-1750
 KY Home Care 349-7070
 LINKS (Low-Income Hsg. Repair)- 886-0152
 Magoffin/Johnson Home Care 349-6243
 Parkway Motel 349-3481
 Safe Place Shelter -- 437-9587 or 433-1574
 Salyersville/Magoffin Joint Hsg.-- 349-6654
 Senior Citizens 349-5152
 Spouse Abuse Hotline -- 1 800 649-6605
 SPOUSE ABUSE SHELTER --- 886-6025
 Tenant Based & Section 8 (CAP)--- 886-2929
 USDA - Home Repairs --- 789-3766
 Volunteer Housing 349-4746



**MAGOFFIN COUNTY
 RESOURCES
 10-01-09**



**CABINET FOR HEALTH
 AND FAMILY
 SERVICES**

**DIVISION OF
 FAMILY SUPPORT**

125 SOUTH CHURCH ST.
 P.O. BOX 89
 SALYERSVILLE, KY
 41465-0089

PHONE : 606-349-6131
 FAX: 606-349-6033
 DPP OFFICE: 606-349-3123
 DPP FAX: 606-349-3100

Safety Net Specialist
 1-888-268-2615 Ext. 116
 Fax: 1-606-889-1813

HOTLINE NUMBERS

AIDS Hotline (24 hours) 1-800-342-2437
 American Electric Power Co. 1-800-572-1113
 Area Agency on Aging 1-800-737-2723
 Better Business Bureau 1-800-866-6668
 Child & Adult ABUSE Hotline 1-877-597-2331
 Child Support Hotline 1-800-248-1163
 Cocaine Hotline 1-800-COCAINE
 Consumer Complaints 1-888-432-9257
 Consumer complaints/inquire 1-800-262-2463
 Crisis Line for Parents 1-800-432-9251
 Diabetes Hotline 1-800-342-5383
 DRUG TIP LINE - - - UNITE - - - 1-866-424-4382
 DRUG TREATMENT - UNITE - - - 1-866-908-6483
 Drug Counseling - 24 Hour - - - 1-800-331-4948
 Drug 24 Hr. Helpline - - - - - 1-800-347-0975
 Drug AA&CA Help Line - - - - - 1-800-346-8711
 EBT CARD HOTLINE - - - - - 1-888-979-9949
 Educational Grants Hotline - - - 1-800-638-5700
 Fair Housing 1-800-424-8590
 Federal Bureau of Investigation 1-606-432-1226
 Foster Care - - - - - 1-800-232-5437
 Grief Recovery Helpline - - - - - 1-800-445-4808
 Homerun (Run-Aways) - - - - - 1-800-448-4663
 HUD FRAUD Hotline - - - - - 1-800-347-3735
 Internal Revenue Service 1-800-829-1040
 Kentucky Adoption Hotline - - - 1-800-432-9346
 Kentucky Poison Center - - - - - 1-800-222-1222
 KY REGULATORY SERVICES - 1-502-696-7010
 LEGAL -OLDER, KENTUCKIANS - 1-800-200-3633
 Medical Transport (Medicaid) - - 1-800-444-7433
 Medicare Hotline - - - - - 1-877-293-7447
 Nat'l Health Info & Referrals - - - 1-800-336-4797
 National Child Abuse Hotline - - - 1-800-422-4453
 National Eye Care Project - - - - - 1-800-222-3937
 National Rape Crisis Line - - - - - 1-800-656-4673
 National Youth Hotline - - - - - 1-800-422-4453
 PUBLIC SERVICE COMMISSION: - 1-800-772-4636
 Rape Crisis Center - - - - - 1-800-422-1060
 RECC Electric - - - - - 1-800-709-6700
 Social Security Fraud - - - - - 1-800-269-0271
 State Ombudsman - - - - - 1-800-372-2973
 Victim Info, Notification - - - - - 1-800-511-1670
 Welfare FRAUD Hotline - - - - - 1-800-372-2970

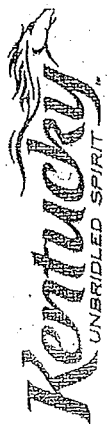
FOOD/CLOTHING/FURNITURE

American Red Cross / Gen. Help-1-866-438-4636
 Appalachian Reach Out - - - - - 298-7470
 CAP (Emergency Aid) - 1-606-789-9791/789-1432
 CAP Warehouse - - - - - 789-9791
 Carl D Perkins Center - - - - - 1-800-443-2187
 Community Action - - - - - 298-3217 or - 886-2929
 Community Center (Roy E Collier) - - - - 298-4671
 FEMA (Federal Emergency Mgt. Adm.) - 886-0498
 FOOD STAMPS - - - - - 298-3577
 Food Pantry at Hode - - - - - 395-5238
 God's Pantry - (501-c3) - - - - - 886-8598
 HANDS - - - - - 298-7752
 Hospice of Big Sandy - - - - - (606) 789-3841
 Jabez Ministries - - - - - 298-6717
 LIHEAP - Energy Funds - - - - - 1-800-456-3452
 Salvation Army - - - - - (606) 789-1291
 Senior Citizens Center (Martin Co.) - - - 390-4620
 Saint Jude Warehouse - - - - - (606) 638-9884
 Saint John Newman Attic Store - - - - - 395-0055
 Saint Steven's 'The Attic' - - - - - 298-6841
 Warfield Missionary Baptist Church - - - 395-6990

WEB PAGE: STATE RESOURCES:

HOUSING

Church Public Hsg. Association - - - 886-1927
 Dempsey Housing - - - - - 395-6757
 Dempsey Housing Rental Office - - - - - 395-5854
 Foster Care (Buck Horn) - - - - - 886-7008
 Homeless Shelter (Pike Co.) - - - - - 432-9442
 Homeless Ct.- Christian App. - - - - - 1 606-395-6133
 Homes, Inc. (build & repair) - - - - - 1-606-855-4100
 Hotel (Impala) - - - - - 298-3651
 Housing WEB Page: www.kyhousing.org
 HOUSING Authority (Martin Co) - - - - - 395-5575
 HUD Section #8 (1-800-247-2510) - - 886-1235
 Low Income Hsg. Repair- LINKS - - - 886-0152
 MOTEL (Inez) - - - - - 298-7711
 Prestonsburg Hsg. Authority - - - - - 886-2717
 Quail Hollow Apartments - - - - - 298-3878
 Riverside (Martin Co. Housing) - - - - - 395-5575
 Safe Place Shelter - - - - - 437-9587 or 433-1574
 SPOUSE ABUSE SHELTER - - - - - 886-6025
 Super 8 Motel - - - - - 298-7800
 Tenant Based & Section 8 (CAP) - - - 886-2929
 USDA - Home Repair - - - - - 789-3766



**MARTIN COUNTY
 RESOURCES
 10-01-09**



**CABINET FOR HEALTH
 AND FAMILY
 SERVICES**

**DIVISION OF
 FAMILY SUPPORT**

**P. O. BOX 408
 INEZ, KY 41224**

**PHONE : 606-298-3577
 FAX: 606-298-0311**

DPT OFFICE: 606-298-7633

Safety Net Specialist
 1-888-268-2615 Ext. 116
 Fax: 1-606-889-1813

HOTLINE NUMBERS

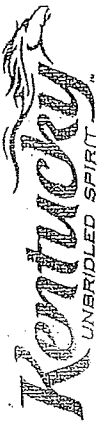
AIDS Hotline (24 hours) --- 1-800-342-2437
 Area Agency on Aging --- 1-800-737-2723
 Better Business Bureau --- 1-800-866-6668
 Child & Adult ABUSE Hotline --- 1-877-597-2331
 Child Support Hotline --- 1-800-248-1163
 Cocaine Hotline --- 1-800-262-2463
 Consumer Complaints --- 1-888-432-9257
 Consumer complaints/Inquire --- 1-800-262-2463
 Crisis Line for Parents --- 1-800-432-9251
 Diabetes Hotline --- 1-800-342-5383
DRUG TIP LINE -- UNITE --- 1-866-424-4382
DRUG TREATMENT-- UNITE-- 1-866-908-6483
 EBT CARD HOTLINE --- 1-888-979-9949
 Educational Grants Hotline --- 1-800-638-6700
 Fair Housing --- 1-800-424-8590
 Federal Bureau of Investigation 1-606-432-1226
 Foster Care --- 1-800-232-5437
 Grief Recovery Helpline --- 1-800-445-4808
 Homerun (Run-Aways) --- 1-800-448-4663
 HUD FRAUD Hotline --- 1-800-347-3735
 Internal Revenue Service --- 1-800-829-1040
 Kentucky Adoption Hotline --- 1-800-432-9346
 Kentucky Poison Center --- 1-800-222-1222
 KY REGULATORY SERVICES --- 1-502-696-7010
 Kentucky Utilities (Electric) --- 1-800-981-0600
 LEGAL-- OLDER KENTUCKIANS --- 1-800-2003833
 Medical Transport (Medicaid) --- 1-800-444-7433
 Medicare Hotline --- 1-877-293-7447
 Nat'l Health Info & Referrals --- 1-800-336-4797
 National Child Abuse Hotline --- 1-800-422-4453
 National Eye Care Project --- 1-800-222-3937
 National Rape Crisis Line --- 1-800-656-4673
 National Youth Hotline --- 1-800-422-4453
 PARENT HELPLINE --- 1-800-432-9251
 Poison Control Center --- 1-800-722-5725
 PUBLIC SERVICE COMMISSION --- 1-800-772-4636
 Rape Crisis Center --- 1-800-375-7273
 RECC Electric --- 1-800-554-5441
 Social Security Fraud --- 1-800-269-0271
 State Ombudsman --- 1-800-372-2973
 VINE (Victim Notification) --- 1-800-511-1670
 Welfare FRAUD Hotline --- 1-800-372-2970

FOOD/CLOTHING/FURNITURE

ACTION TEAM (Owsley County) --- 593-7296
 American Red Cross 1-606-866-9522 / 666-5960
 Christian Appalachian Project (elderly) - 593-7330
 Christian Appalachian Project (outreach) 593-6453
 Cumberland Mountain Outreach --- 464-3838
 Community Action Program --- 593-5103
 EXPANDED FOOD & NUTRITION PROGRAM --- 666-8812
 FOOD STAMPS -- (State Office) --- 593-5133
 Holy Family Catholic Church --- 593-6948
 Hospice --- 1-800-560-1101
 LAMBS NOOK --- 693-0246
 LIHEAP -- Energy Funds --- 1-800-456-3452
 Owsley County Food Place --- 593-5169
 Resurrection Home: --- 464-8481
 Salvation Army --- (606) 789-1291
 SENIOR CITIZENS NUTRITION PROGRAM-593-5594
 St Jude Warehouse (Louisa) - - (606) 638-9884

HOUSING

Booneville Home Apartments --- 593-7100
 Christian App. Homeless Ct. --- 1-606-395-6133
 Eastside Apart. (rent subsidized) --- 593-6615
FOSTER CARE (PRESBYTERIAN) --- 666-9160
HABITAT FOR HUMANITY --- 464-0327
 Homes, Inc. (build & repair) --- 1-606-855-4100
 Homeless Coalition (Breathitt Co) --- 693-0160
 Housing WEB Page: www.kyhousing.org
HUD Section #8 (Breathitt Co.) 1-606-436-3158
Kentucky Homeplace Program --- 464-2927
LINKS Low Income Hsg. Repair --- 886-0152
LKLP Safe House (Hazard) --- 1-800-928-3131
 Montessori House for Children --- 666-7682
 Partnership Housing --- 593-7296
 Riverside Apartments- (rent subsidized) 593-5852
 Safe Place Shelter --- 437-9587 or 433-1574
 Southfork Housing --- 593-5870
SPOUSE ABUSE SHELTER --- 1-606-886-6025
 USDA --- Housing Repairs --- 439-1378



**OWSLEY COUNTY
 RESOURCES
 10-01-09**



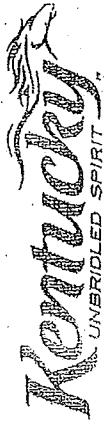
**CABINET FOR HEALTH
 AND FAMILY
 SERVICES**

**DIVISION OF
 FAMILY SUPPORT**

**P. O. BOX 308
 MAIN STREET
 BOONEVILLE, KY 41314
 PHONE : 606-593-5133
 FAX: 606-893-7526**

**DPP OFFICE; 593-5191
 DPP Fax; 593-7474**

**Safety Net Specialist:
 1-888-268-2615 Ext. 116
 Fax: 1-606-889-1813**



**PIKE COUNTY
RESOURCES
10-01-09**



**CABINET FOR HEALTH
AND FAMILY
SERVICES
DIVISION OF
FAMILY SUPPORT**

295 HAMBLEY BLVD.
PIKEVILLE, KY 41501

PHONE : 606-433-7760

FAX: 606-433-7100

Toll Free: 1-877-835-7842

DPP OFFICE: 433-7596

DPP FAX: 433-7526

Safety Net Specialist

Toll Free: 1-888-268-2615 Ext. 116

Fax: 1-606-889-1813

FOOD/CLOTHING/FURNITURE

American Red Cross / Gen. Help --- 1-866-438-4636
 CAP (Warehouse & Aid) --- 1-606-789-9791 / 432-2775
 Charity Thrift Store --- 433-0076
 Community Closet --- Elkhorn City --- 754-5225
 Community Action --- 886-2929
 Emmanuel Baptist --- Charles Marlow --- 437-6896
 FEMA (Federal Emergency Mgt. Adm.) --- 886-0498
 Food Pantry --- (Christian Life) - 478-5433
 Food Pantry --- (H.E.L.P.) - 437-0389 - & 456-4673
 Food Pantry --- (Jubilee Christian) 437-0292
 Food - Operation Eat --- 432-1802 / 639-9463 / 437-0292
 Food Pantry --- HELPING HAND --- 432-1349
 Food-Helping Hands (Phelps) --- 456-7433 / 456-8263
 Food Pantry --- (Thankful Hearts) 437-6221
 Food Pantry --- (Two Hands) - 456-9901
 Food Pantry --- (Freda Harris) 754-7414
 Food Pantry --- (God's Helpers) 639-9771
 FOOD STAMPS --- 433-7760
 God's Pantry --- (501-c3) --- 886-8598
 Hope Incorporated --- 432-4673
 Hospice of Big Sandy --- (606) 789-3841
 Jubilee Christian Assembly --- 437-0292
 LIHEAP - Energy Funds --- 1-800-456-3452
 Meals On Wheels --- 432-1802
 Ministerial Association --- Mark Swan --- 437-0826
 Mud Creek Food Pantry (Eula Hall) --- 432-8113
 Pikeville First Baptist -Benevolence --- (606) 638-9884
 St Jude Warehouse (Louisa) --- 437-9685 Ext. 201
 Social Security Office ---

HOUSING

Christian App. Homeless Ct. --- 1-606-395-6133
 Family ABUSE SHELTER (SVS) --- 886-6025
 FOSTER CARE - BUCKHORN --- 886-7008
 HABITAT for Humanity --- 437-4011 / 427-7563
 Homeless Program - Pike Board of Ed. --- 639-0823
 Homeless Shelter (West Care) - 432-9442 / 754-7077
 Homes, Inc (repair/build) --- www.kyhousing.org
 Housing WEB Page: --- 1-606-855-4100
 HUD Section #8 - (1-800-247-2510) - --- 886-1235
 Ivy Creek --- 478-4224
 LINKS Low Income Hsg. Repair --- 886-0152
 Mountain Housing Corporation --- 886-2374
 Nursing Home: Good Shepherd --- 456-8725
 Nursing Home: Mountain View --- 754-7134
 Nursing Home: Parkway --- 639-4840
 Nursing Home: Pikeville Health Care --- 437-7327
 Pike Co. Housing Authority --- 432-4178 Ext. 305
 Pikeville CITY Housing --- 432-8124
 Safe Place Shelter --- 437-9587 or 433-1574
 Senior Center - Blackberry/McCarr --- 754-8936
 Senior Center - Elkhorn --- 754-9768
 Senior Center - Marrowbone --- 456-8616
 Senior Center - Phelps --- (606) 789-3766
 USDA Rural Development --- 432-8963
 YMCA of Pikeville ---

HOTLINE NUMBERS

AIDS Hotline (24 hours) --- 1-800-342-2437
 American Electric Power Co. 1-800-572-1113
 Area Agency on Aging --- 1-800-737-2723
 Better Business Bureau - - - - 1-800-866-6668
 Child & Adult ABUSE Hotline --- 1-877-597-2331
 Child Support Hotline --- 1-800-248-1163
 Cocaine Hotline --- 1-800-262-2463
 Consumer Complaints --- 1-888-432-9257
 Consumer complaints/Inquire --- 1-800-262-2463
 Crisis Line for Parents --- 1-800-432-9251
 Diabetes Hotline --- 1-800-342-5383
 DRUG TIP LINE - -UNITE - - 1-866-424-4382
 DRUG TIP LINE - - - - - 432-9189
 DRUG TREATMENT- UNITE- - 1-866-908-6483
 EBT CARD HOTLINE --- 1-888-979-9949
 Educational Grants Hotline --- 1-800-638-5700
 Fair Housing --- 1-800-424-8590
 Federal Bureau of Investigation 1-606-432-1226
 Foster Care --- 1-800-232-5437
 Grief Recovery Helpline --- 1-800-445-4808
 Homerun (Run-Aways) --- 1-800-448-4663
 HUD FRAUD Hotline --- 1800-347-3735
 Internal Revenue Service --- 1-800-829-1040
 Kentucky Adoption Hotline --- 1-800-432-9346
 Kentucky Poison Center --- 1-800-222-1222
 KY REGULATORY SERVICES - 1-502-696-7010
 LEGAL- OLDER KENTUCKIANS - 1-800-2003833
 Missing Person Hotline -KSP - 1-800-543-7723
 Medical Transport (Medicaid) - 1-800-444-7433
 Medicare Hotline --- 1-877-293-7447
 Nat'l Health Info & Referrals --- 1-800-336-4797
 National Child Abuse Hotline --- 1-800-422-4453
 National Eye Care Project --- 1-800-222-3937
 National Rape Crisis Line - - - - 1-800-656-4673
 National Youth Hotline --- 1-800-422-4453
 PUBLIC SERVICE COMMISSION: - 1-800-772-4636
 PARENT HELPLINE --- 1-800-432-9251
 RECC Electric - - - - - 1-800-709-6700
 Social Security Fraud --- 1-800-269-0271
 State Ombudsman --- 1-800-372-2973
 Victim Info. Notification --- 1-800-511-1670
 Welfare FRAUD Hotline - - - - - 1-800-372-2970

Housing

Breathitt County

Jackson Housing Authority

606-666-2322

Breathitt HUD Section #8

606-436-3158

Tenet Based & Section #8

606-886-2929

Townview Apartments

606-666-8770

Knott County

HUD Section #8

606-886-1235

Knott County Housing
Authority

606-785-3451

Tenant Based & Section #8

606-886-2929

Lee County

Beattyville Manor
Apartments

606-464-2450

Beattyville Housing Authority

606-464-8471

September Place

606-464-2464

Letcher County

Whitesburg Housing
Authority

606-633-7144

HUD Program

1-800-633-8896

Owsley County

Booneville Home
Apartments

606-593-7100

Housing Cont.

Eastside Apartments

606-593-6615

Riverside Apartments

606-593-5952

Beattyville Housing
Authority

606-464-8471

Perry County

Cherokee Hills Apartments

606-439-5012

Hazard Housing Authority

606-436-5741

Grapevine Place Apartments

606-436-0944

Hall Properties

606-439-0129

Wolfe County

Eastside Apartments

606-593-6615

HUD Section #8 (Wolfe Co)

1-800-247-2510

Municipal Housing
Commission

606-464-8471

Shelters

Regional:

Breathitt, Knott, Lee
, Leslie, Letcher, Owsley, Perry
and Wolfe Counties

AVON 11

606-436-5761

Christian Appalachian
Homeless Center

606-395-6133

Community Ministries
Emergency Shelter

605-436-0051

Homeless Shelter Corner
Haven-Hazard

606-4365043

LKLP

606-439-1552

LKLP – Hazard

1-800-928-3131

Safe House Crisis Emergency

606-439-5129

Safe Place Shelter

606-437-9587

Spouse Abuse Shelter

886-6025

Spouse Abuse Shelter –
Letcher

606-632-4300

Food/Clothing Banks

Breathitt County

Breathitt County Community Action

606-666-4911

Interfaith of Breathitt County

606-666-7760

LIONS CLUB of Jackson

606-666-7453

Methodist Opportunity Store

606-666-9911

Knott County

Community Action-LKLP

606-642-3317

First Baptist Church

606-785-5689

St Jude Warehouse

606-638-9884

Community Care KY River

606-262-7491

Lee County

Action Team

606-593-7296

Cumberland Mountain Outreach

606-464-3838

Community Action Program

606-464-2259

Queen of All Saints Catholic Church

606-464-8695

Leslie County

Eolia Christian Outreach

606-633-4734

Leslie County Extension Food Pantry

606-672-2154

Leslie County Community Action

606-622-2155

Letcher County

Jeremiah Missionary Baptist Church

606-633-4545

Letcher County Community Action

606-633-4458

Food/Clothing Banks Cont.

Letcher County

Eolia Christian Outreach

606-633-4734

Owsley County

Owsley County Community Action

606-593-5103

Owsley County Food Place

606-593-5169

Holy Family Catholic Church

606-593-6948

CAP

606-593-6453

Perry County

Perry County Community Action

606-439-1362

Appalachian Service Project

606-439-0906

Methodist Mountain Mission

606-439-3126

Petrey Memorial Baptist Church

606-436-3842

Wolfe County

Wolfe County Community Action

606-668-3549

Transportation

Breathitt County, Knott County, Lee County,
Leslie County, Letcher County, Owsley County,
Perry County, and Wolfe County.

Transportation needs served by

LKLP

606-436-8853

Hospitals

Breathitt County

Kentucky River Medical Center

606-666-6000

Leslie County

Mary Breckinridge Hospital

606-672-2901

Letcher County

Appalachian Regional Healthcare

606-633-3500

Perry County

Appalachian Regional Medical Center

606-439-6600

CLINICS/HEALTH
DEPARTMENTS

Breathitt County

Breathitt County Family Health
Center

606-666-9950

Breathitt County Health Department

606-666-5274

Knott County

June Buchanan Clinic

606-785-3175

Knott County Health Department

606-785-3144

Lee County

Lee County Family Medical Clinic

606-464-2401

Lee County Health Department

606-464-2492

Leslie County

Leslie County Health Department

606-672-2393

Letcher County

Mountain Comprehensive Health
Corporation

606-633-4823

Whitesburg Medical Clinic

606-633-4871

Letcher County Health Department

606-633-2945

Owsley County

Owsley County Medical Center

606-593-6395

Owsley County Health Department

606-593-7438

Perry County

UK Research Foundation

606-439-3557

Hazard Perry County Community
Ministries

606-436-0051

Clinics/Health Departments Cont.

Perry County

Little Flowers Free Clinic

606-487-9505

Buckhorn Medical Clinic

606-398-7141

Family Health Services

606-436-4871

Kentucky Mountain Health Alliance

606-487-9505

North Fork Valley Community Health
Center

1-800-851-7525

Rotary Free Clinic

606-487-9505

Perry County Health Department

606-436-2196

Wolfe County

Wolfe County Health Department

606-668-3185

Wolfe County Clinic

606-668-6932

St. Lukes Clinic

606-668-9076

Mental Health Services

Breathitt County

Counseling Services

Bridges Program

606-666-7475

KRCC Regional Office

606-666-9006

Mental Health Crisis Line

1-800-422-1060

Knott County

Counseling

KRCC

606-785-3566

KY River Crisis Line

1-800-262-7491

Lee County

Counseling

Bailey Center

606-666-9278

KRCC

606-666-9006

Leslie County

Counseling

KRCC

606-672-4215

Mental health Crisis Line

1-800-422-1060

Letcher County

Counseling

KRCC

606-633-4430

Mental Health Services Cont

Letcher County

Counseling

Mental Health Crisis Line

1-800-467-8019

Owsley County

Counseling

KRCC

606-666-9006

Perry County

Counseling

KRCC

606-436-5761

ARH Psychiatric Center

606-439-1331

24 Hour Crisis & Information
Line

1800-422-1060

Wolfe County

KRCC

606-666-9006

Stepping Stone Center

606-666-9786

Mental Health

Rape Crisis

606-435-0849

Insights and Solutions

606-439-3459

Substance Abuse Assessments and Services

Families in Safe Home Network

606-436-5761

Advancing Solutions

606-436-5761

Layne House

606-886-7839

24-Hour Crisis & Information Line

606-436-5761

Public Libraries

Breathitt County

606-666-5541

Knott County

606-785-5412

Lee County

606-464-8014

Leslie County

606-672-2460

Letcher County- Harry M. Memorial Library

606-633-7547

Owsley County

606-593-5700

Perry County

606-436-2475

Wolfe County

606-668-6571

Universities/Colleges

Hazard Community College

877-246-7521

Hazard Campus

Hazard, KY

Technical Campus

Hazard, KY

Allied Health Campus

Hazard, KY

Lees College Campus

Jackson, KY

Leslie County Center

Hyden, KY

Knott County Branch

Hindman, KY

Southeast Kentucky

Community and Technical
College

888-274-7322

Whitesburg, KY

Alice Lloyd College

606-368-2101

Pippa Passes, KY

Frontier School of Midwifery
and Family Nursing

606-672-2312

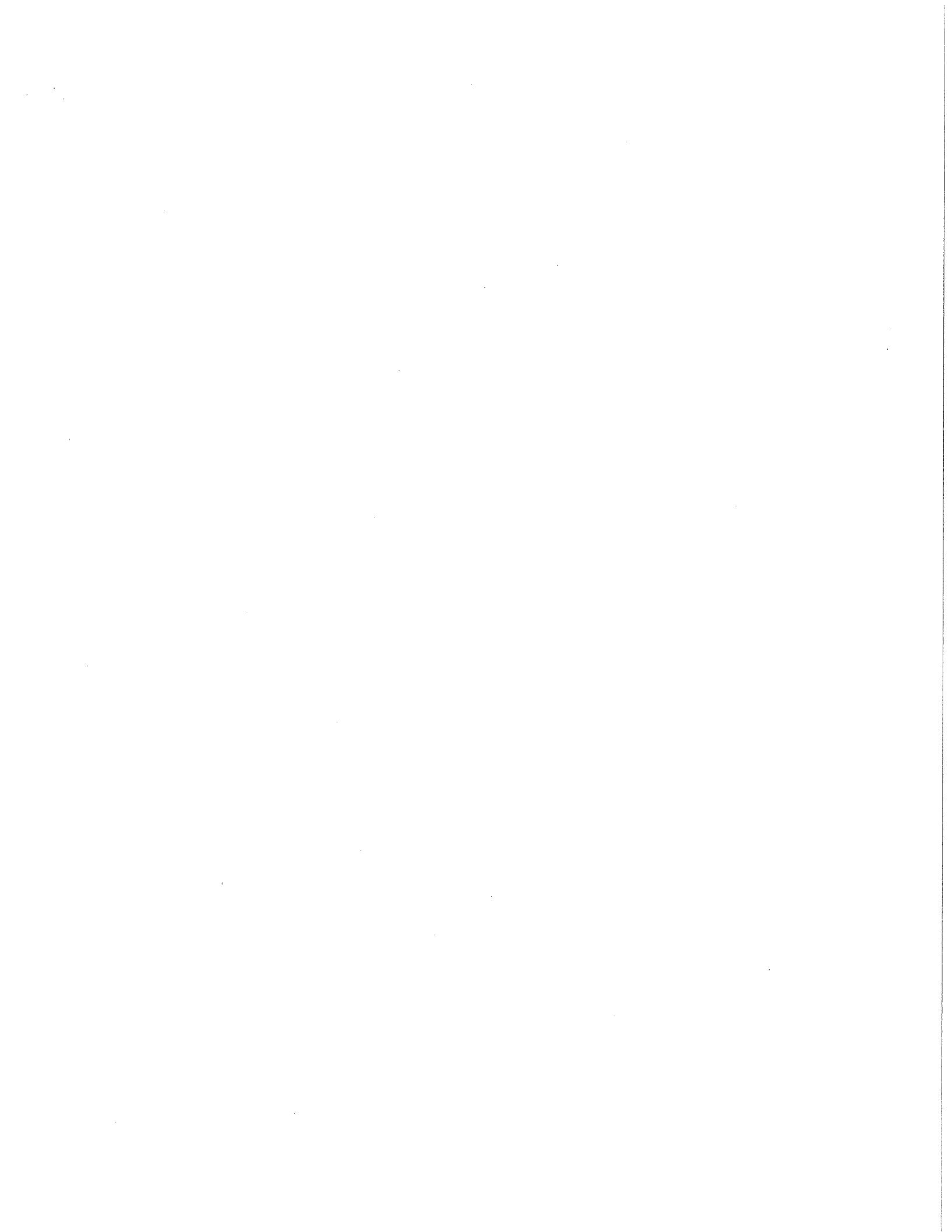
Hyden, KY

Eastern Kentucky University

Hazard, KY

Center for the Mountains

606-439-3544



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

