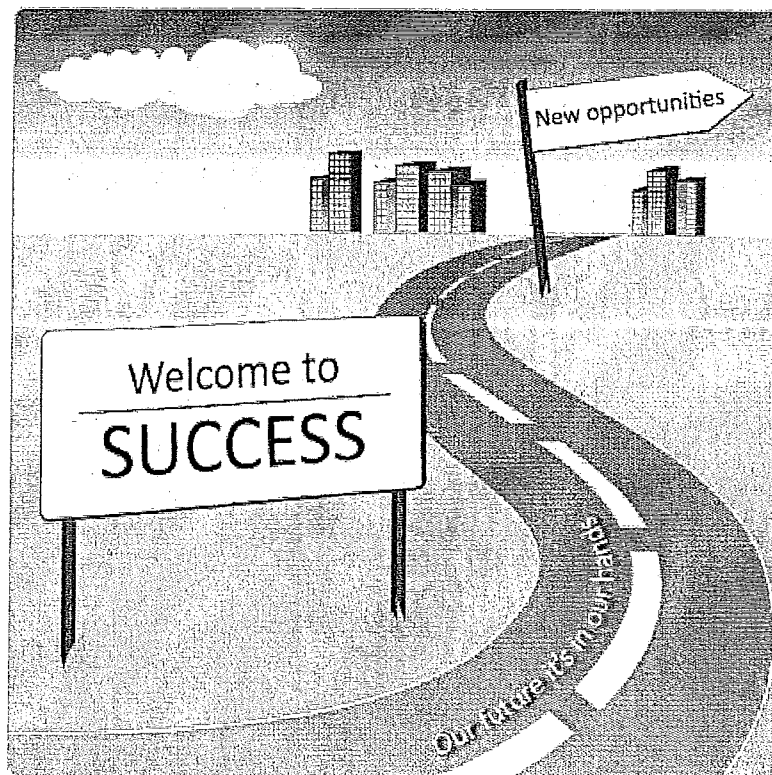


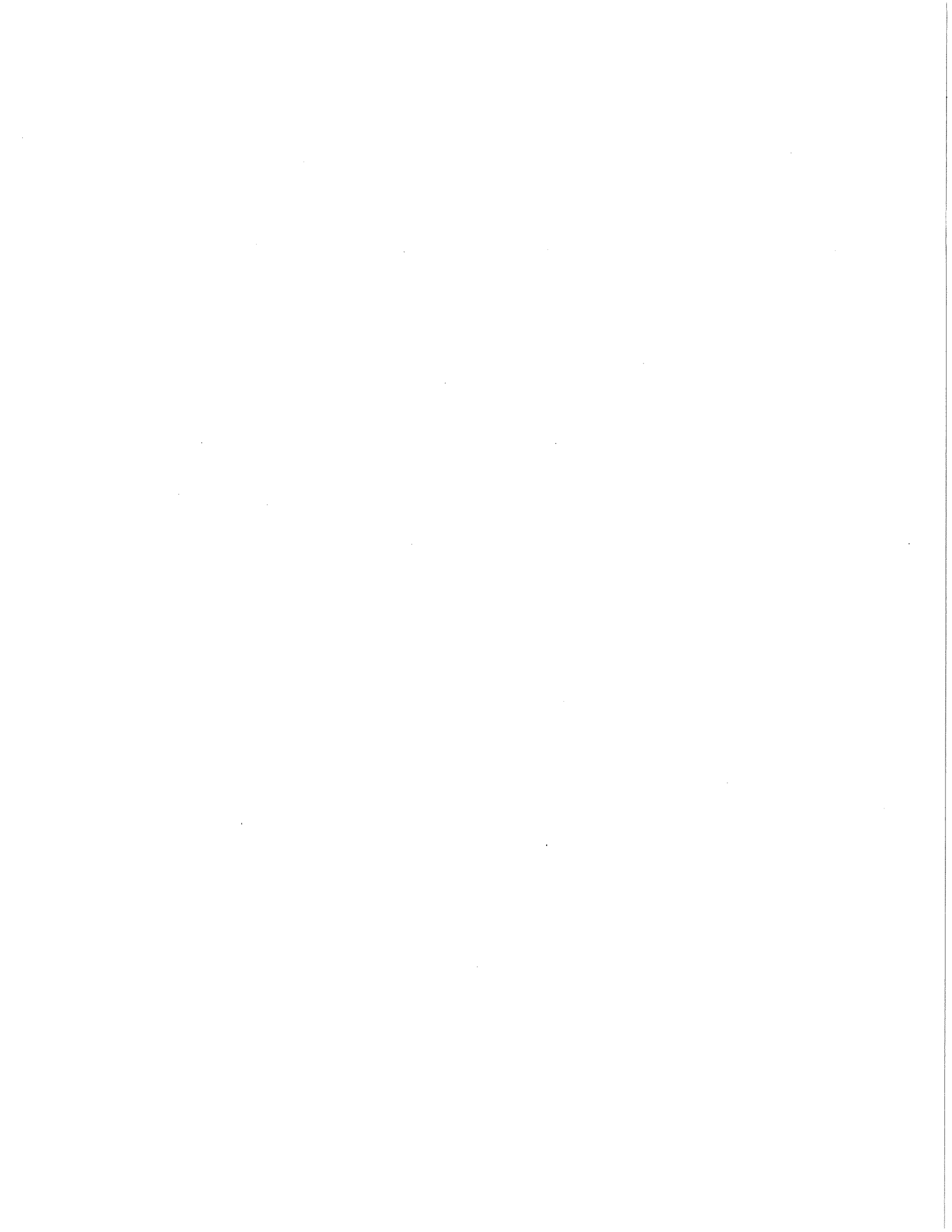
Resource Guide for Youth Exit Packet



Jefferson Region



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



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

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

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

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

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

The following services are available through the Chafee Independence Program:

12 – 15 year olds

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

16 year olds

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

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

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

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

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

Youth Participation/Mentoring

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

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

Other services coordinated through the Chafee Independence Program:

Tuition Assistance - state

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

Tuition Waiver for Foster and Adopted Children - state

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

Education Training Voucher (ETV) – federal

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

Jefferson County

Exit Packet

Table of Contents

Statewide Independent Living Coordinators.....1

DCBS Statewide Offices.....2

Personal Information

Transition Plan.....3-9

Medical Information.....10

Emergency Contact List.....11

Applications and Requests

Open Records Request.....12

Birth Certificate Application.....13

Social Security Card Application.....14-18

Authorization for Release, Use or Disclosure of PHI.....19-20

Protection and Permanency Service Appeal.....21-22

Medical Information

General Adult Health Information.....23

Health Kentucky/Kentucky Physicians Care.....24

Kentucky Access Health Insurance.....25-31

Kentucky Rx Card.....32-33

Prescription Assistance.....34-42

What you should know about HIV & AIDS.....43-44

Living Will Directive and Health Care Surrogate.....45-52

Housing Information

Chafee Room and Board Information/Contacts.....53-54

Rights and Responsibilities of tenants and landlords.....55

Rental Housing Information.....	56-58
Section 8/Housing Choice Voucher Program.....	59-62
Fair Housing/Know your rights.....	63-66
Change of Address Packet.....	Front Inside Pocket

Education Information

Helpful Hints on Funding Education.....	67-68
Comparison Chart of Services for Committed vs. Non-Committed Youth.....	69
Tuition Assistance/Tuition Waiver/ Education Training Voucher Comparison.....	70
Kentucky Tuition Waiver for Foster and Adopted Youth.....	71-72
Education Training Voucher Program.....	73-79

Chafee Murray State University Mentor Program Information.....80

Additional Resources

Glossary of Foster Care Terms.....	81-82
Frequently Requested Phone and Hotline Numbers.....	83-84
Community Resource Manual for Louisville Metro Area.....	85-104
Personal Resources.....	105-106

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

Eispeth 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

Southern Bluegrass

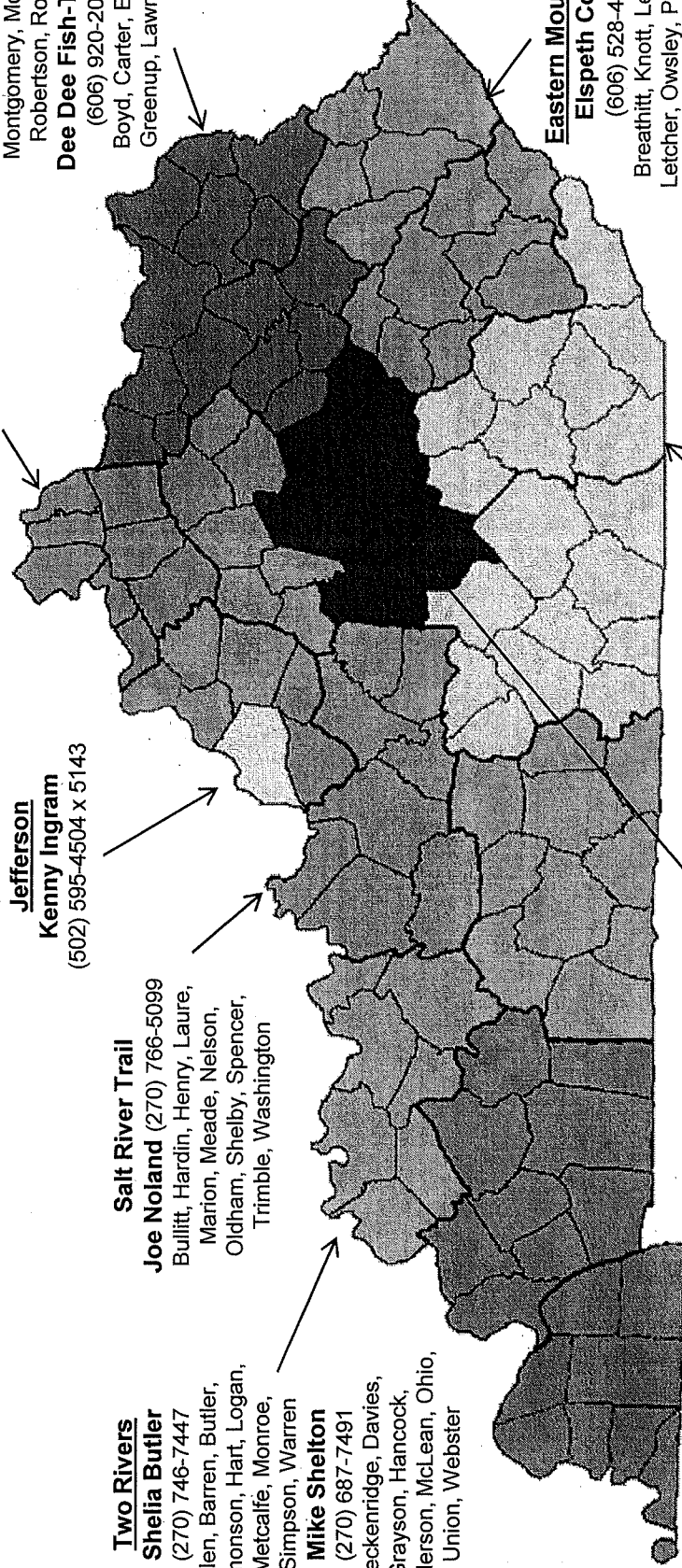
Chorya Sloan Morton
 (859) 246-2266
 Fayette, Scott, Woodford
Anne Westerfield
 (859) 734-5488
 Anderson, Boyle, Clark, Estill,
 Franklin, Garrard, Jessamine,
 Lincoln, Madison, Mercer, Powell

Cumberland

Eispeth 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

The Lakes

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

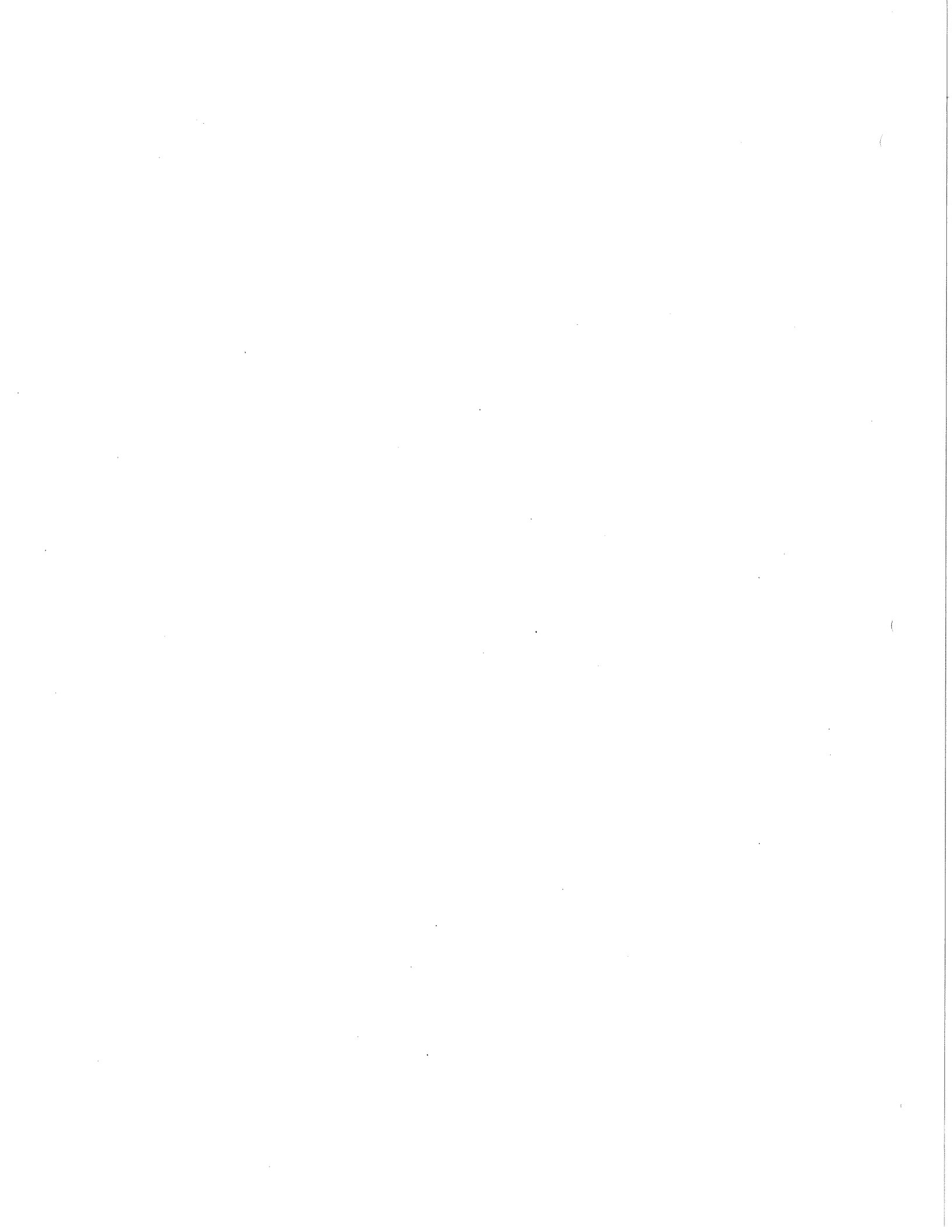


State Wide DCBS Offices

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
- Lifbook /Medical Passport Yes No
- Registration to Vote Yes No

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

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

Youth's Self-Stated Vision

Can you tell us why we are here today? _____

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

Youth's Self-Stated Assets and Needs

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

Assets

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

Needs

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

Youth's Independent Living Life Skills

Has the youth completed the Ansell-Casey Life Skills Assessment? Yes No

Completed life skills classes and received the \$250 incentive? Yes No

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

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

Needs? _____

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

Life Skills Development Plan

Goal: _____

Objective 1: _____

How Measured: _____

Objective 2: _____

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

Housing

Current Living Situation:

- Foster Home Residential Facility Own Residence Relative Dorm
 Other (Describe) _____

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

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

Is the youth aware of public housing and the application process? Yes No

Is the youth aware of the start up costs for moving into an apartment? Yes No

Housing Plan

Goal: _____

Objective 1: _____

How Measured: _____

Objective 2: _____

How Measured: _____

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

Education

- High School G.E.D. Technical School College

Other (Describe) _____

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

Is the youth making appropriate educational progress? Yes No

Comments: _____

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

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

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

What specific educational strengths or needs does the youth have?

Strengths

Needs

1. _____

2. _____

3. _____

What educational options has the youth considered after graduation? _____

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

Comments: _____

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

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

Please describe desired/necessary services: _____

Education Plan

Goal: _____

Objective 1: _____

How Measured: _____

Objective 2: _____

How Measured: _____

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

Employment

Does the youth currently have a job? Yes No

Current Employer: _____

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

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

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

Yes No

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

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

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

Amount saved: _____

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

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

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

Comments: _____

Employment Plan

Goal: _____

Objective 1: _____

How Measured: _____

Objective 2: _____

How Measured: _____

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

Emotional/Physical Needs

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

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

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

If yes, who is the insurance carrier? _____

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

Yes No

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

Plan for Youth's Emotional/Physical Needs

Goal: _____

Objective 1: _____

How Measured: _____

Objective 2: _____

How Measured: _____

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

Teen Activities

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

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

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

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

Teen Activities Plan:

Goal: _____

Objective 1: _____

How Measured: _____

Objective 2: _____

How Measured: _____

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

Transportation

Does the youth know how to use public transportation? Yes No NA
 Does the youth currently have a driver's license or learner's permit? Yes No
 If the youth does not have a license, what specific barriers exist to obtaining a license?

Transportation Plan

Goal: _____
 Objective 1: _____
 How Measured: _____
 Objective 2: _____
 How Measured: _____

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

Ancillary Information

Are there any significant adults in the youth's life that act, or can act, as mentors?
 Yes No If yes, who? _____

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

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

Ancillary Service Plan

Goal: _____
 Objective 1: _____
 How Measured: _____
 Objective 2: _____
 How Measured: _____

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

Additional Comments

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

Plan Review Dates

This plan will be reviewed no later than: _____

Independent Living Program Information

My Independent Living Coordinator is: _____

I can reach my IL Coordinator at: _____

Attendance List

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

Name	Affiliation/Organization	Address	Phone

CABINET FOR HEALTH 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:** _____

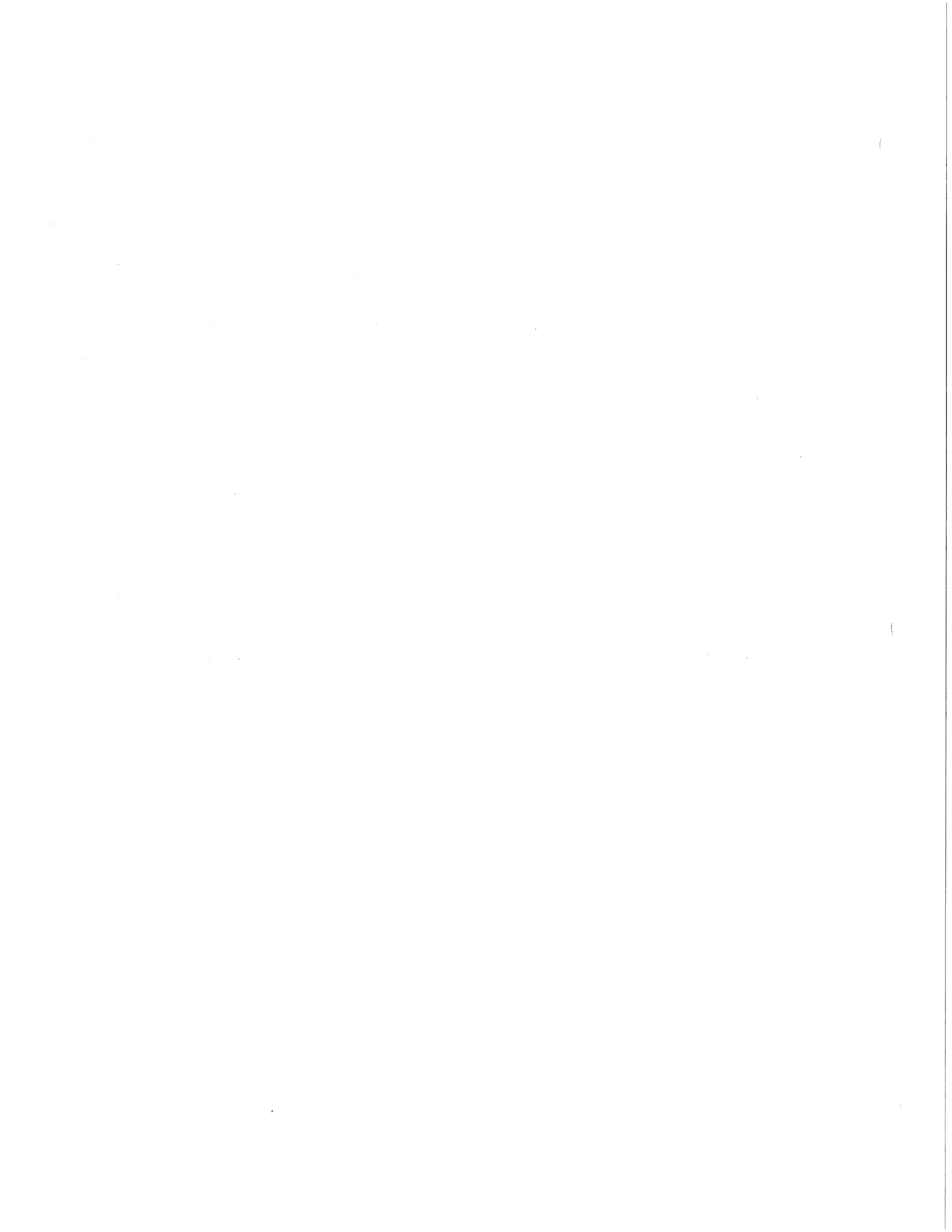
GENERAL INFORMATION

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

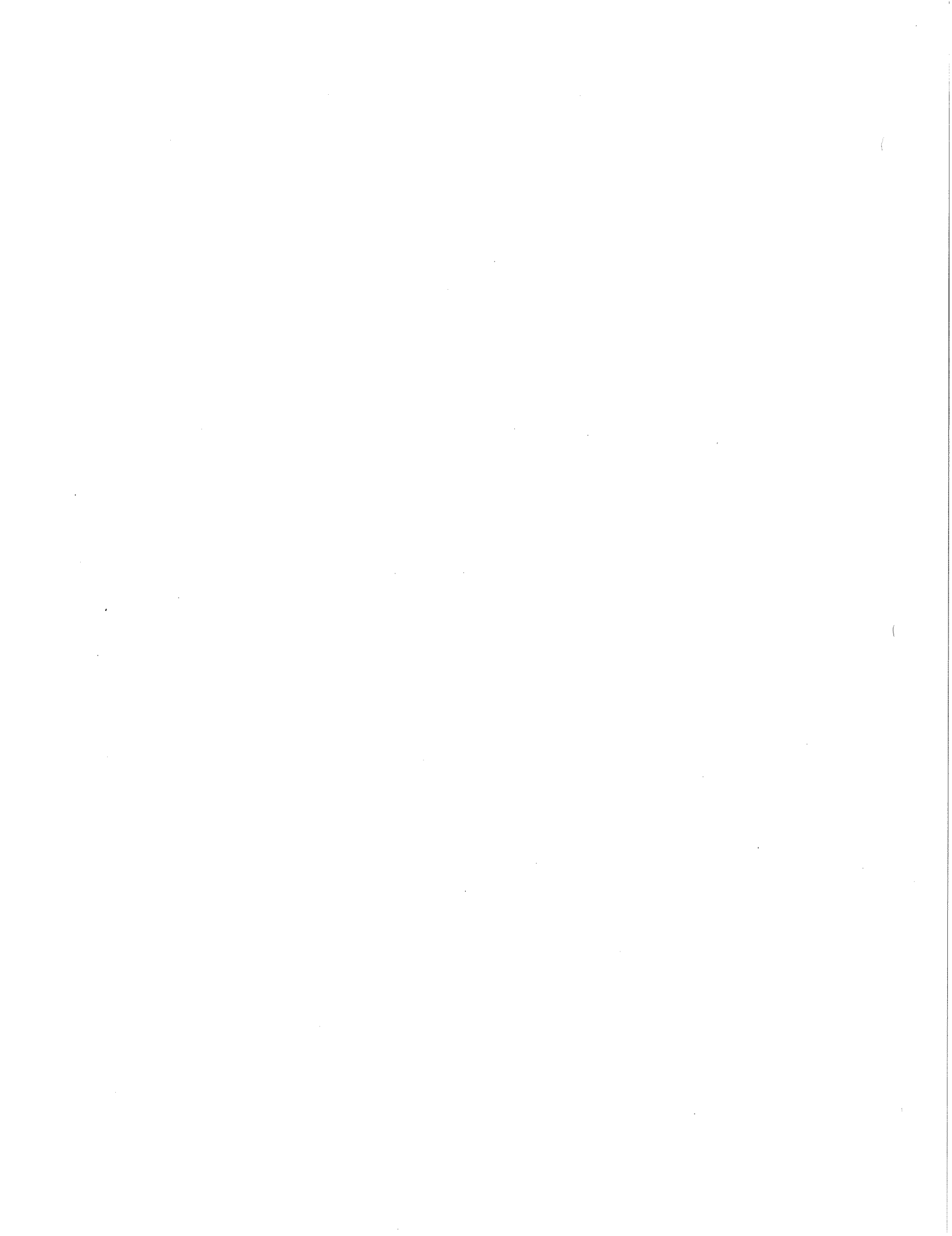
Emergency Contact List



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



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

OPEN RECORDS REQUEST

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

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

INFORMATION REQUESTED

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

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

I hereby certify that I am the Requestor identified above.

SIGNATURE

DATE,

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

ATTORNEYS ONLY

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

ATTORNEY INFORMATION:

NAME	
ADDRESS	
CITY, STATE, ZIP	
PHONE NUMBER	

PLEASE COMPLETE AND SUBMIT FORM CHFS-305 WITH THIS DOCUMENT

COMMONWEALTH OF KENTUCKY
STATE REGISTRAR OF VITAL STATISTICS



APPLICATION FOR A CERTIFIED COPY OF BIRTH CERTIFICATE
Certificates of Birth that occurred in Kentucky since 1911 are on file in this office

Please Print or Type All Information Required On This Form

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

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

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

Signature and telephone number of the person requesting this certificate:

Signature Telephone

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

Certificates may also be ordered by the following methods:

Internet: Certificates may be ordered on the internet using a credit card (Visa, 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.

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

THIS SECTION MUST BE COMPLETE FOR ALL ORDERS

REQUESTORS INFORMATION:

NAME
MAILING ADDRESS
CITY, STATE, ZIP CODE

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Applying for a Social Security Card is free!

USE THIS APPLICATION TO:

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

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

Original Social Security Card

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

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

Replacement Social Security Card

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

Changing Information on Your Social Security Record

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

LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS

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

IF YOU HAVE ANY QUESTIONS

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

EVIDENCE DOCUMENTS

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

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

Evidence of Age

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

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

Evidence of Identity

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

As proof of your identity, you must provide a:

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

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

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

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

Evidence of U.S. Citizenship

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

Evidence of Immigration Status

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

HOW TO COMPLETE THIS APPLICATION

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

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

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

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

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

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

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

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

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

HOW TO SUBMIT THIS APPLICATION

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

PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

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

PRIVACY ACT STATEMENT Collection and Use of Personal Information

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

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

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

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

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

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

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

SOCIAL SECURITY ADMINISTRATION Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME TO BE SHOWN ON CARD →	First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE	First	Full Middle Name	Last
	OTHER NAMES USED ON YOUR SOCIAL SECURITY CARD			

2 Social Security number previously assigned to the person listed in item 1 →

3	PLACE OF BIRTH (Do Not Abbreviate) →	City	State or Foreign Country	Office Use Only	4	DATE OF BIRTH	MM/DD/YYYY
				FCI			

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 (Your Response Is Voluntary)	7	RACE (Your Response Is Voluntary)	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Other Pacific Islander
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White	

8 SEX →

Male Female

9 A. MOTHER'S NAME AT HER BIRTH →

First Full Middle Name Last Name At Her Birth

B. MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3) →

— — Unknown

10 A. FATHER'S NAME →

First Full Middle Name Last

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

— — Unknown

11 Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before?

Yes (If "yes" answer questions 12-13) No Don't Know (If "don't know," skip to question 14.)

12 Name shown on the most recent Social Security card issued for the person listed in item 1 →

First Full Middle Name Last Name

13 Enter any different date of birth if used on an earlier application for a card →

MM/DD/YYYY

14 TODAY'S DATE MM/DD/YYYY 15 DAYTIME PHONE NUMBER () - -

Area Code Number

16 MAILING ADDRESS (Do Not Abbreviate) →

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

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

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

Self Natural Or Adoptive Parent Legal Guardian Other (Specify)

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

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) _____ Date of Birth _____ Case Record # _____
(Street name & number) _____ County where case record maintained _____
_____(City) _____(State) _____(Zip) _____ Telephone Number _____
() _____(Home) () _____(Work)

To:
Individual/Agency Name (Print) _____ Individual/Agency Telephone Number _____
Address (Print) _____ () _____(Home) () _____(Work)
(Street name & number) _____
_____(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)

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/DCBS/DCBS5SATISFACTION/SURVEY5.HTM](http://chfs.ky.gov/dCBS/dCBS5SATISFACTION/SURVEY5.HTM)

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

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

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

270-687-7491

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

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

Protection and Permanency Service Appeal

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

CABINET FOR HEALTH
AND FAMILY SERVICES

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

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

PROTECTION AND PER NENCY SERVICE APPEAL

DATE: _____

NAME OF COMPLAINANT (PLEASE PRINT): _____

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

TELEPHONE NUMBER: _____ COUNTY OF RESIDENCE: _____

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

Multiple horizontal lines for writing the complaint details.

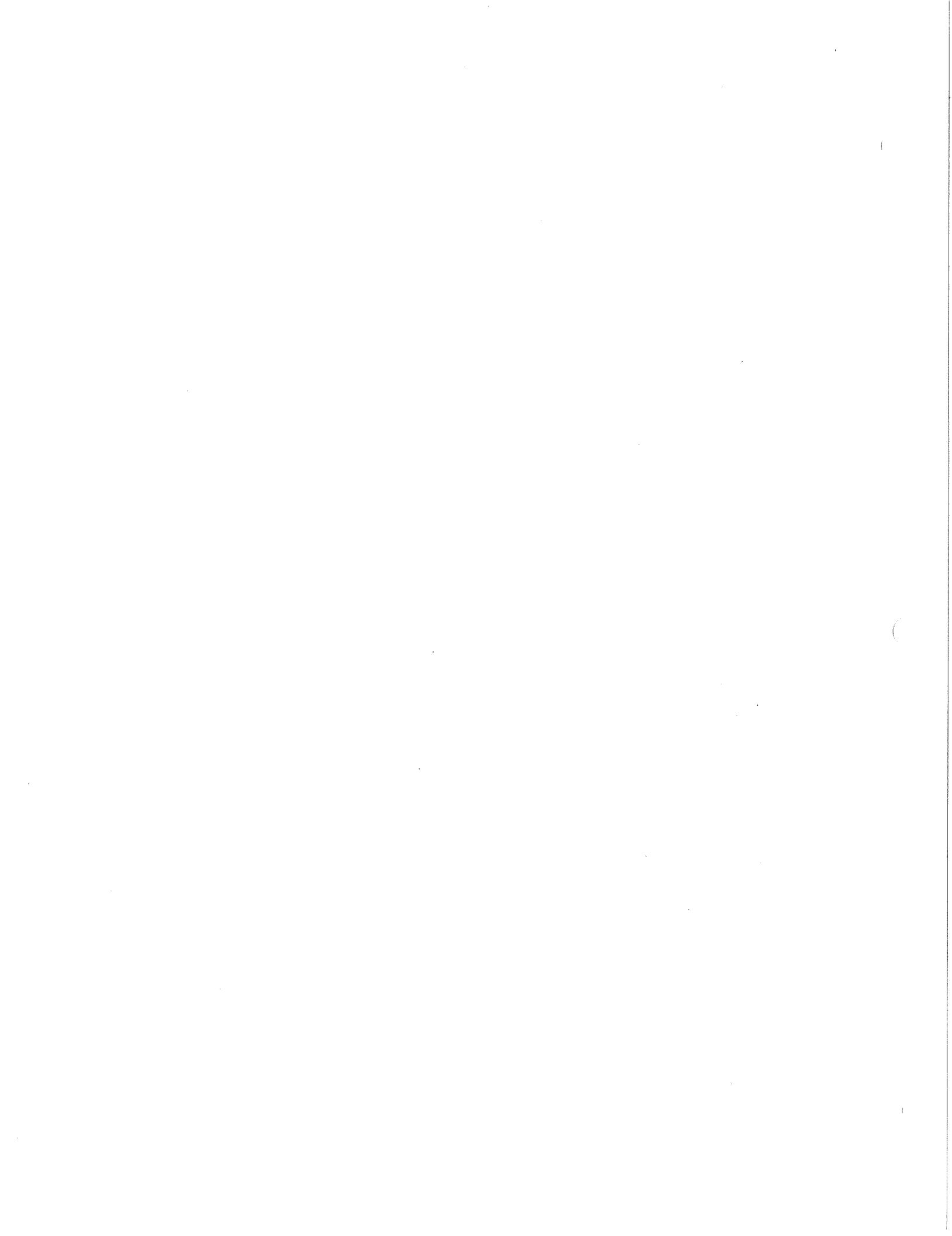
PLEASE IDENTIFY THE DATE OF THE DISPUTED CABINET ACTION: MONTH _____ DAY _____ YEAR _____

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

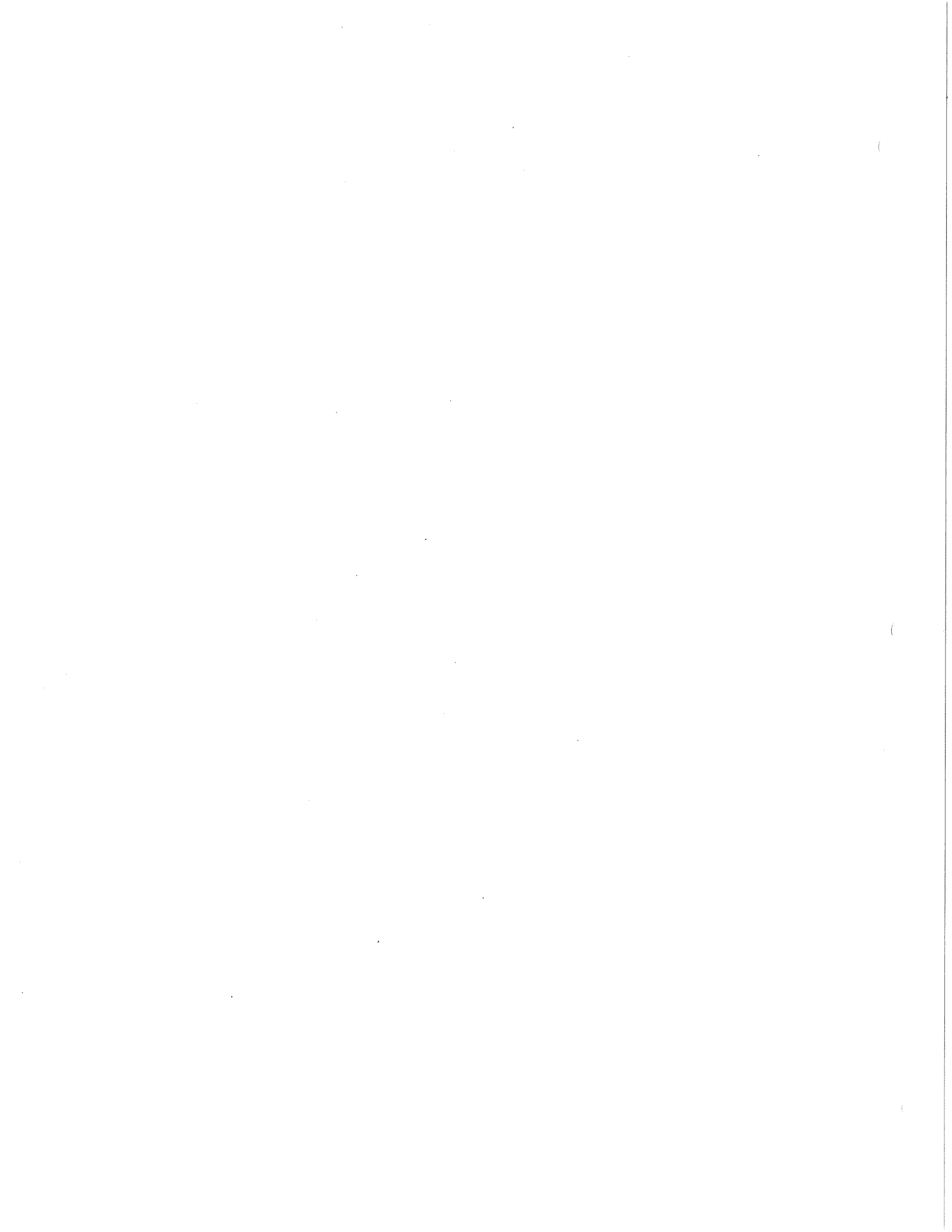
Name: _____ Title, if known: _____
Work Address: _____ City: _____
County: _____

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.

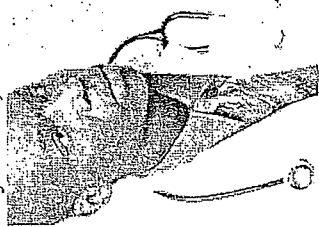
Think about (and write down) questions that are important to you:

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

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

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

Q3. Who is NOT eligible for Kentucky Access?

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

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

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

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

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

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

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

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

Q6. How can my client apply to Kentucky Access?

- A. One way for your client to apply to Kentucky Access is to visit the program's web site at www.kentuckyaccess.com, 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@kentuckyrxcard.com





Phone: (859) 333-7724

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

###

<p style="text-align: center;">KENTUCKY RX CARD WWW.KENTUCKYRXCARD.COM</p> <p>Member: ID Number: Program: RxBIN: RxGrp:</p> <p>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.</p> <p style="text-align: center;"><u>THIS PROGRAM IS NOT INSURANCE</u> THIS PROGRAM IS A POINT OF SALE DISCOUNT PLAN</p>	<p>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</p> <p>ATTENTION PHARMACIST If you need help processing a prescription call our Pharmacy Help Line at Pharmacy Help Line (TOLL FREE) 877-321-6755.</p> <p>PROGRAM POWERED BY:</p> <p style="text-align: center;">United Networks OF AMERICA UNAR Card</p> <p style="text-align: center;">© Copyright 2010 United Networks of America</p>
--	--

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

- | | | | |
|---|-----------------------|-------------------------------|--------------------------|
|  | \$25 DOLLAR EYEGASSES | WWW.25DOLLAREYEGASSES.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 |

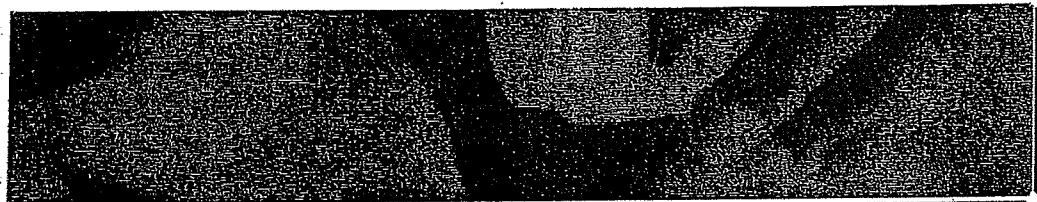
Mortgage Payment Assistance (888) 447-8752 Free Consultation
 Falling behind on your mortgage payments? Call our housing counselors to discuss your options.
 Free Bankruptcy Advice (888) 669-1064 Free Consultation
 If your financial situation has become unbearable call for a free conversation to discuss 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.





Partnership for
Prescription Assistance

1-888-477-2669



View a list of participating programs

Patients
Click Here to Start

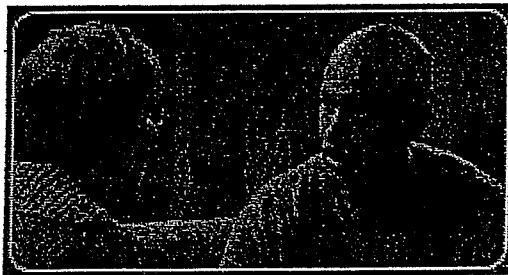
Caregivers
Click Here to Start

Prescribers
Click Here to Start

Patients can determine which programs they may be eligible for by answering questions and using the online application wizard.

Caregivers can help patients determine which programs may be available and assist patients in answering questions and filling out forms with the online applications wizard.

Doctors can research available assistance programs, print your practice, and fill out forms for patients with the online application wizard.



Montel Williams To Help Educate Americans About Drug Assistance Programs



Medicare Prescription Drug

Find Your State:

-Select a State-

Humanitarian, Author, Talk Show Host Montel Williams To Help Educate Americans About Drug Assistance Programs

Montel Williams, an Emmy-winning syndicated talk show host, author and motivational speaker, has been named the national spokesman of the Partnership for Prescription Assistance (PPA), a patient assistance program clearinghouse launched last April. Since then, the PPA has matched more than 1.2 million Americans to public and private patient assistance programs that may provide them with free or nearly free medicines. Read more

Partner Spotlight:

Alliance for Aging Research
The Alliance for Aging Research is a private, not-for-profit Alliance Research is the nation's lead advocacy organization for improving health and independence of the elderly. The Alliance was founded in 1986 to promote medical and research into the aging process, and as the explosion of the Baby Boom approaches, the Alliance has become the voice for Baby Boomers by developing, implementing and advocating programs in research, professional and consumer health.


What is the Partnership for Prescription Assistance?

The Partnership for Prescription Assistance brings together America's pharmaceutical companies, doctors, other health care providers, patient advocacy organizations and community groups to help qualifying patients who lack prescription coverage get the medicines they need through the public or private program that's right for them. Many will get them free or nearly free. Its mission is to increase awareness of patient assistance programs and boost enrollment of those who are eligible. Through this site, the Partnership for Prescription Assistance offers a single point of access to more than 475 public and private patient assistance programs, including more than 150 programs offered by pharmaceutical companies. To access the Partnership for Prescription Assistance by phone, you can call toll-free, 1-888-4PPA-NOW (1-888-477-2669).



Partnership for
Prescription Assistance

800-420-7431

 [View a list of participating programs](#)

Kentucky AIDS Patient Assistance Program

Company

Kentucky

Contact Information

HIV-AIDS Program
Department Of Health Services
275 East Main Street, HS2C-A
Frankfort, KY 40621-0001
1-(800) 221-0446 (phone)

Product(s) covered by program:

3TC
Agenerase®
AZT
Bactrim
Blaxin® Filmtab
Blaxin® Granules
Blaxin® XL Filmtab
Cipro
Cleocin
Combivir®
Crixivan
d4T
ddC
ddI
DDS
Diflucan®
Emtriva
Epivir®
Fortovase
HIVID
Hydrea
Imodium
INH
Invirase

Kaletra® Oral Solution
Lexiva®
Megace
Microsulfon
Myambutol
Mycelex®
Mycobutin®
Mycostatin
Nizoral®
Norvir® Oral Solution
Norvir® Soft Gelatin Capsules
Phenergan Suppositories
Phenergan Tablets
Primaquine Phosphate
Proloprim
Protonix Tablets
Rescriptor®
Retrovir®
Reyataz
RIF
Rifampicin
Rifidin
Rimactane
Septra
Sporanox®
Sustiva
Trizivir®
Valcyte
Videx
Viracept®
Viramune
Wellcovorin
Zerit
Ziagen®
Zithromax®
Zovirax®

Eligibility:

ATTENTION: YOU MUST BE HIV POSITIVE TO BE ELIGIBLE FOR THIS PROGRAM.

- must be a resident of Kentucky
- must be HIV+
- must lack a third party payer
- income must be at or below 300% of the federal poverty level
- his/her cash assets must be less than \$10,000


Other Information:

The applicant must provide HIV+ status with appropriate documentation including CD4 T - cell count and viral load.

36

If you have any further questions please contact the HIV Services Program Administrators, Laurel Walls or Vicki Johnson, at 564-6539 or (800) 420-7431 (voice/TTY).

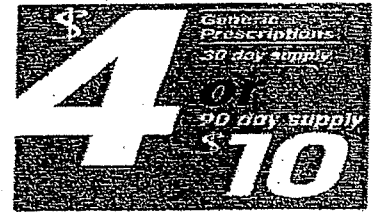
Click here to visit the program's web site.

 © 2006



Another way to help you get more for your money...with a 90 day supply and more generic medications added to the list!!!

Can't find your medication on this list? Please consult your Kroger Pharmacy.



	30-Day Quantity	30-Day Quantity
A		
AVB OTIC SOL	15	15
ACYCLOVIR CAP 200MG	30	30
ALBUTEROL INH SOL 0.083% *	75	225
ALBUTEROL SOL 0.5%	20	60
ALBUTEROL SYRUP	120	360
ALBUTEROL TAB 2MG	90	270
ALBUTEROL TAB 4MG	60	180
ALLOPURINOL TAB 100MG	30	90
ALLOPURINOL TAB 300MG	30	90
AMILORIDE/HCTZ TAB 5-50	30	90
AMITRIPTYLINE TAB 10MG	60	180
AMITRIPTYLINE TAB 25MG	60	180
AMITRIPTYLINE TAB 50MG	60	180
AMITRIPTYLINE TAB 75MG	30	90
AMITRIPTYLINE TAB 100MG	30	90
AMOXICILLIN CAP 250MG	30	90
AMOXICILLIN CAP 500MG	30	90
AMOXICILLIN SUSP 125MG	80	240
AMOXICILLIN SUSP 125MG	100	300
AMOXICILLIN SUSP 125MG	150	450
AMOXICILLIN SUSP 200MG	50	150
AMOXICILLIN SUSP 200MG *	75	225
AMOXICILLIN SUSP 200MG *	100	300
AMOXICILLIN SUSP 250MG	80	240
AMOXICILLIN SUSP 250MG	100	300
AMOXICILLIN SUSP 250MG	150	450
AMOXICILLIN SUSP 400MG	50	150
AMOXICILLIN SUSP 400MG *	75	225
AMOXICILLIN SUSP 400MG *	100	300
ANUCORT-HC SUPP 25MG	12	36
ATENOLOL/CHLRTHAL TAB 50-25	30	90
ATENOLOL/CHLRTHAL TAB 100-25	30	90
ATENOLOL TAB 25MG	30	90
ATENOLOL TAB 50MG	30	90
ATENOLOL TAB 100MG	30	90
ATROPINE SUL OPT SOL 1%	5	15
B		
BACITRACIN OPT OINT	3.5	10.5
BACLOFEN TAB 10MG	60	180
BELLADONNA ALK W/PB TAB	60	180
BENZAEPRIIL TAB 5MG	30	90
BENZAEPRIIL TAB 10MG	30	90
BENZAEPRIIL TAB 20MG	30	90
BENZAEPRIIL TAB 40MG	30	90

	30-Day Quantity	30-Day Quantity
C		
BENZONATATE CAP 100MG	14	42
BENZOYL PEROXIDE 4% CREAMY WASH *	170	510
BENZTROPINE MES TAB 2MG	30	90
BETAMETH DIP CRM 0.05%	15	45
BETAMETH DIP CRM 0.05%	45	135
BETAMETH VAL CRM 0.1%	15	45
BETAMETH VAL CRM 0.1%	45	135
<i>New</i> BETAMETH VAL OINT 0.1%	15	45
BETAMETH VAL OINT 0.1%	45	135
BISOPROLOL/HCTZ TAB 2.5MG	30	90
BISOPROLOL/HCTZ TAB 5MG	30	90
BISOPROLOL/HCTZ TAB 10MG	30	90
BUMETANIDE TAB 0.5MG	30	90
BUMETANIDE TAB 1MG	30	90
BUSPIRONE TAB 5MG	60	180
BUSPIRONE TAB 10MG *	60	180
C		
CAPTOPRIL TAB 12.5MG	90	270
CAPTOPRIL TAB 25MG	90	270
CAPTOPRIL TAB 50MG	90	270
CAPTOPRIL TAB 100MG	90	270
CARBAMAZEPINE TAB 200MG *	100	300
CARVEDILOL TAB 3.125MG	60	180
CARVEDILOL TAB 6.25MG	60	180
CARVEDILOL TAB 12.5MG	60	180
CARVEDILOL TAB 25MG *	60	180
CEPHALEXIN CAP 250MG	40	120
CEPHALEXIN CAP 500MG	40	120
CERON DROP *	30	90
CERON-DM-SYRP *	120	360
CHLORHEXIDINE RNSE 0.12%	473	1419
CHLORPROPAMIDE TAB 100MG *	30	90
CHLORTHALIDONE TAB 25MG	30	90
CHLORTHALIDONE TAB 50MG	30	90
CIMETIDINE TAB 800MG *	30	90
CIPROFLOXACIN TAB 250MG	20	60
CIPROFLOXACIN TAB 500MG	20	60
CITALOPRAM TAB 20MG	30	90
CITALOPRAM TAB 40MG	30	90
CLONIDINE TAB 0.1MG	30	90
CLONIDINE TAB 0.2MG	30	90
COLCHICINE TAB 0.6MG	30	90
CYCLOBENZAPRINE TAB 5MG	30	90
CYCLOBENZAPRINE TAB 10MG	30	90
CYTRA-2 SOL	473	1419

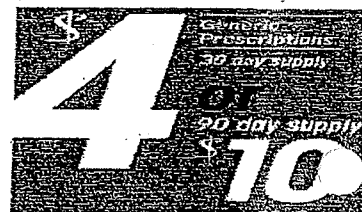
Not all generic prescriptions are included in this program. Ask your prescriber to recommend a generic alternative to your current medication. The list of generic prescriptions is subject to change. To qualify for program price, new prescriptions must be ordered in person, refills may be ordered on-line or by telephone. Medication pricing listed is inclusive of all discounts. Prescriptions must be picked up at the store to be eligible for the program price. \$4 Program covers up to a 30-day supply of eligible drugs at commonly prescribed dosages. \$10 Program covers a 90-day supply of eligible drugs at commonly prescribed dosages. We reserve the right to modify or discontinue this program at any time.

*Certain medications are priced higher in California, Colorado, Montana and Wyoming due to state laws. Offer not valid in Alaska.



Another way to help you get more for your money...with a 90 day supply and more generic medications added to the list!!!

Can't find your medication on this list? Please consult your Kroger Pharmacy.



	30-Day Quantity	90-Day Quantity
I		
IBUPROFEN SUSP 100MG/5ML *	120	360
IBUPROFEN TAB 400MG	90	270
IBUPROFEN TAB 600MG	60	180
IBUPROFEN TAB 800MG	60	180
INDAPAMIDE TAB 1.25MG	30	90
INDAPAMIDE TAB 2.5MG	30	90
INDOMETHACIN CAP 25MG *	60	180
IPRATROPIUM SOL .02% UDV *	62.5	187.5
ISONIAZID TAB 300MG	30	90
ISOSORBID MON ER TAB 30MG	30	90
ISOSORBID MON ER TAB 60MG	30	90
K		
KLOR-CON 10 SR TAB 10MEQ	30	90
KLOR-CON 8 SR TAB 8MEQ	30	90
KLOR-CON M 10 TAB	30	90
L		
LEVOBUNOLOL OPT 0.5%	5	15
LEVOTHYROXINE TAB 25MCG	30	90
LEVOTHYROXINE TAB 50MCG	30	90
LEVOTHYROXINE TAB 75MCG	30	90
LEVOTHYROXINE TAB 88MCG	30	90
LEVOTHYROXINE TAB 100MCG	30	90
LEVOTHYROXINE TAB 112 MCG	30	90
LEVOTHYROXINE TAB 125MCG	30	90
LEVOTHYROXINE TAB 137MCG	30	90
LEVOTHYROXINE TAB 150MCG	30	90
LEVOTHYROXINE TAB 175MCG *	30	90
LEVOTHYROXINE TAB 200MCG *	30	90
LIDOCAINE VISCOUS SOL 2%	100	300
LISINAPRIL/HCTZ TAB 10/12.5	30	90
LISINAPRIL/HCTZ TAB 20/12.5 *	30	90
LISINAPRIL/HCTZ TAB 20/25 *	30	90
LISINAPRIL TAB 2.5MG	30	90
LISINAPRIL TAB 5MG	30	90
LISINAPRIL TAB 10MG	30	90
LISINAPRIL TAB 20MG	30	90
LITHIUM CARB CAP 300MG *	90	270
LORATADINE TAB 10MG	30	90
LOVASTATIN TAB 10MG *	30	90
New LOVASTATIN TAB 20MG *	30	90

	30-Day Quantity	90-Day Quantity
M		
MAGNESIUM OXIDE TAB 400MG	60	180
MAG-SR TAB 64MG *	30	90
MEDROXYPROGST ACE TAB 2.5MG	30	90
MEDROXYPROGST ACE TAB 5MG	30	90
MEDROXYPROGST ACE TAB 10MG	30	90
MEGESTROL TAB 20MG *	30	90
MELOXICAM TAB 7.5MG	30	90
MELOXICAM TAB 15MG	30	90
METFORMIN ER TAB 500MG *	60	180
METFORMIN TAB 500MG	60	180
METFORMIN TAB 850MG	60	180
METFORMIN TAB 1000MG *	60	180
METHYLDOPA TAB 250MG *	60	180
METHYLDOPA TAB 500MG *	30	90
METHYLPREDNISOLONE DSPK TAB 4MG	21	63
METHYLPREDNISOLONE TAB 4MG	21	63
METOCLOPRAMIDE SYRUP 5MG	120	360
METOCLOPRAMIDE TAB 10MG	60	180
METOPROLOL TART TAB 25MG	60	180
METOPROLOL TART TAB 50MG	60	180
METOPROLOL TART TAB 100MG *	60	180
METRONIDAZOLE TAB 250MG	28	84
METRONIDAZOLE TAB 500MG	14	42
N		
NADOLOL TAB 20MG	30	90
NADOLOL TAB 40MG	30	90
NAPROXEN TAB 375MG *	60	180
NAPROXEN TAB 500MG *	60	180
NATALCARE PIC TAB *	30	90
NATALCARE PLUS TAB *	30	90
NEO/POLY/DEX OPT OINT .1%	3.5	10.5
NEO/POLY/DEX SUSP .1%	5	15
NITROQUICK SL TAB 0.3MG *	100	300
NITROQUICK SL TAB 0.4MG *	100	300
NORTRIPTYLINE CAP 10MG	30	90
NORTRIPTYLINE CAP 25MG	30	90
NYSTATIN CRM	15	45
NYSTATIN CRM	30	90
NYSTATIN OINT	15	45
NYSTATIN OINT	30	90
NYSTATIN/TRIAMCNLON OINT	15	45
NYSTATIN/TRIAMCNLON CRM	15	45
NYSTATIN/TRIAMCNLON CRM	30	90

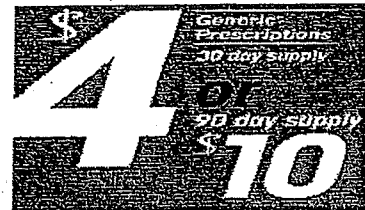
Not all generic prescriptions are included in this program. Ask your prescriber to recommend a generic alternative to your current medication. The list of generic prescriptions is subject to change. To qualify for program price, new prescriptions must be ordered in person, refills may be ordered on-line or by telephone. Medication pricing listed is inclusive of all discounts. Prescriptions must be picked up at the store to be eligible for the program price. \$4 Program covers up to a 30-day supply of eligible drugs at commonly prescribed dosages. \$10 Program covers a 90-day supply of eligible drugs at commonly prescribed dosages. We reserve the right to modify or discontinue this program at any time.

*Certain medications are priced higher in California, Colorado, Montana and Wyoming due to state laws. Offer not valid in Alaska.



Another way to help you get more for your money...with a 90 day supply and more generic medications added to the list!!!

Can't find your medication on this list? Please consult your Kroger Pharmacy.



W

	30-Day Quantity	90-Day Quantity
WARFARIN SODIUM TAB 1MG	30	90
WARFARIN SODIUM TAB 2MG	30	90
WARFARIN SODIUM TAB 2.5MG	30	90
WARFARIN SODIUM TAB 3MG	30	90
WARFARIN SODIUM TAB 4MG	30	90
WARFARIN SODIUM TAB 5MG *	30	90
WARFARIN SODIUM TAB 6MG	30	90
WARFARIN SODIUM TAB 7.5MG	30	90
WARFARIN SODIUM TAB 10MG	30	90

Women's Health Category

	30-Day Quantity	90-Day Quantity
<i>New</i> ALENDRONATE SOD TAB 35MG	4	12
<i>New</i> ALENDRONATE SOD TAB 70MG	4	12
CLOMIPHENE CIT TAB 50MG *	5	15
<i>New</i> EST ESTROGEN/METHYL/TEST HS	30	90
<i>New</i> EST ESTROGEN/METHYL/TEST DS	30	90
SPRINTEC TAB 0.25/0.035 *	28	84
<i>New</i> TAMOXIFEN TAB 10MG	60	180
<i>New</i> TAMOXIFEN TAB 20MG	30	90
RINESSA 28 TAB *	28	84

Not all generic prescriptions are included in this program. Ask your prescriber to recommend a generic alternative to your current medication. The list of generic prescriptions is subject to change. To qualify for program price, new prescriptions must be ordered in person, refills may be ordered on-line or by telephone. Medication pricing listed is inclusive of all discounts. Prescriptions must be picked up at the store to be eligible for the program price. \$4 Program covers up to a 30-day supply of eligible drugs at commonly prescribed dosages. \$10 Program covers a 90-day supply of eligible drugs at commonly prescribed dosages. We reserve the right to modify or discontinue this program at any time.

*Certain medications are priced higher in California, Colorado, Montana and Wyoming due to state laws. Offer not valid in Alaska.



	\$4		\$10	
	30-day QTY	90-day QTY	30-day QTY	90-day QTY
Allergies & Cold/Flu				
Benzonatate 100mg cap	14	42		
Ceron DM syrup	120ml	360ml		
Ceron drops*	30ml	90ml		
Dec-Chlorphen drops*	30ml	90ml		
Dec-Chlorphen DM syrup*	118ml	354ml		
Loratadine 10mg tab	30	90		
Promethazine DM syrup	120ml	360ml		
Trivent DPC syrup*	120ml	360ml		

	\$4		\$10	
	30-day QTY	90-day QTY	30-day QTY	90-day QTY
Antibiotic Treatments				
Amoxicillin 125mg/5ml suspension	80ml	240ml		
Amoxicillin 125mg/5ml suspension	100ml	300ml		
Amoxicillin 125mg/5ml suspension	150ml	450ml		
Amoxicillin 200mg/5ml suspension	50ml	150ml		
Amoxicillin 200mg/5ml suspension*	75ml	225ml		
Amoxicillin 200mg/5ml suspension*	100ml	300ml		
Amoxicillin 250mg/5ml suspension	80ml	240ml		
Amoxicillin 250mg/5ml suspension	100ml	300ml		
Amoxicillin 250mg/5ml suspension	150ml	450ml		
Amoxicillin 400mg/5ml suspension	50ml	150ml		
Amoxicillin 400mg/5ml suspension*	75ml	225ml		
Amoxicillin 400mg/5ml suspension*	100ml	300ml		
Amoxicillin 250mg cap	30	90		
Amoxicillin 500mg cap	30	90		
Amoxil 50mg/ml drops*	30ml	90ml		
Cephalexin 250mg cap	28	84		
Cephalexin 500mg cap	30	90		
Ciprofloxacin 250mg tab	14	42		
Ciprofloxacin 500mg tab	20	60		
Doxycycline Hyclate 50mg cap	30	90		
Doxycycline Hyclate 100mg tab	20	60		
Erythrocin 250mg tab*	40	N/A		
Erythromycin EC 250mg cap*	28	84		
Metronidazole 250mg tab	28	84		
Metronidazole 500mg tab	14	42		
Penicillin VK 125mg/5ml suspension	200ml	600ml		
Penicillin VK 250mg/5ml suspension	100ml	300ml		
Penicillin VK 250mg tab	28	84		
SMZ-TMP 400mg-80mg tab	28	84		
SMZ-TMP DS 800mg-160mg tab	20	60		
SMZ-TMP 200mg-40mg/5ml susp.	120ml	360ml		
Tetracycline 250mg cap	60	180		
Tetracycline 500mg cap	60	180		

	\$4		\$10	
	30-day QTY	90-day QTY	30-day QTY	90-day QTY
Arthritis & Pain				
Allopurinol 100mg tab	30	90		
Allopurinol 300mg tab	30	90		

Baclofen 10mg tab	30	90		
Colchicine 0.6mg tab	30	90		
Cyclobenzaprine 5mg tab	30	90		
Cyclobenzaprine 10mg tab	30	90		
Dexamethasone 0.5mg tab	30	90		
Dexamethasone 0.75mg tab	12	36		
Dexamethasone 4mg tab	6	18		
Diclofenac DR 75mg tab	60	180		
Ibuprofen 100mg/5ml suspension*	120ml	360ml		
Ibuprofen 400mg tab	90	270		
Ibuprofen 600mg tab	60	180		
Ibuprofen 800mg tab	30	90		
Indomethacin 25mg tab*	60	180		
Meloxicam 7.5mg tab	30	90		
Meloxicam 15mg tab	30	90		
Naproxen 375mg tab*	60	180		
Naproxen 500mg tab*	60	180		
Piroxicam 20mg cap	30	90		
Salsalate 500mg tab	60	180		

	\$4		\$10	
	30-day QTY	90-day QTY	30-day QTY	90-day QTY
Asthma				
Albuterol 2mg tab	90	270		
Albuterol 4mg tab	60	180		
Albuterol 2mg/5ml syrup	120ml	360ml		
Albuterol 0.5% nebulizer solution	20ml	60ml		
Albuterol 0.083% neb. Solution*	75ml (25 vials)	225ml (75 vials)		
Ipratropium 0.02% neb. sol'n*	75ml (25 vials)	225ml (75vials)		

	\$4		\$10	
	30-day QTY	90-day QTY	30-day QTY	90-day QTY
Cholesterol				
Lovastatin 10mg tab	30	90		
Lovastatin 20mg tab*	30	90		
Pravastatin 10mg tab	30	90		
Pravastatin 20mg tab	30	90		
Pravastatin 40mg tab*	30	90		

	\$4		\$10	
	30-day QTY	90-day QTY	30-day QTY	90-day QTY
Diabetes				
Chlorpropamide 100mg tab*	30	90		
Glimepiride 1mg tab	30	90		
Glimepiride 2mg tab	30	90		
Glimepiride 4mg tab	30	90		
Glipizide 5mg tab	30	90		
Glipizide 10mg tab*	60	180		
Glyburide 2.5mg tab	30	90		
Glyburide 5mg tab (blue)	30	90		
Glyburide 5mg tab (green)	30	90		
Glyburide, micronized 3mg tab	30	90		

\$4 Program covers up to a 30-day supply of eligible drugs at commonly prescribed dosages. \$10 Program covers a 90-day supply of eligible drugs at commonly prescribed dosages. Prices for less than a 90-day supply are prorated based on \$4 Program price, not to exceed \$10.

Prices for more than a 90-day supply are prorated based on \$10 Program price. Physician permission may be required to change 30-day prescription to 90-day prescription. Not all drugs eligible for \$4 Program are eligible for \$10 Program. Certain plans, including government-funded programs, may not cover a 90-day supply.

Prescription Program available at all Wal-Mart, Sam's Club & Neighborhood Markets except in ND. Only eligible drugs are covered.

List may change and vary by state. Prescriptions must initially be filled in person. Refills must be picked up in store. No substitutions or mail orders. Prices may be higher in some states. Certain plans may entitle you to pay less. See Walmart.com or pharmacist for details.

*These drugs may be priced higher in CA, CO, HI, MN, MT, PA, TN, WI, WY.



\$4 Prescription Program

May 5, 2008



Heart Health & Blood Pressure Control

	\$4	\$10
	30-day	90-day
	QTY	QTY
Furosemide 20mg tab	30	90
Furosemide 40mg tab	30	90
Furosemide 80mg tab	30	90
Guanfacine 1mg tab	30	90
Hydralazine 10mg tab	30	90
Hydralazine 25mg tab	30	90
Hydrochlorothiazide (HCTZ) 12.5mg cap*	30	90
Hydrochlorothiazide (HCTZ) 25mg tab	30	90
Hydrochlorothiazide (HCTZ) 50mg tab	30	90
Indapamide 1.25mg tab	30	90
Indapamide 2.5mg tab	30	90
Isosorbide MononitrateER 30mg ertab	30	90
Isosorbide MononitrateER 60mg ertab	30	90
Lisinopril-HCTZ 10mg-12.5mg tab	30	90
Lisinopril-HCTZ 20mg-12.5mg tab*	30	90
Lisinopril-HCTZ 20mg-25mg tab*	30	90
Lisinopril 2.5mg tab	30	90
Lisinopril 5mg tab	30	90
Lisinopril 10mg tab	30	90
Lisinopril 20mg tab	30	90
Methyldopa 250mg tab*	60	180
Methyldopa 500mg tab*	30	90
Metoprolol Tartrate 25mg tab	60	180
Metoprolol Tartrate 50mg tab	60	180
Metoprolol Tartrate 100mg tab*	60	180
Nadolol 20mg tab	30	90
Nadolol 40mg tab	30	90
Nitroquick 0.3mg sublingual tab*	100	300
Nitroquick 0.4mg sublingual tab*	100	300
Pindolol 5mg tab	30	90
Pindolol 10mg tab	30	90
Prazosin HCL 1mg cap	30	90
Prazosin HCL 2mg cap	30	90
Prazosin HCL 5mg cap	30	90
Propranolol 10mg tab	60	180
Propranolol 20mg tab	60	180
Propranolol 40mg tab	60	180
Propranolol 80mg tab	60	180
Sotalol HCL 80mg tab*	30	90
Spirololactone 25mg tab*	30	90
Terazosin 1mg cap	30	90
Terazosin 2mg cap	30	90
Terazosin 5mg cap	30	90
Terazosin 10mg cap	30	90
Triamterene-HCTZ 37.5mg-25mg cap & tab	30	90
Triamterene-HCTZ 75mg-50mg tab	30	90
Verapamil 80mg tab	30	90
Verapamil 120mg tab	30	90
Warfarin 1mg tab	30	90
Warfarin 2mg tab	30	90

Warfarin 2.5mg tab	30	90
Warfarin 3mg tab	30	90
Warfarin 4mg tab	30	90
Warfarin 5mg tab*	30	90
Warfarin 6mg tab	30	90
Warfarin 7.5mg tab	30	90
Warfarin 10mg tab	30	90

Mental Health

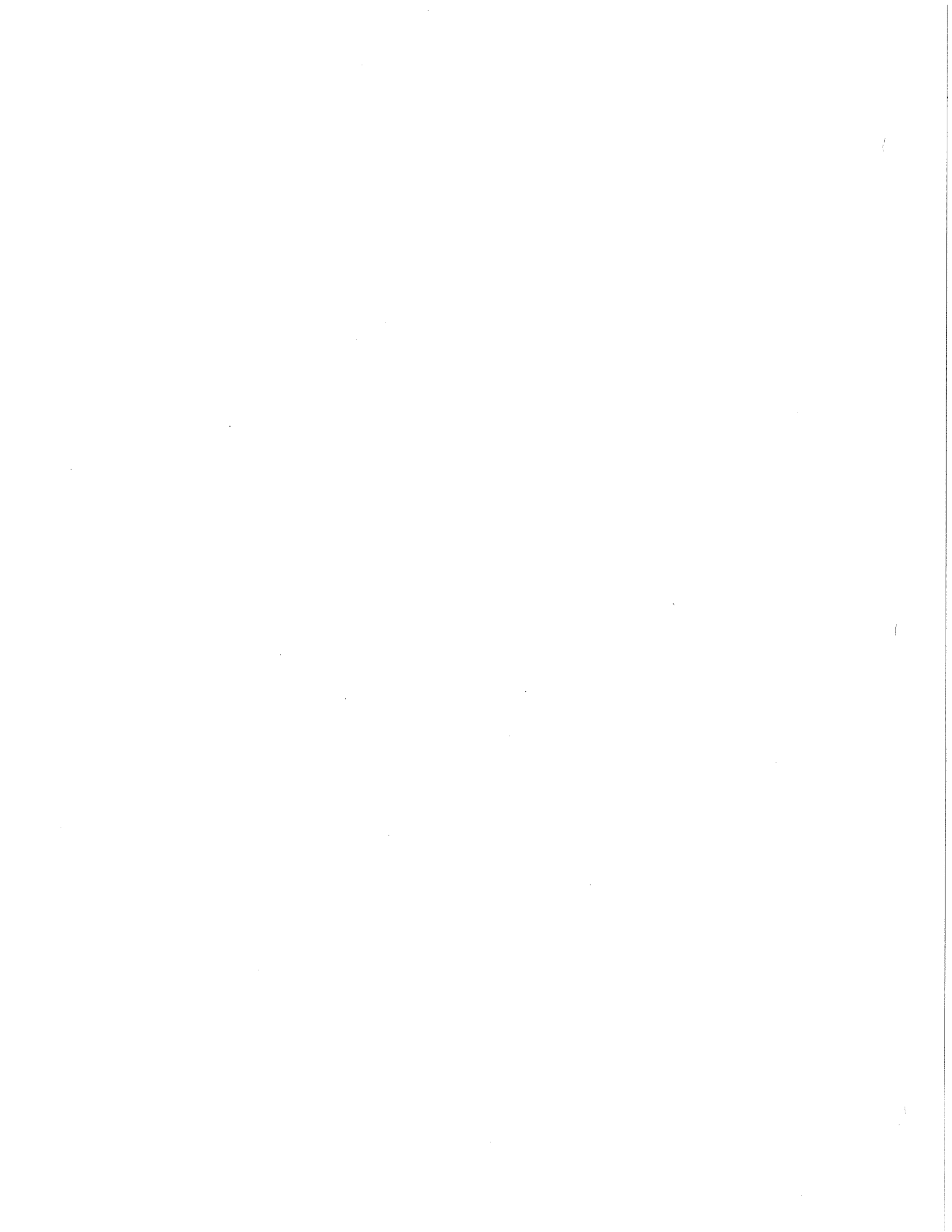
	\$4	\$10
	30-day	90-day
	QTY	QTY
Amitriptyline 10mg tab	30	90
Amitriptyline 25mg tab	30	90
Amitriptyline 50mg tab	30	90
Amitriptyline 75mg tab	30	90
Amitriptyline 100mg tab	30	90
Benzotropine 2mg tab	30	90
Buspirone 5mg tab	60	180
Buspirone 10mg tab**	60	180
Carbamazepine 200mg tab*	60	180
Citalopram 20mg tab	30	90
Citalopram 40mg tab	30	90
Doxepin HCL 10mg cap	30	90
Doxepin HCL 25mg cap	30	90
Doxepin HCL 50mg cap	30	90
Doxepin HCL 75mg cap	30	90
Doxepin HCL 100mg cap	30	90
Fluoxetine 10mg tab*	30	90
Fluoxetine 10mg cap	30	90
Fluoxetine 20mg cap	30	90
Fluoxetine 40mg cap	30	90
Fluphenazine 1mg tab	30	90
Haloperidol 0.5mg tab	30	90
Haloperidol 1mg tab	30	90
Haloperidol 2mg tab	30	90
Haloperidol 5mg tab	30	90
Lithium Carbonate 300mg cap*	90	270
Nortriptyline 10mg cap	30	90
Nortriptyline 25mg cap	30	90
Paroxetine 10mg tab*	30	90
Paroxetine 20mg tab*	30	90
Prochlorperazine 10mg tab	30	90
Thioridazine 25mg tab	30	90
Thioridazine 50mg tab	30	90
Thiothixene 2mg cap	30	90
Trazodone 50mg tab	30	90
Trazodone 100mg tab	30	90
Trazodone 150mg tab	30	90
Trihexyphenidyl 2mg tab	60	180

\$4 Program covers up to a 30-day supply of eligible drugs at commonly prescribed dosages. \$10 Program covers a 90-day supply of eligible drugs at commonly prescribed dosages. Prices for less than a 90-day supply are prorated based on \$4 Program price, not to exceed \$10. Prices for more than a 90-day supply are prorated based on \$10 Program price. Physician permission may be required to change 30-day prescription to 90-day prescription. Not all drugs eligible for \$4 Program are eligible for \$10 Program. Certain plans, including government-funded programs, may not cover a 90-day supply.

Prescription Program available at all Wal-Mart, Sam's Club & Neighborhood Markets except in ND. Only eligible drugs are covered. List may change and vary by state. Prescriptions must initially be filled in person. Refills must be picked up in store. No substitutions or mail orders. Prices may be higher in some states. Certain plans may entitle you to pay less. See Walmart.com or pharmacist for details.

*These drugs may be priced higher in CA, CO, HI, MN, MT, PA, TN, WI, WY.

42



WHAT YOU SHOULD KNOW ABOUT HIV & AIDS

WHAT IS AIDS?

AIDS is the Acquired Immune Deficiency Syndrome – a serious illness that makes the body unable to fight infection. A person with AIDS is susceptible to certain infections and cancers. When a person with AIDS cannot fight off infections, this person becomes ill. These infections can eventually kill a person with AIDS.

WHAT CAUSES AIDS?

The human immunodeficiency virus (HIV) causes AIDS. Early diagnosis of HIV infection is important! If you have been told that you have HIV, you should get prompt medical treatment. In many cases, early treatment can enhance a person's ability to remain healthy as long as possible. Your doctor will help you determine the best treatment for you. Free anonymous and confidential testing with counseling is available at every health department in Kentucky. After being infected with HIV, it takes between two weeks to six months before the test can detect the antibodies to the virus.

HOW IS THE HIV VIRUS SPREAD?

- ⌘ Sexual contact (oral, anal, or vaginal intercourse) with an infected person when blood, pre-ejaculatory fluid, semen or cervical/vaginal secretions are exchanged.
- ⌘ Sharing syringes, needles, cotton, cookers and other drug-injecting equipment with someone who is infected.
- ⌘ Receiving contaminated blood or blood products (very unlikely now because blood used in transfusions has been tested for HIV antibodies since 1985)
- ⌘ An infected mother passing HIV to her unborn child before or during childbirth, and through breast feeding.
- ⌘ Receipt of transplant, tissue/organs, or artificial insemination from an infected donor.
- ⌘ Needle stick or other sharps injury in a health care setting involving an infected person. Infections sometimes can be prevented by taking post-exposure prophylaxis anti-retroviral drugs. Strict adherence to universal precautions is the best way to prevent exposures.

YOU CANNOT GET HIV THROUGH CASUAL CONTACT SUCH AS:

- ⌘ Sharing food, utensils, or plates
- ⌘ Touching someone who is infected with HIV
- ⌘ Hugging or shaking hands
- ⌘ Donating blood or plasma (this has NEVER been a risk for contracting HIV)
- ⌘ Using public rest rooms
- ⌘ Being bitten by mosquitoes or other insects
- ⌘ Using tanning beds

HOW CAN I PREVENT AIDS?

- ⌘ Do not share needles or other drug paraphernalia.
- ⌘ Do not have sexual intercourse except with a monogamous partner whom you know is not infected and who is not sharing needles. If you choose to have sex with anyone else, use latex condoms (rubbers), female condoms or dental dams, and water based lubricant every time you have sex.
- ⌘ Educate yourself and others about HIV infection and AIDS.

WOMEN AND HIV/AIDS

For females, the majority of AIDS cases in Kentucky are identified as heterosexual, and injection drug users.

All pregnant women should have blood tests to check for HIV infection.

- ⌘ Mothers can pass HIV infection to their babies during pregnancy, labor and delivery, and by breastfeeding with cracked nipples.
- ⌘ Without treatment before birth, about 25% (1 out of 4) of the babies born to HIV infected women will get HIV.
- ⌘ Medical treatment for the HIV infected woman during pregnancy, labor, and delivery can reduce the chance of the baby getting HIV from its mother to less than 8% (1 out of 12).
- ⌘ An HIV infected mother should not breastfeed her newborn baby.

IS TREATMENT AVAILABLE IF I ALREADY HAVE HIV/AIDS?

After being infected with HIV, it takes between two weeks and six months before the test can detect the HIV virus. **Early diagnosis of HIV infection is important!** Free anonymous and confidential testing and counseling is available at every health department in Kentucky. Testing requires drawing a small tube of blood from a vein in your arm. Some health departments and community based organizations provide tests that only require swabbing the mouth. If you have HIV, you should get prompt medical treatment. In many cases, early treatment can enhance a person's ability to remain healthy as long as possible. Your doctor will help you determine the best treatment.

YOU SHOULD BE TESTED FOR HIV IF:

- ⌘ You have had sex with someone who has HIV or any sexually transmitted disease (STD)
- ⌘ You have shared needles or syringes with others
- ⌘ You have had unprotected sex or you have had sex with someone who has had unprotected sex
- ⌘ You have exchanged money or drugs for sex (male or female)
- ⌘ You have had sex with injecting drug user
- ⌘ You have had a blood transfusion between 1978 and 1985
- ⌘ You are a woman who is pregnant or desires to become pregnant

Remember: You can't tell whether or not someone has HIV just by looking at them!

WHAT IS UNSAFE SEX?

- ⌘ Vaginal, anal, or oral sex without using a condom or dental dam
- ⌘ Sharing sex toys
- ⌘ Contact with HIV infected blood, semen, or vaginal fluid

WHAT IS "SAFER" SEX?

- ⌘ Abstinence (not having sex of any kind)
- ⌘ Sex only with a person who does not have HIV, does not practice unsafe sex, or inject drugs
- ⌘ Always use either a male or female condom or dental dam with sex

HOW TO USE A LATEX CONDOM:

1. Use a new latex condom every time you have sex.
2. The condom should be rolled onto the erect (hard) penis, pinching 1/2 inch at the tip of the condom to hold the ejaculation (semen) fluid. Air bubbles should be smoothed out.
3. Use plenty of WATER-BASED lubricants such as K-Y Jelly, including a drop or two inside the condom, before and during intercourse. **DO NOT USE** oil-based lubricants such as petroleum jelly, lotions, grease, mineral oil, vegetable oil, Crisco, or cold cream.
4. After ejaculating, withdraw the penis holding the condom at the base so it will not slip off.
5. Throw away the used condom into a garbage can and wash hands.

This agency provides quality services to all patients, regardless of HIV status.

IF YOU NEED MORE INFORMATION CALL:

Kentucky HIV/AIDS Program 1-800-420-7431 or 502-564-6539

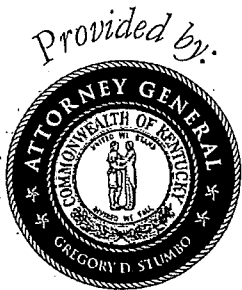
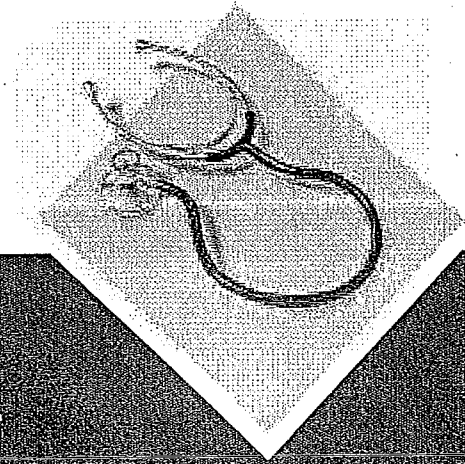
The National AIDS Hotline 1-800-232-4636 (800-CDC-INFO)

1-888-232-6348 TTY

Your local health department's HIV/AIDS Coordinator



KENTUCKY LIVING WILL PACKET



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

LIVING WILLS IN KENTUCKY

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

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

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

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

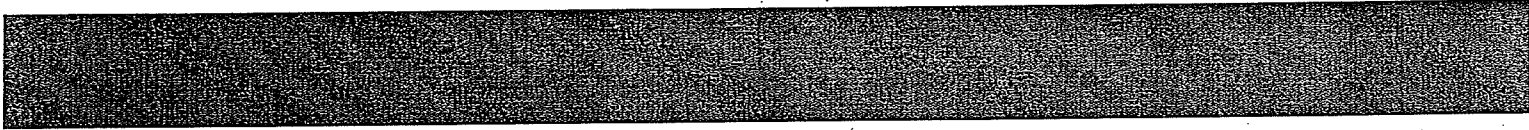
- **Designate a Health Care Surrogate**
- **Refuse or request life prolonging treatment**
- **Refuse or request artificial feeding or hydration (tube feeding)**
- **Express your wishes regarding organ donation**

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

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

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

When choosing a surrogate, remember that the person you name will have the power to make important treatment decisions, even if other people close to you might urge a



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.

Instructions for completing the Kentucky Living Will form

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

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

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

Life Prolonging Treatment

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

Nourishment and/or Fluids

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

Surrogate Determination of Best Interest

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

Under this bolded section on page two, IF you have designated a person as your surrogate in the first section, you may allow that person to make decisions for you regarding life-sustaining treatments and/or nourishment. Check and initial this line ONLY

if you wish to allow your surrogate to make decisions for you and if you do not want to detail your specific life-sustaining wishes on this form.

Organ/Tissue Donation

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

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

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

- (a) A blood relative of yours;
 - (b) A person who is going to inherit your property under Kentucky law;
 - (c) An employee of a health care facility in which you are a patient (unless the employee serves as a notary public);
 - (d) Your attending physician; or
 - (e) Any person directly financially responsible for your health care.
6. Once you have filled out the Living Will and either signed it in the presence of witnesses or in the presence of a notary public, give a copy to your personal physician and any contacts you have listed in the Living Will. A copy of any Living Will should be put in your medical records. Remember, you are responsible for telling your hospital or nursing home that you have a Living Will. Do not send your Living Will to the Office of the Attorney General.

KENTUCKY LIVING WILL DIRECTIVE AND HEALTH CARE SURROGATE DESIGNATION OF

(PRINTED NAME)

(DATE OF BIRTH)

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

HEALTH CARE SURROGATE DESIGNATION

By checking and initialing the line below, I specifically:

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

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

Any prior designation is revoked.

LIVING WILL DIRECTIVE

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

Life Prolonging Treatment (check and initial only one)

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

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

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

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

LIVING WILL DIRECTIVE - CONTINUED

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

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

Surrogate Determination of Best Interest

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

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

Organ/Tissue Donation (check and initial only one)

- _____ (check box and initial line, if you desire the option below)
Authorize the giving of all or any part of my body upon death for any purpose specified in KRS 311.185.
- _____ (check box and initial line, if you desire the option below)
DO NOT authorize the giving of all or any part of my body upon death.

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

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

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

Signed this _____ day of _____, 20____

Signature and address of the grantor.

Have two adults witness your signature OR have signature notarized*

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

Signature and address of witness.

Signature and address of witness.

- OR -

STATE OF KENTUCKY, _____ County

Before me, the undersigned authority, came the grantor who is of sound mind and eighteen (18) years of age, or older, and acknowledged that he voluntarily dated and signed this writing or directed it to be signed and dated as above.

Done this _____ day of _____, 20____

Signature of Notary Public

Date commission expires

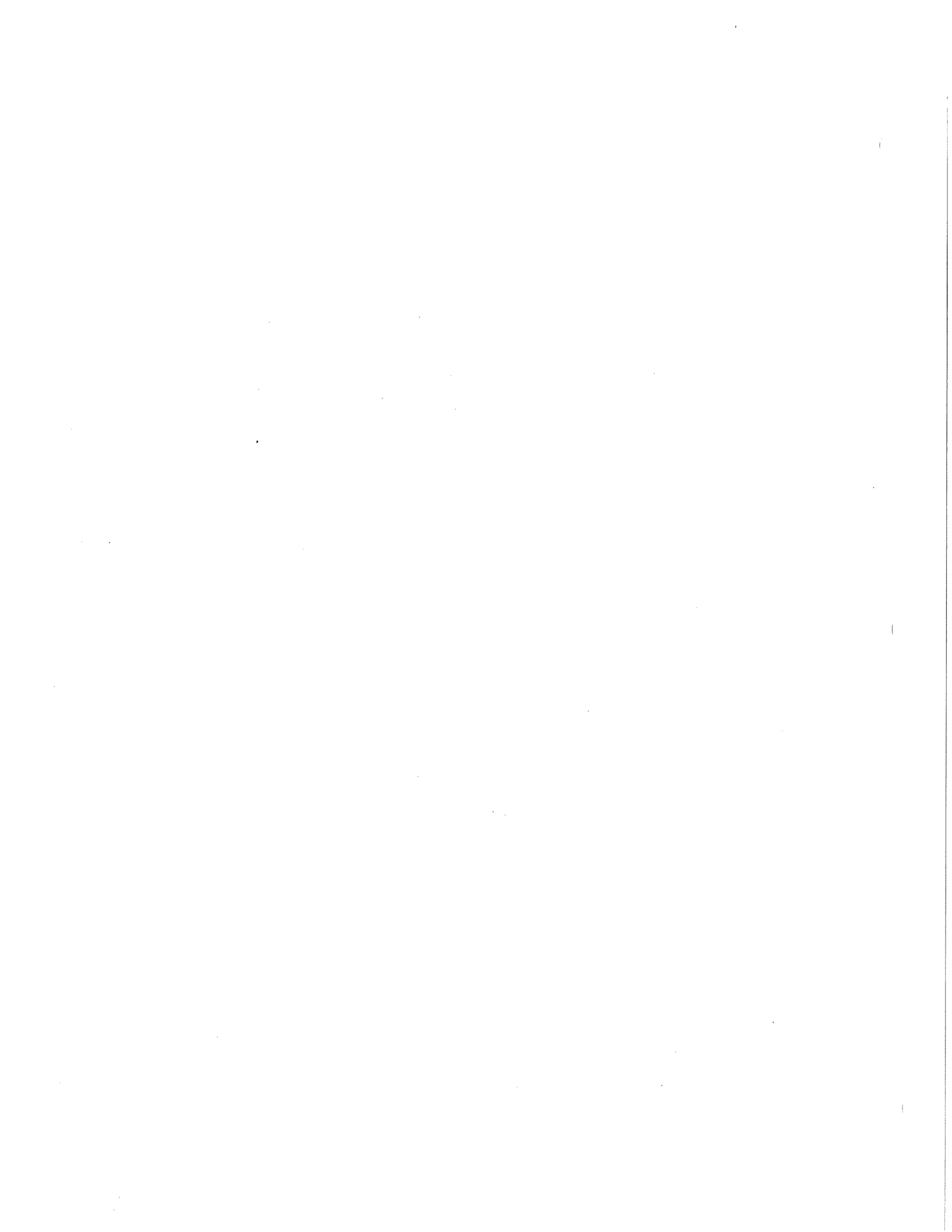
*None of the following shall be a witness to or serve as a notary public or other person authorized to administer oaths in regard to any advance directive made under this section:

- (a) A blood relative of the grantor;
- (b) A beneficiary of the grantor under descent and distribution statutes of the Commonwealth;
- (c) An employee of a health care facility in which the grantor is a patient, unless the employee serves as a notary public;
- (d) An attending physician of the grantor; or
- (e) Any person directly financially responsible for the grantor's health care.

NOTICE: Execution of this document restricts withholding and withdrawing of some medical procedures. Consult Kentucky Revised Statutes or your attorney.

A person designated as a surrogate pursuant to an advance directive may resign at any time by giving written notice to the grantor; to the immediate successor surrogate, if any; to the attending physician; and to any health care facility which is then waiting for the surrogate to make a health care decision.

Housing Information



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

DCBS DJJ KHC ID Number _____

Name: (Last) _____ (First) _____ (M.I.) _____

Youth Address: _____

City: _____ State: _____ Zip: _____

County _____

Phone Number: (_____) _____ - _____ (_____) _____ - _____

Email: _____

Date of Birth (MM – DD – YY): ____ - ____ - ____

Sex: Male Female

Race: American Indian or Alaska Native

Asian African American

Employed: Yes No

Native Hawaiian or Other Pacific Islander

Hispanic/Latino Caucasian

Education Level: _____ Other: _____

Does the youth have a mentor? Yes No

Mentor Name: _____

Mentor Address: _____

Mentor Phone Number: _____

Mentor Email: _____

ILC Signature: _____

Chafee Independence Program

Room and Board

Kentucky Housing Corporation

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

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

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

Your local Independent Living Coordinator

or

Kentucky Housing Corporation Representative

Keli Reynolds

Self-Sufficiency Manager

kreynolds@kyhousing.org

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:

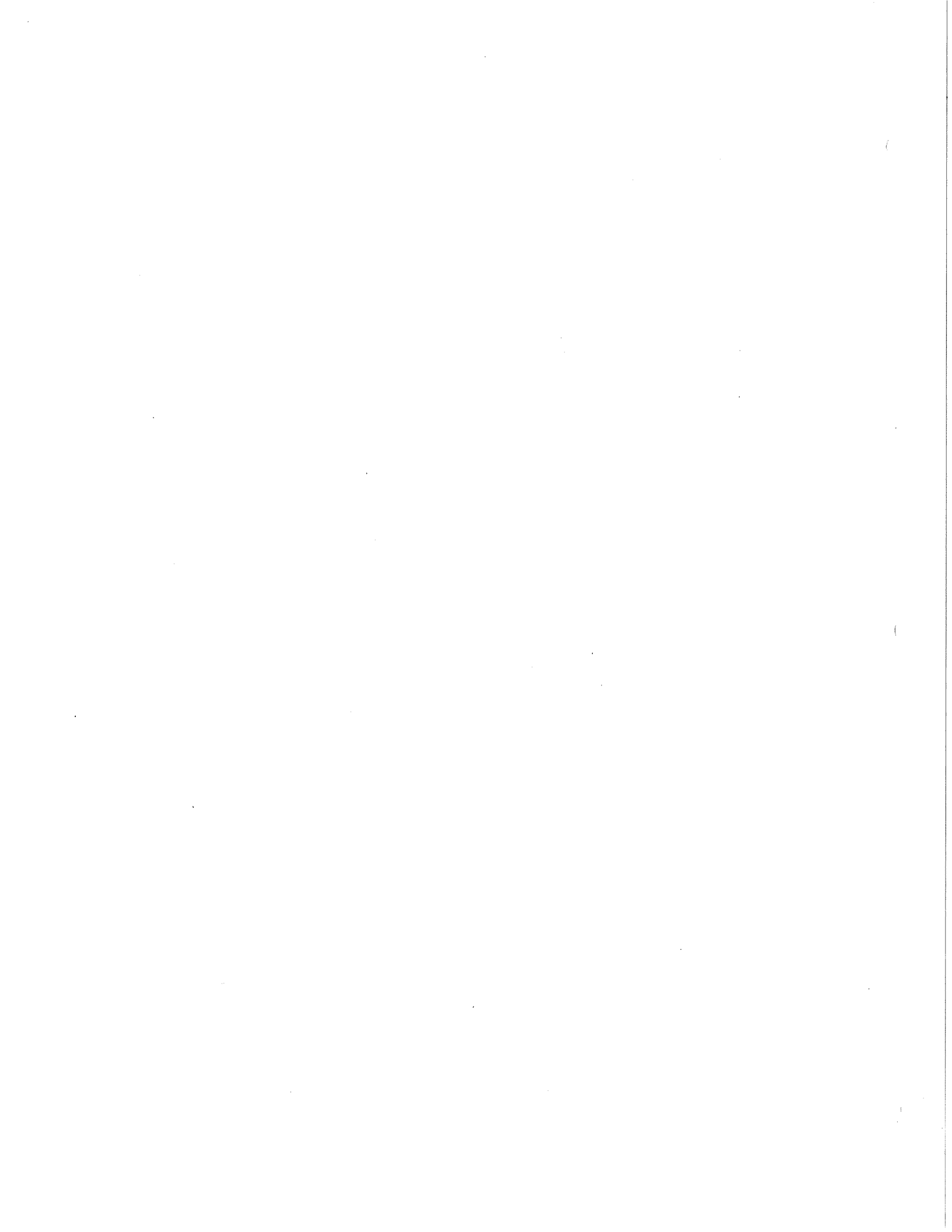
1. Know the rental situation before you sign. Ask who will be responsible for repairs. Find out how and where to contact that person, day or night. Be aware of any rules on painting and papering walls, hanging pictures, allowing pets and noise restrictions.
2. Read the lease carefully. Some contracts 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.



Legal Aid Network of Kentucky

You are in the Legal Aid Network's "Guide to Renting" Return to [Legal Aid Network Home Page](#)

High quality civil legal assistance for low-income and elder Kentuckians

CONTENTS

Guide Home
Site Map
Renting Laws
Apartment Life
FAQ
Legal Help
Appendix
Links
Legal Aid Network Home Page
This website provides information on renting for residency in Lexington, Kentucky. Renting laws change from city to city, and from state to state. You should NOT assume any of the information provided in this website applies to an area outside of Lexington.

> [Renting Laws](#) > Eviction

EVICTIION

Eviction is when the landlord obtains possession of the rented property because the tenant has not paid rent, does not follow the Landlord Tenant Act, or has broken a condition of the lease. The steps that must be taken to evict a tenant are described for each of these specific instances in [Tenant Noncompliance](#).

If you are worried about being evicted, read the information both in [Tenant Noncompliance](#) and the following:

- A landlord can NOT evict a tenant without first going to court. Thus, you cannot be evicted without a hearing. Your hearing would be announced in a "Forcible Detainer Warrant" sent to you (this is one of the steps of eviction stated in [Tenant Noncompliance](#)).
- In the case of eviction, a landlord might lock you out, remove your possessions from the apartment, or cut off some of your essential services (e.g. water, gas, or electric).
- Some landlords will not give the required legal notice to evict a tenant, or will not give the notice in the proper manner (the proper notice for eviction is described in the steps in [Tenant Noncompliance](#)). The landlord legally CANNOT evict you without this notice. If you did not receive proper notice, you can go to court on the trial date set in the "Forcible Detainer Warrant" to defend this plea. IF YOU ARE NOT IN COURT, YOU WILL AUTOMATICALLY BE EVICTED!
- You cannot legally be forced out of your apartment unless a court officer comes to your apartment to do so.
- If you are complying with the law, the landlord cannot make you move until your lease is up. If the landlord does not want to renew your lease, then you must move out. There is nothing legal that obligates the landlord to renew your lease.


[Home](#)
[Contact Us](#)
[Links](#)
[Privacy P](#)
[About LMHA](#)
[Housing](#)
[Special Programs](#)
[Hope VI](#)
[Section 8](#)
[General Info](#)
[Pressroom](#)


SECTION 8

General Information

[Rental Process and Eligibility](#)
[Properties For Rent](#)
[Landlord Information](#)

General Information

Section 8/Housing Choice Voucher Program

The Section 8 Rental Assistance or Housing Choice Voucher program, is a federally funded program designed to help eligible low income families secure decent, safe and sanitary housing. The Louisville Metro Housing Authority administers the program by providing vouchers that enable eligible families to seek out suitable housing in the private sector. To participate in the Section 8 program, head of households must be at least 18 years of age or legally emancipated. All rental units must meet housing quality standards (pass inspection), and the rent requested by the landlord must be within program affordability limits, and reasonable for the area where the unit is located. The security deposit and deposits for utilities, if applicable, are the participant's full responsibility. For additional information on the Housing Choice Voucher Program, please click on the following link to go to the Housing Choice Voucher Fact Sheet:

http://www.hud.gov/offices/pih/programs/hcv/about/fact_sheet.cfm

And to find other assisted housing in the Louisville area, please click on the following link:

<http://www.hud.gov/apps/section8/step2.cfm?state=KY%2CKentucky>
Pre-application forms may be obtained at the LMHA office located at 801 Vine Street, or you can write or call the LMHA Section 8 staff at:

Louisville Metro Housing Authority
P.O. Box 189
Louisville, KY 40201-0189
(502) 569-6076

**All participants have the choice of living anywhere in the USA where a voucher program exists. However, there are restrictions for new families. If you do not currently reside in Louisville or have not had a Louisville Metro address for the past 12 months, you will have to lease up in the Louisville Metro area for at least one year.*

Contact Phone Numbers

- For information regarding your position on the waiting list:
(502) 584-1704 (24 hours/7 days a week)
- For applicant questions: (502) 569-6076 (Monday - Thursday, 1:00 - 4:00PM)
- Change in income or family composition: (502) 569-6248 (Monday - Friday, 8:30AM - 4:00PM)
- Current LMHA public housing residents should contact their Property Manager for additional information regarding Section 8 availability
- For Section 8 participant questions/problems, please contact our Customer Service/Ombudsman, Mr. Donnie Adkins at 569-6932
- For owner/landlord questions/problems, please contact our Landlord Liaison, Ms. Michele Jefferson at 569-6948

©2004 Louisville Metro Housing Authority 420 South Eighth Street, Louisville, Kentucky 40203 (502) 5

[About LMHA](#) | [Housing](#) | [Special Programs](#) | [Hope VI](#) | [Section 8](#) | [General Info](#)
[Pressroom](#) | [Links](#) | [Contact Us](#) | [Privacy Policy](#) | [Home](#)

LOUISVILLE METRO HOUSING AUTHORITY
ALL APPLICATIONS MUST BE MAILED TO:
LOUISVILLE METRO HOUSING AUTHORITY
PO BOX 189
LOUISVILLE, KENTUCKY 40201-0189

NOTE: IT IS VERY IMPORTANT THAT YOU KEEP THIS INFORMATION SHEET FOR FUTURE REFERENCE.

INFORMATION ABOUT APPLYING FOR SECTION 8 RENTAL ASSISTANCE ONLY

1. This Application is for rental assistance only.
2. Fill the application out completely. An incomplete application will not be processed.
3. All applications must be sent **BY MAIL ONLY TO:**

LOUISVILLE METRO HOUSING AUTHORITY
P. O. BOX 189, LOUISVILLE, KENTUCKY 40201-0189

SECTION 8 PROGRAM: The Section 8 Rental Assistance Program is one of the Federal Government's programs for assisting eligible low income families to secure decent, safe, and sanitary housing. The Housing Authority administers this Program in the Louisville Metro area by providing eligible families with vouchers that enable them to seek out suitable housing in the private sector, by entering into contracts with landlords, and participating in the families' rental payments. Head of Household must be at least 18 years of age or legally emancipated in order to participate in the program.

MODERATE REHAB PROGRAM: This program is for specific units owned by private landlords in the Moderate Rehab Program located in Jefferson County. Under the Moderate Rehab Program, you must be willing to live in one of the Moderate Rehab Apartments rather than being able to choose your own unit, as you would under the Section 8 Voucher Program. The Head of Household must be at least 18 years of age or legally emancipated.

PUBLIC HOUSING PROGRAM: If you are interested in the Public Housing Program call 502-569-3400.

ELIGIBILITY

1. Head of Household must be at least 18 years of age or legally emancipated.
2. The family income cannot exceed:

MAXIMUM GROSS ANNUAL INCOME LIMITS

NUMBER OF PERSONS IN THE FAMILY							
1	2	3	4	5	6	7	8
\$20,800	\$23,750	\$26,750	\$29,700	\$32,100	\$34,450	\$36,850	\$39,200

Earned income of family members under the age of 18 (other than spouse) and income for the care of foster children are not included as part of the **total family income**.

SOURCES OF INCOME:

Some examples of income are wages (gross wages before deductions) or payment for baby-sitting or other services, which you or any household member over 18 regularly receives. Other examples of checks and money for any household member, regardless of age, which must be listed are: TANF, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Care taking, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Armed Forces and Reserves.

YOU MUST ALSO LIST ALL ASSETS OF THE ENTIRE FAMILY.

If you or a family member are enrolled in an institution of higher education and if all of these are true, (1) are under 24 years of age; (2) not a veteran; (3) not married; (4) do not have a dependant; (5) not other wise individually eligible; or (6) have parents either individually or jointly not eligible to receive assistance, you may not be eligible for assistance.

POLICY ON FELONY CONVICTIONS FOR DRUG RELATED OR VIOLENT CRIMES

If you or a family member age 18 or older has been convicted of a felony drug-related or violent crime, your family may be ineligible for rental assistance. If any household member is subject to a lifetime registration requirement under a State sex offender registration program or convicted of drug-related criminal activity for methamphetamine production on the premises of Federally assisted housing; you will be denied admission. You may obtain the complete policy from the Authority.

RULES ON BEDROOM SIZE ELIGIBILITY

1. Head of household is assigned their own bedroom, which can be shared only by a co-habiting adult.
2. No more than two persons can share a bedroom.
3. Children of the same sex will share a bedroom unless there are five years separating the ages.
4. Children of the opposite sex, both under the age of four, will share a bedroom.
5. Persons of different generations will not be required to share a bedroom.

The family unit size will be determined by the Louisville Metro Housing Authority in accordance with the above guidelines.

PRIORITY OF SERVICE

The waiting list will be composed of four (4) categories, (1) families with local preferences, (2) families without local preference, (3) singles with local preferences; and (4) singles without local preferences. All applicants will be contacted from the waiting list in the order listed above. All families will be contacted before eligible singles.

PREFERENCE

LOCAL PREFERENCES

As stated under Priority of Service, families whose living situations meet the definition of at least one of the six preference categories listed below will be eligible to receive rental assistance before families who do not qualify for a Local Preference. The six preference categories are:

1. INVOLUNTARILY DISPLACEMENT FOR PHYSICAL VIOLENCE
2. INVOLUNTARILY DISPLACEMENT - GOVERNMENT ACTION
3. SUBSTANDARD HOUSING
4. FAMILIES PAYING MORE THAN 50% OF INCOME (BEFORE TAXES) FOR RENT AND UTILITIES
5. HOMELESSNESS
6. PREVIOUS SECTION 8 PARTICIPANT IN THE HOMEOWNERSHIP PROGRAM

PAST PARTICIPATION

If you have been a participant on the Section 8 program previously and left owing the Housing Authority money it is the policy of the Housing Authority that all outstanding claims be paid in full prior to consideration for assistance again.

WHAT YOU MUST DO AFTER MAILING AN APPLICATION

You must let us know of a change of address, family composition and information to give you a preference.

All notifications of Changes must be submitted **IN WRITING** to the Housing Authority at the following address:

Attention Waiting List
Louisville Metro Housing Authority
P O Box 189
Louisville, Kentucky 40201-0189

All mail, which is returned to the Housing Authority as undeliverable because applicant failed to submit **WRITTEN CHANGE** of ADDRESS to the Housing Authority, will result in the removal of the Housing Request Form from further processing.

FOR MORE INFORMATION, CALL (502)584-1704. THIS NUMBER IS A COMPUTER INFORMATION LINE. YOU NEED TO CALL FROM A TOUCH-TONE PHONE. IT IS AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK OR TO SPEAK TO A REPRESENTATIVE CALL (502)569-6076 BETWEEN 1:00 p.m. - 4:00 p.m. MONDAY THROUGH THURSDAY.

NOTE: IT IS VERY IMPORTANT THAT YOU KEEP THIS INFORMATION SHEET FOR FUTURE REFERENCE.

What housing is covered?

Real property (home, apartments, lots, etc.), rented or sold, whether by or through a real estate broker, sales agent or operator, or directly by the owner with the intent of being used or occupied, or is designed or arranged as a home or residency for one or more families.

Who must obey the law?

Real estate operators, brokers, agents, savings and loan associations, mortgage lenders, banks, apartment house agents/managers, rental agents, builders, contractors, developers, owners of building lots, advertising media, homeowners advertising and selling their own homes, insurers and agents and any real estate related organization.

Are there exemptions to these laws?

Yes. Exemptions include the rental of any owner-occupied duplex or one room in a private home; the sale of property without help from a real estate dealer and without public advertising; and rental of privately owned housing to the extent of giving preference to those of that religion.

Report Discrimination

If you think you have been a victim of housing discrimination, please contact one of the agencies below. Fair housing is not an option. It's the law.

Kentucky Housing Corporation
1231 Louisville Rd.
Frankfort, KY 40601
(502) 564-7630
(800) 633-8896
TTY 711
www.kyhousing.org

Kentucky Commission on Human Rights
332 W. Broadway, Ste. 700
Louisville, KY 40202
(800) 292-5566
TDD (502) 595-2408
kchr.ky.gov

U.S. Department of Housing and Urban Development
601 W. Broadway, Room 110
Louisville, KY 40202
(502) 582-6163
TTY (800) 972-9275
www.hud.gov

Kentucky
UNBROKEN SPIRITS

KENTUCKY UNBROKEN SPIRIT.COM

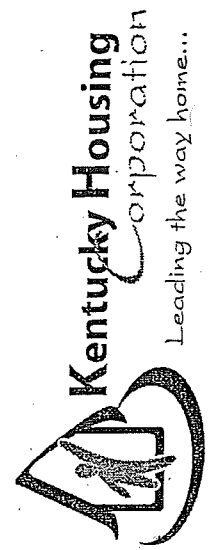
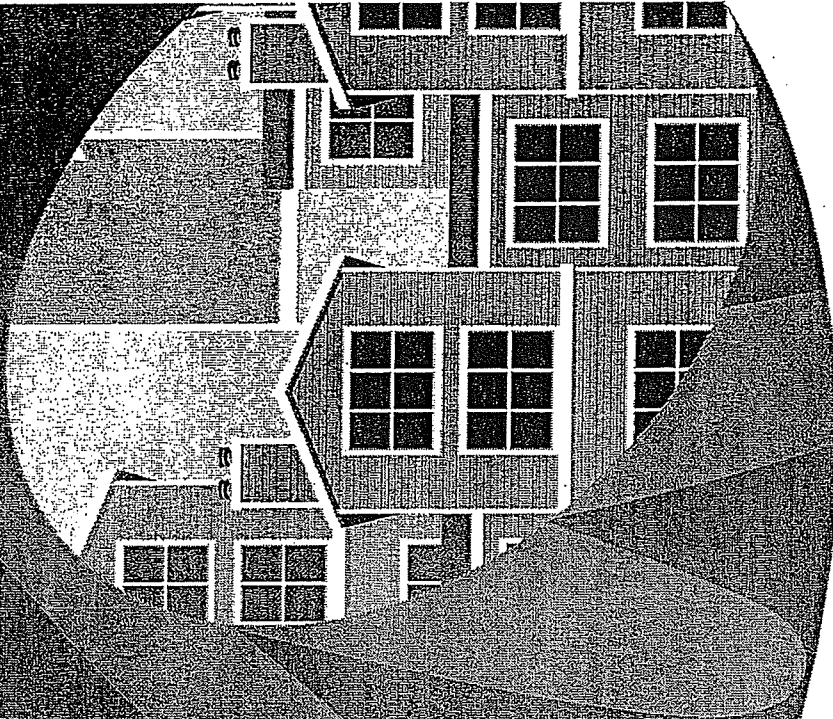
CONTACT



Kentucky Housing Corporation and the Department of Housing and Urban Development are equal opportunity providers. Disability access is available for all services. For more information, please contact the agencies listed above.

No state funds were used to produce this document.

Fair Housing



Fair Housing

Understand the facts and know your rights!

Kentucky Housing and our fair housing mission

Housing is a basic human need. Having a home instills a sense of safety and security. Kentucky Housing's mission is to provide safe, decent, affordable housing opportunities and we are committed to putting people first. Our core values guide our work as we believe that everyone deserves to have a safe place to live and that everyone has a right to fair housing, free from discrimination.

Kentucky Housing partners with...

- Home Buyers
- Renters
- Mortgage Lenders
- Housing Producers
- Special Needs Housing and Service Providers
- Government Agencies
- All Housing Industry Members

Kentucky Housing maintains an on-going commitment to fair housing through our homeownership (including homeownership education and counseling), rental, housing production/repair and special needs housing programs throughout the state. All entities that receive financial assistance from Kentucky Housing to conduct their housing programs are required to uphold fair housing activities.

- Kentucky Housing monitors compliance by our partners with the following requirements.
- Develop a fair housing plan and affirmative marketing program.
 - Promote the use of minority- and female-owned businesses in all legal documents.
 - Promote the design and construction of housing that ensures maximum use by all persons.
 - Promotes fair housing by displaying posters and brochures.

The Fair Housing Act

The Fair Housing Act was introduced as a component of the Civil Rights Act of 1968. The act provides equal opportunity to all who buy, sell, rent, finance or insure housing. In a nutshell, the act protects each individual's basic right to choose where to live and ensures equal treatment after obtaining housing.

Who is protected?

The Fair Housing Act prohibits discrimination in housing based on **race, color, national origin or religion**. The Kentucky General Assembly later broadened the law to prohibit discrimination in housing based on **disability, gender and familial status**. Discrimination based on **sexual orientation** is also forbidden in Covington, Lexington and Louisville.

What is housing discrimination?

In sale or rental of housing, it is illegal to:

- Refuse to sell or rent to someone based on a status if protected.
- Provide different services or facilities based on status if protected.
- Falsely deny housing is available based on a status if protected.
- Impose different rules on different people based on a status if protected.

It is illegal for lending institutions to:

- Refuse to accept mortgage loan applications based on status if protected.
- Refuse to provide loan information based on status if protected.
- Give people different terms/conditions on a loan based on a status if protected.
- Discriminate in the appraisal of property based on a status; if protected.

It is illegal for any person involved in any aspect of housing to:

- Threaten, intimidate or interfere with any person's fair housing rights.
- Advertise any availability of housing that states a preference or limitation based on a person's race, color, gender, national origin, religion, disability (handicap), familial status, and in some areas, sexual orientation.

Kentucky Commission on Human Rights

Heyburn Building, Suite 700
332 West Broadway
Louisville, KY 40202
(502) 595-4024

Fax: (502) 595-4801

Email: kchr.mail@mail.state.ky.us

Website: www.state.ky.us/agencies2/kchr

Toll Free Statewide
In Kentucky
(800) 292-5566

TDD Lines

(502) 595-4084

Kentucky Relay Service

(800) 648-6056 (tty/tdd)

Field Office

Northern Kentucky Field Office
City Building, Suite 401

636 Madison

Covington, KY 41011

(859) 292-2935

Fax: (859) 292-2938



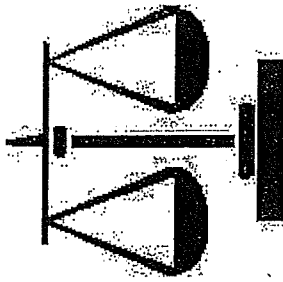
The Kentucky Commission on Human Rights affords all persons equal employment opportunity and equal access to services without regard to race, color, national origin, disability, age, sex, or religion. This publication may be available in other formats for the disabled.

Printed with state funds 04/01

Disability and Fair Housing in

KENTUCKY

It's the LAW



RIGHTS and responsibilities of
property managers, owners, and
housing customers under the
Kentucky Civil Rights Act

Commission on Human Rights

The Law

The Kentucky Civil Rights Act was amended in 1992 to provide legal protection for persons with disabilities to obtain housing. Chapter 344 defines an individual with a "disability" as someone with:

- (a.) A physical or mental impairment that substantially limits one or more major life activities,
- (b.) A record of such an impairment, and/or
- (c.) Being regarded as having an impairment.

Persons with current or past controlled-substance or alcohol abuse problems are not covered by Kentucky law. However, persons in recovery for substance or alcohol abuse may be covered under Federal law.

It is unlawful for a real estate operator, broker, or sales agent to:

- (a.) Refuse to sell, rent, lease or exchange real property for discriminatory reasons;
- (b.) Refuse to receive or transmit good faith offers to purchase or rent;
- (c.) Deny any services or facilities relating to real property transactions;
- (d.) Represent that real property is not available for inspection sale or rental when in fact it is;
- (e.) Retain a listing with the understanding that the seller plans to discriminate, or
- (f.) Discriminate in the terms or conditions of sale or rental.

In addition, the law specifies two additional practices, which are prohibited in relation to disability:

- (a.) Refusal to make reasonable accommodations in rules, policies, practices and services, when the accommodations may be necessary to afford the person equal opportunity to use and enjoy a housing accommodation, and
- (b.) Refusal to permit, at the expense of the disabled person, reasonable modifications of existing premises if the modifications may be necessary to afford the person full enjoyment of the premises.

A landlord may, where it is reasonable to do so, make condition modifications of the property contingent upon the renter agreeing to restore the interior of the premises to the condition that existed before the modification.

Frequently Asked Questions:

Q - If a landlord has a "No Pets" policy, can he/she refuse to rent to a disabled person who requires a guide dog?

A - NO. A landlord may have a 'no pets' policy and enforce that policy, however, a guide dog or service animal is not a pet. Its purpose is to assist a person with a disability and acceptance of the service animal would be considered a reasonable accommodation.

Q - If a landlord is willing to accept pets, but charges a special pet fee or pet rent, can those same fees be charged for a service animal?

A - NO. The landlord may establish a pet policy and related fee schedule. However, the policy and fee schedule have no bearing on service animals and no pet fee or additional deposit may be charged to a person with a disability for having a service animal residing on the premises.

Q - If a person needs a ramp in order for a unit to be accessible, must that ramp be allowed if it would interfere with other residents' access and pathways, or if the ramp would result in the violation of another law or code?

A - The law states that the modification must be "reasonable". One of the tests of reasonableness is the effect or impact the modification will have on the rights of other residents. If the modification would severely restrict or interfere with other residents' rights, it is possible that it may not be "reasonable". The law also states a property owner may not be required to violate another law in order to comply with the Fair Housing Law, e.g. zoning, parking requirements or fire codes.

Q - If a landlord agrees to permit a renter to make necessary modifications, is it all right to charge a higher rent or security deposit to cover the cost of converting back to the original condition when the premises is vacated?

A - NO. Charging higher rents or deposit is potentially unlawful because it may appear to be a different term or condition based on a protected class (disability). A landlord and renter may, however, negotiate a dollar amount, which would be deposited into an escrow account, and which would be sufficient to cover the cost of conversion when the premises are vacated.

Q - If a landlord has knowledge about a mental illness that an applicant has and the landlord is afraid the applicant's behavior may upset the other residents, is it legal to refuse to rent to that person?

A - A person with a mental disability who applies for housing should be screened in the same manner and held to the same eligibility standards as other applicants. Acceptance or rejection of that person as a renter should be based on whether or not they meet eligibility standards, not on the fact that the person has a disability. An applicant's acceptance needs to be based on standards relating to rental history and behavior, not on the mental disability. There may, however, be instances in which a disability has affected the individual's ability to meet the eligibility standards and the landlord might permit an accommodation. For example, an individual's credit may be poor due to the disability, but everything else has checked out. The landlord might agree to a six-month lease as a trial period and extend to the usual full year if the rent is paid in full and on time.

Q - If a landlord knows that an applicant has a record of violent behavior, must he/she rent to that person?

A - The law states that housing need not be made available to an individual whose tenancy would constitute a direct threat to the health or safety of other individuals or whose tenancy would result in substantial physical damage to the property of others. Although some behaviors may be the result of a mental illness, the law does exclude certain behaviors from the protection of the law.

Q - Is an individual who is HIV Positive or who has AIDS protected by this law?

A - YES. Persons who have AIDS or are HIV Positive have protected class status under disability and are entitled to the full protection of the law. In addition, KRS 207.250 makes it unlawful to disclose the fact that a current or former occupant is infected with HIV or has AIDS and also protects an owner or his/her agent from legal action for the failure to disclose that information.



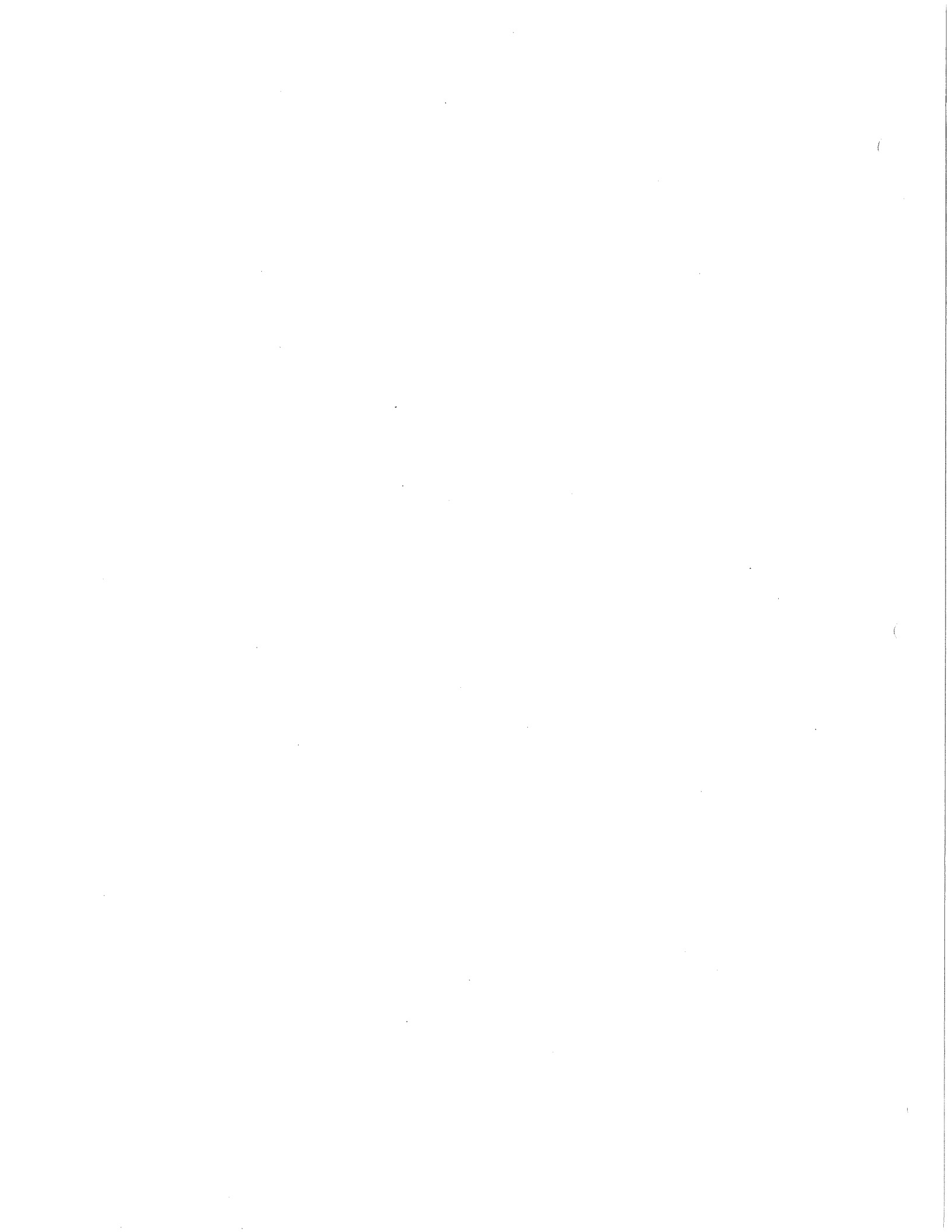
Kentucky Civil Rights Act

The Kentucky Civil Rights Act (K CRA) protects persons in the state from discrimination based on race, color, religion, national origin, sex, and disability in employment, housing, financial transactions, and public accommodation. Also illegal is discrimination in employment based on age (40 and over); discrimination against a person because he or she does or does not smoke; retaliation emanating from filing a complaint; and discrimination in housing based on familial status (households with children age 17 and under).

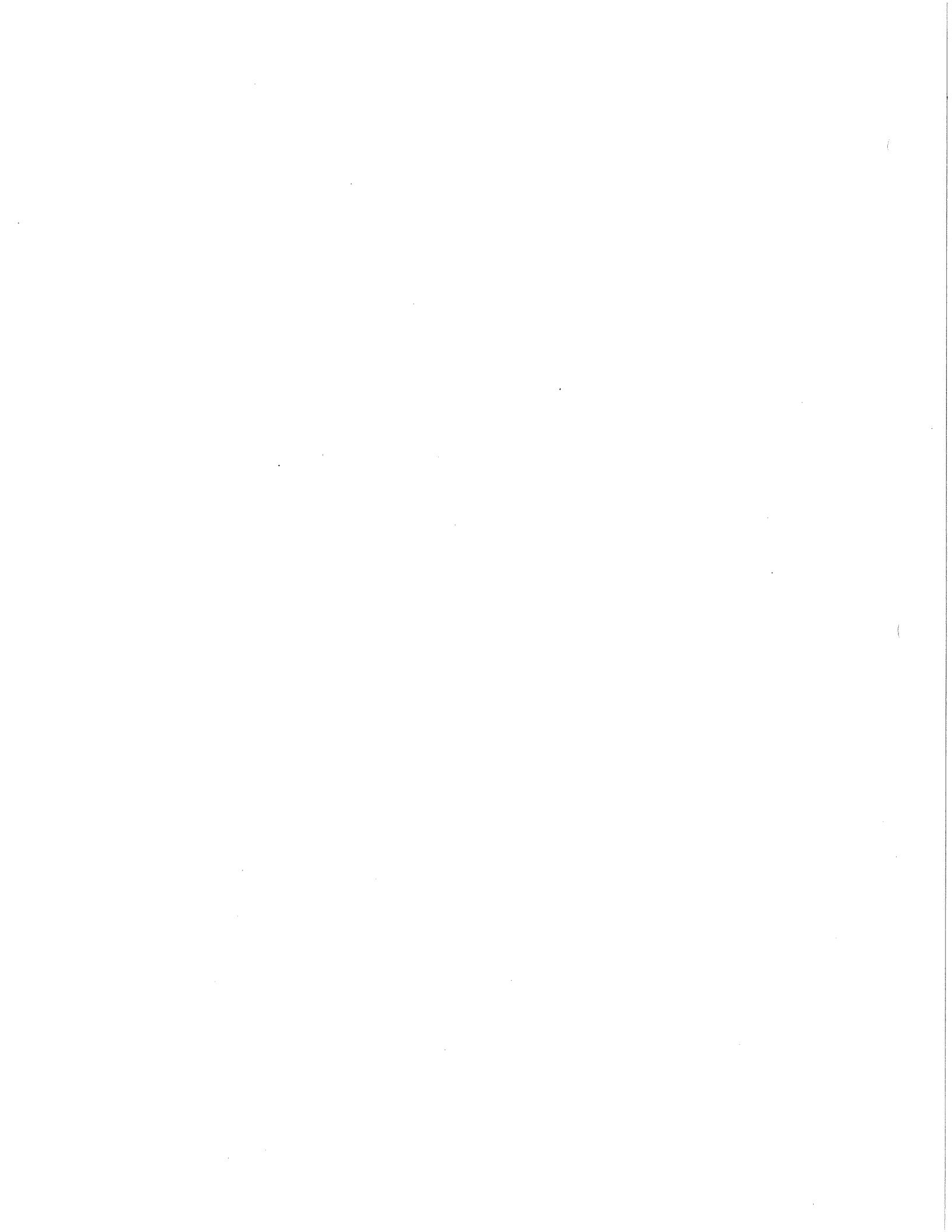
The Kentucky Commission on Human Rights (KCHR) enforces the K CRA. It is comprised of 11 Commissioners, who are appointed by the Governor, and KCHR staff. The Commissioners oversee the work of the staff and act as a court in hearing discrimination complaints presented by KCHR staff attorneys.

Staff compliance enforcement officers receive and investigate complaints of discrimination. If investigation indicates probable cause to believe illegal discrimination occurred, enforcement officers forward the complaint to staff attorneys for litigation. When a conciliation settlement cannot be reached, the Commissioners may hold a hearing. They issue corrective orders when discrimination is proven. Orders can include payment of damages for embarrassment and humiliation to the victims of discrimination. The Commissioners may ask a circuit court to enforce an order.





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**

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

<u>Tuition Assistance</u>	<u>Tuition Waiver</u>	<u>Scattered Site Apartment Living Program</u>	<u>Education Training Voucher</u>	<u>Tuition Waiver</u>	<u>Chafee Room & Board Program</u>
DCBS youth 18-21 Pays for educational expenses at a post secondary educational program <u>not covered by</u> financial aid such as Pell & CAP Grants, KEES, scholarships, etc	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	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: Bellewood 502-245-4171 Boy's Haven 502-458-1171 Home of the Innocents 502-596-1320	Youth left care on or after 18 or adopted from state foster care Adopted on or after 16 \$5,000 yearly maximum Youth completes ETV form and submits to Keith Jones 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: Kenny Ingram 502-595-4504	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: Kenny Ingram 502-595-4504	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: Bellewood 502-245-4171 Boy's Haven 502-458-1171 Home of the Innocents 502-596-1320
Maintain 2.0 GPA Form OOH-103 completed by worker & approved by SRA Contact: Kenny Ingram 502-595-4504	Maintain 2.0 GPA Form DPP-333 Completed by youth & submitted to school's bursar, business or financial aid office. Contact: Kenny Ingram 502-595-4504	NECCO 502-618-5950	Contact: Kenny Ingram 502-595-4504	Contact: Kenny Ingram 502-595-4504	Contact: Kenny Ingram 502-595-4504

	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 Health and Family Services.

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

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 Fawn Conley at 800-232-5437, ext. 4497.

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)
			.32	\$

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: _____

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.

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.**

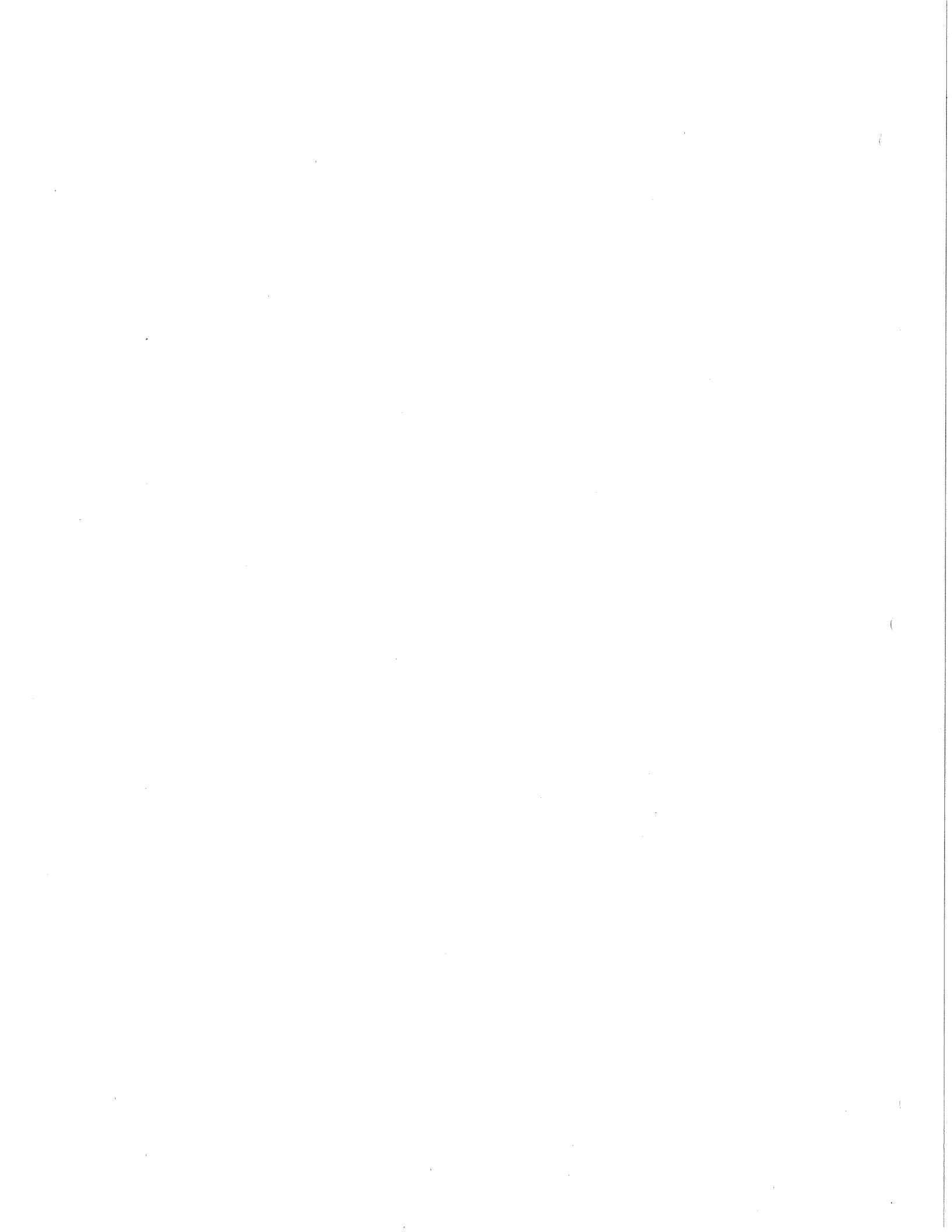
After the school/program has verified your standing, send the form to:

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

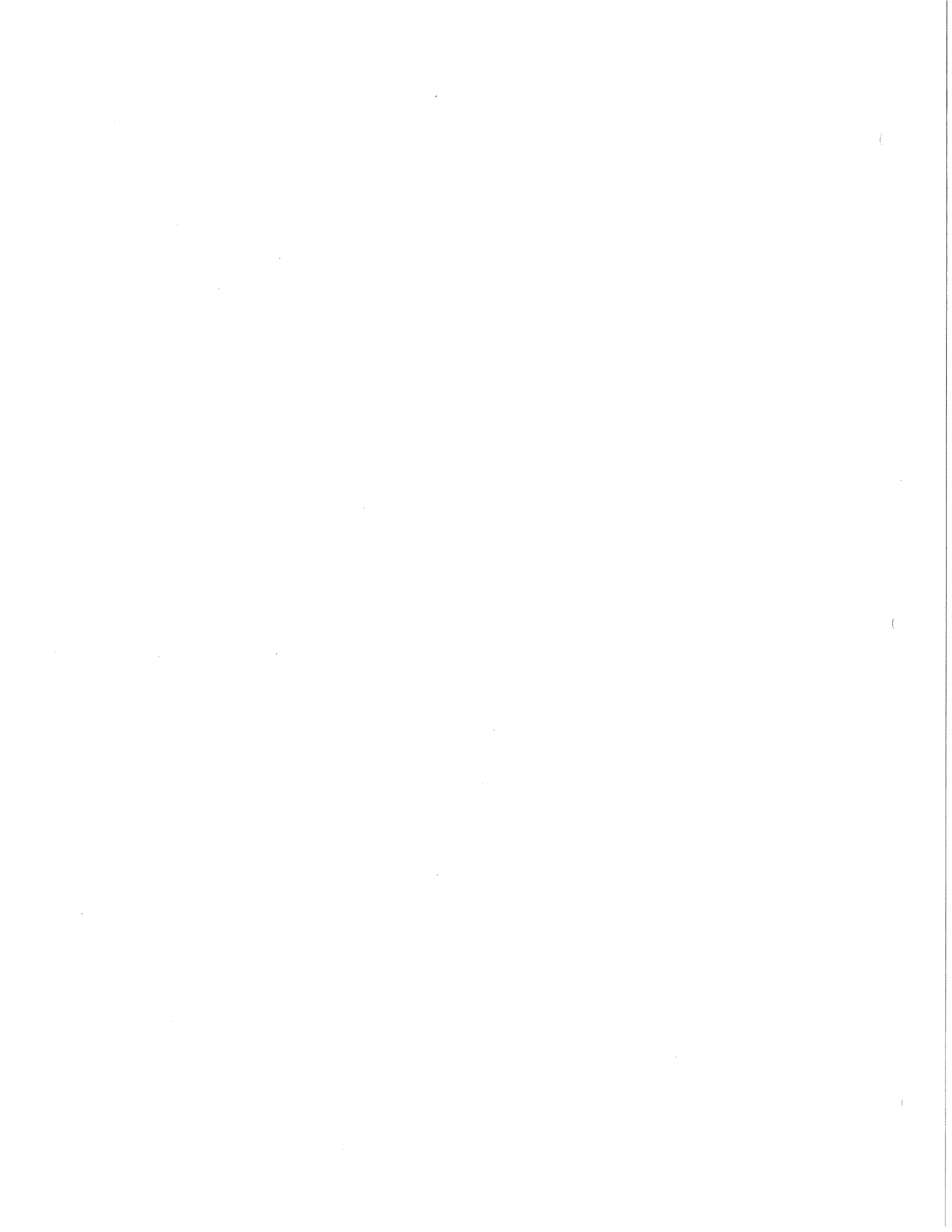
The form must be completed and sent to Frankfort by the 10th of every month. Failure to provide the required verification will result in termination of funds.

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

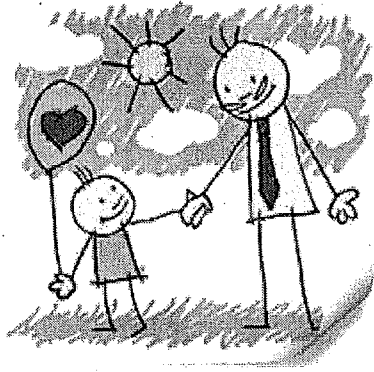
Keith Jones / **Shelley Brown**
Phone: 502-564-2147 ext. 3154
Fax: 502-564-5995
Keith.Jones@ky.gov / Shelley.Brown2@ky.gov



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.

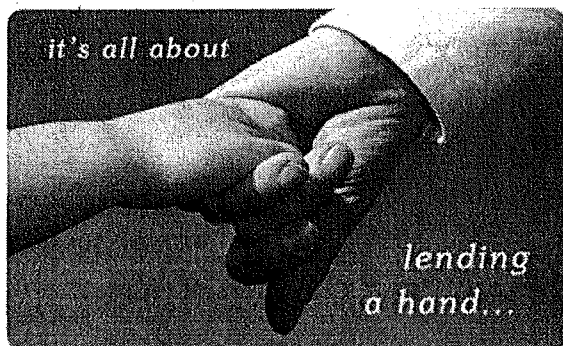
They help youth build upon their individual strengths and accomplish personal goals. They teach the youth to become more responsible.



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.

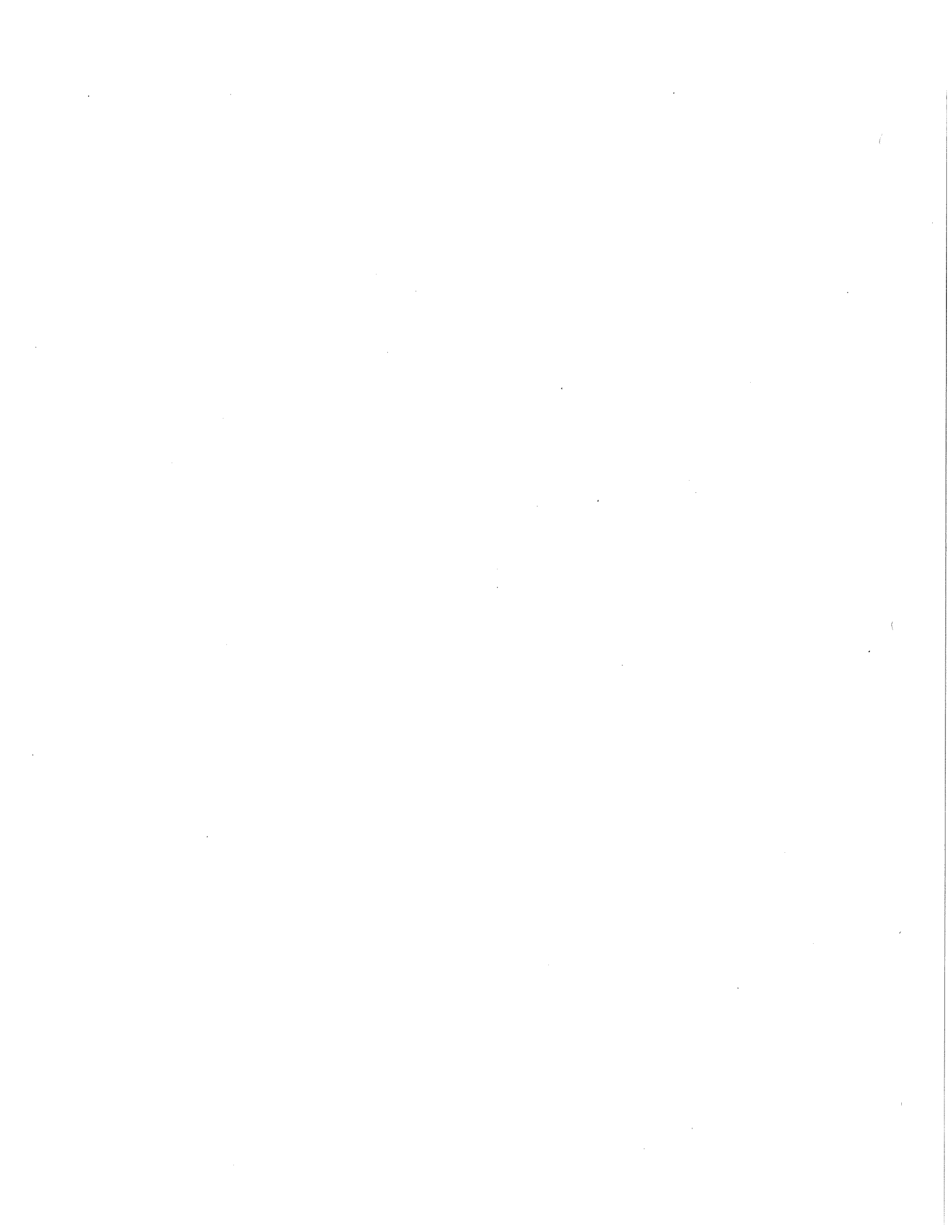


Murray State University Mentor Program

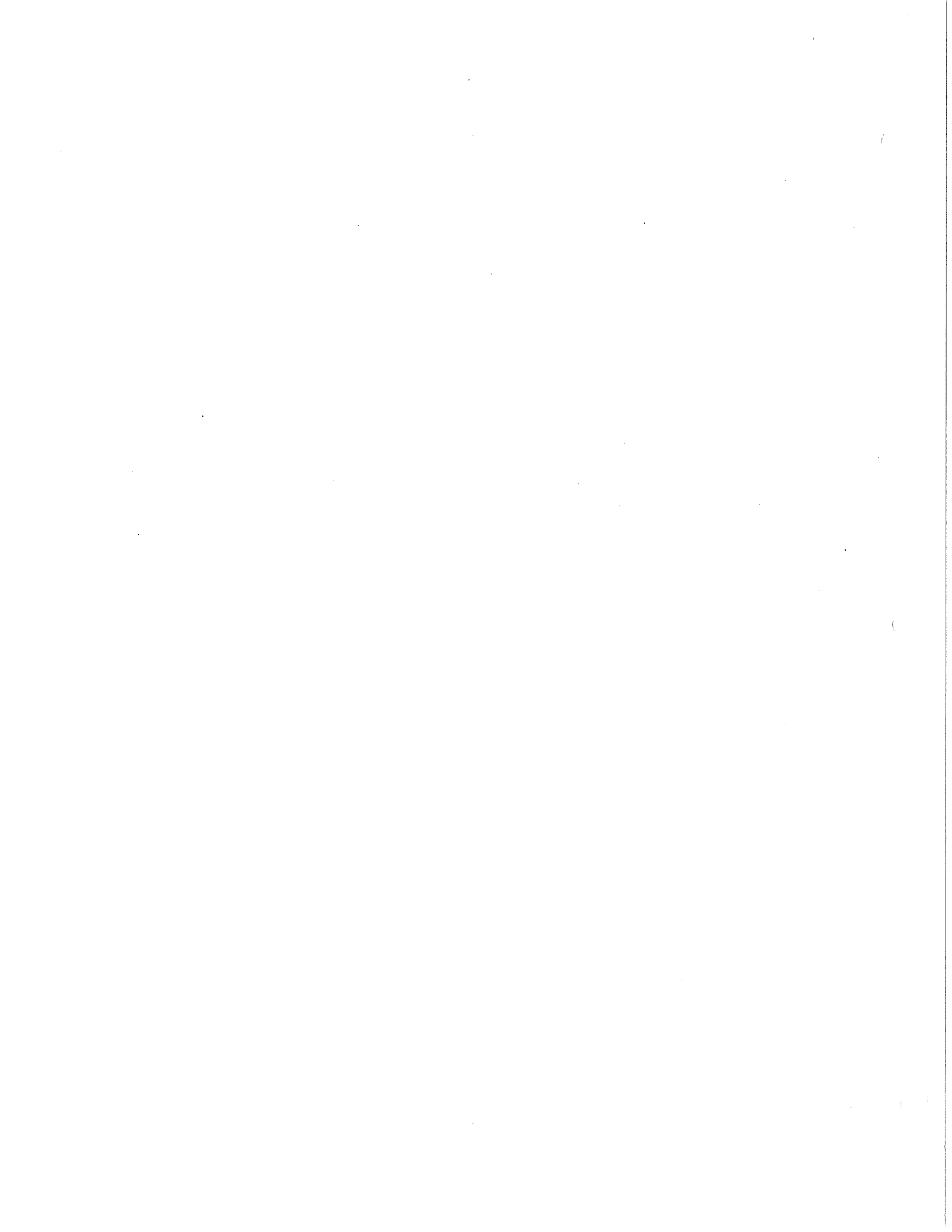
Lauren Carson

Toll Free: 1-877-994-9970

lauren.carson@murraystate.edu



Additional Resources



Glossary of foster care terms

Adjudication: A court hearing to figure out if there has been a crime.

Aging Out: When a youth leaves foster care because they have reached age 18 or have finished high school (whichever comes last) without returning home or being adopted.

Appeals: Someone asks for a hearing to change the court's decision. Any court decision is subject to an appeal. Appeals can take several months to resolve.

Arraignment: The court gives an individual a chance to admit or deny the crime or to let the judge decide.

Biological Parents: The person(s) who gave birth, or fathered the child.

CASA: see Court Appointed Special Advocate.

Case Assessment and Case plan: A plan that the Department of Human Services, along with the youth and family, makes and updates every six months. It includes the services provided to the youth and family, and makes clear the expectations and progress made toward reaching the goal of permanent placement of the youth.

Caseworker (CS): Works with youth and their families to provide services and support, with the goal of permanent placement for the youth.

Cease Reunification: The court decides that since the biological parents did not do what was required of them for the child to go home, the Department is no longer required to provide reunification services for the purpose of the child returning to their biological parent's home.

Child Protective Caseworker (CPS): Works with children and youth and families (sometimes the children and youth are still in their homes) to assess, investigate and provide ongoing social services to families where abuse and neglect of youth has been reported.

Independent Living Program (ILP): A federally funded program providing services to foster youth age 14 or 16 and over to prepare for adulthood. This program provides classes in life skills, vocational training, and equipment needed for job training. Also provides funds for college scholarships, skills training, and rent assistance.

Independent Living Skills Case-worker: A Department of Human Services' Caseworker who provides services to youth in state custody who are 16 and older, and whose treatment plan goal is independent living. Services are to help youth learn to live on their own.

Individual Education Plan (IEP): A plan intended to improve success for an individual student, which may include additional assistance, learning aids, tutoring, revised or classroom settings. Produced by a team of people, including teachers, school administrators, counselors, parents or foster parents, and sometimes the youth themselves.

Individual Service Plan (ISP): A written document describing long range goals and short range objectives for the provision of service for a foster youth.

Judge: The judge decides what is best for the youth. The judge issues court orders, reads reports, hears arguments and decides whether the youth should be placed in the custody of the state.

Judicial Review: A court review that looks at the progress of the parents and the youth in order to decide the safest place for the youth to live. There must be a Judicial Review within 18 months (soon to be 12 months) of the child entering custody and at least every 12 months after that.

Juvenile Court: A district court or another court that only addresses matters affecting children younger than 18.

Kinship or Kinship Care: Those providing 24 hour care for children they are related to by blood. This may also be called relative care.

Life Book: Pages or a packet of information prepared with or for a child regarding his/her social background. It includes pictures and stories about people, events and places, which are important to the child's history and life.

Frequently Requested Phone Numbers and Hotlines

Child & Adult Abuse

- Spouse Abuse Hotline → 1-800-544-2022
- Adult and Child Abuse Reporting → 1-800-752-6200
- Kentucky Domestic Violence Association → 502-695-2444
- Kentucky State Police Child Abuse Hotline → 1-800-543-7723
- Kentucky Council on Child Abuse Parent Hotline → 1-800-432-9251
- Prevent Child Abuse America → 312-663-3520
- Victim's Advocacy Division → 1-800-372-2551
- ChildHelp USA → 1-800-422-4453
- Child Safety Referral Hotline → 1-800-CHILDREN
- Protection and Advocacy → 1-564-2967

Child Care

- Child Care Information → 1-800-421-1903
- Maternal and Child Health Information → 1-800-635-2570
- Foster Care Information → 1-800-232-5437
- Special Needs Adoption → 1-800-432-9346
- KY Association of Child Care Resources and Referral Agencies → 1-800-723-5002
- KY Commission for Children with Special Healthcare Needs → 1-800-232-1160
- Childhood Lead Poisoning Questions → 502-564-7360
- Parent Helpline → 1-800-432-9251

Disabilities

- KY Commission of Deaf and Hard of Hearing → 1-800-372-2907
- KY Developmental Disabilities Council → 1-877-367-5332
- Department for the Blind → 1-800-346-2115
- Division of Mental Health(Consumers Only) → 1-800-374-9146
- Learn to Read → 1-800-372-7179
- KY Relay Service(for the Hearing and Speech Impaired) → 1-800-648-6056

Drug and Alcohol Abuse

- Alcohol & Drug Abuse Hotline → 1-800-729-6686
- Treatment Team → 1-888-729-8028
- Treatment Hotline → 1-888-221-0446
- Emergency and DUI Hotline → 1-800-222-5555
- Marijuana and Drug Hotline → 1-800-367-3847
- Alcoholics Anonymous → 1-800-467-8019
- Cocaine Hotline → 1-800-262-2463
- Drug Information Service of Kentucky → 1-800-432-9337
- MADD of Kentucky → 1-800-944-6233
- Drug Enforcement → 1-800-637-2556

- Crisis Line for Parent → 1-800-432-9251

Transportation

- RTEC(Rural Transit Enterprises Coordinated) → 1-800-321-7832
- Road Condition and Weather Information → 511
- Office of Transportation Delivery → 1-888-941-7433

Most Requested Phone Numbers

- Governor's Scholars → 502-573-1555
- KY Board of Realtors → 502-429-7250
- KY Board of Cosmetology & Hairdressers → 502-564-4262
- KY Historical Society → 502-564-3016
- KY History Center → 502-564-1792
- KY Park Reservation → 1-888-459-7275
- KY Personnel Board → 502-564-7830

Last Updated 8/17/2

Copyright © 2008 Commonwealth of Kentu
All rights resen

Family & Children First, Inc
Administration Office: 2303 River Road, Ste. 200, Louisville, KY 40206
Intake/ General Questions: 502/893-3900
www.familyandchildrenfirst.org

Community Resource Manual Louisville Metro Area

Our Mission

To strengthen our community by helping families with children maximize their emotional, social and physical well being through behavioral health and social services, advocacy, and prevention efforts.

Our Vision

A community where families with children thrive.

Family & Children First, Inc. receives funding by Metro United Way and Supports Metro United Way's Community Efforts.

Metro United Way- a 24 hour Information & Referral Service.....dial Call 502/566-4YOU

Metro United Way 2-1-1 is a free and confidential hotline to get connected to local health and human services.Dial 211

<http://www.metrounitedway.org/howtocontactus.shtml#top>

http://www.metrounitedway.org/documents/community_investments_07-08.pdf

Community Resources

Child Services

Statewide child abuse reporting hotline.....1-800-752-6200

Exploited Children's Help Organization
1500 Poplar Level Road, Suite 2 Louisville, KY 40217(502) 636-3670
<http://echolou.org/index.html>

Family & Children First, Inc., Child Advocacy Center
560 B South Fourth Street, Louisville, KY584-8505
Child Sexual Abuse Center visit, www.familyandchildrenfirst.org

The Family Place: A Child Abuse Treatment Agency, Inc.
1800 Neville Drive, Louisville, KY 40216.....(502) 636-2801
<http://www.familyplaceky.org/index.htm>



Clothing

Bethlehem Baptist Church.....964-4384
5708 Preston Highway Louisville, KY 40219
(Tues.-Thurs., 11:00 am – 4:00 p.m.)

Christ Church Cathedral (referral required).....587-1354
421 S. 2nd St. Louisville, KY 40202

Emanuel Missions.....935-1591
14008 Dixie Hwy.

Goodwill.....585-4945
909 E. Broadway, Louisville, KY 40203

The Healing Place.....584-6606
1020 W. Market Street (Noon – 1, 5:00-6:00 p.m.)
Louisville, KY 40202

<u>Jefferson St. Baptist Center</u>	584-6543
733 E. Jefferson (By appointment or 7-8:30 am)	
Louisville, KY 40203	
<u>Saint Vincent DePaul</u>	584-2480
1015-C S. Preston Street, Louisville, KY 40217	
<u>Schuhmann Center</u>	589-6696
730 E. Gray Street (Mon. - Fri. 9-11:45 am)	
Louisville, KY 40202	
<u>Southeast Christian Church, Helping Through Him</u>	253-8000
920 Blankenbaker, Louisville, KY 40243	
<u>Walnut Street Baptist Church (referrals required)</u>	589-3354
1111 S. 3rd St., Louisville, KY 40203	
(Monday, Tuesday, Thursday, Friday, 12:30-3:30, call for an appointment)	
<u>Wayside Christian Mission</u>	584-3711
822 E. Market St., Louisville, KY 40202	

Community Action Agency

1200 S. 3 rd Street, Louisville KY 40203	574-1157
4810 Exeter Av., Louisville KY 40218.....	458-5353
3308 Chauncey Av., Louisville KY 40211.....	778-7386
7219 Dixie Hwy., Louisville KY 40258.....	935-0046



Court Approved Community Service Sites in Louisville

Beecher Terrace Resident Council, Inc.	574-2326
Cain Center for the Disabled, Inc	589-3030
Community Action Agency	778-7386
Dare to Care Warehouse	966-3821
Full Gospel Baptist Church	585-5255
Gospel Missionary Baptist Church	774-5523

The Healing Place	.....585-4848, ext.104
Kentucky Harvest	.....894-9999
The Lord's Kitchen	.....634-1665
Metro Parks	.....636-5181
Neighborhood House	.....774-2322
Open Spaces Unit for Public Works	.....574-4285
Plymouth Community Renewal Center	.....583-7889
Project Warm	.....636-9276
Recycling Center #1 (Hubbards Lane)	.....896-1293
Recycling Center #2 (Newburg)	.....456-2481
Recycling Center #3 (Dixie)	.....933-5682
Recycling Center #4 (Whipps Mill)	.....327-7452
Recycling Center #5 (Outerloop)	.....231-1669
St. Joseph Home for Children	.....893-0241
The Salvation Army Adult Rehab Center	.....935-6978
Walnut Street Baptist Church	.....589-5229

Disabled Services

<u>The Center for Accessible Living</u>	589-6620
981 S. Third Street, Louisville, KY 40203	
<u>Deaf Relay Service</u>	1-800-648-6057
(free to anyone without a machine)	TDD 1-800-648-6056
<u>Mental Inquest Disability Line</u>	595-4053, ext. 4841
<u>Social Security/ Disability</u>	582-6690
601 W. Broadway, Louisville, KY 40203 (need picture ID to enter)	
<u>TDD Crisis Information Center</u>	589-4259
<u>Vocational Rehabilitation Services</u>	595-4173

410 W. Chestnut Street, Louisville, KY 40204

The Nia Center.....574-4100
W. Broadway, Louisville KY

Early Child Development/ Parenting Classes/ After School Programs- Information

Big Brothers/ Big Sisters.....587-0494

Catholic Charities- Pregnant? Need Help?.....502/637-9786

Family & Children First, Inc., New Parent Support – Service for prenatal – first time parents
410 W. Chestnut Street.....502/589-2181

Family & Children First, Inc., Family Counseling Service
Call Intake for service locations.....502/893-3900

Family & Children First, Inc., Family & School Services
Call Intake.....502/893-3900

First Steps, Seven Counties (developmental Delays).....(502) 459-0225

Home of the Innocents- Cralle Day House
1020 East Market Street, Louisville, KY 40206..... 502.596.1240

<http://forums.kentuckianamoms.com/index.php?sid=6fe166133a2e12725bafa78f53464f1e>



Education

Jefferson County Public Schools, VanHoose Education Center
3332 Newburg Road Louisville, KY 40232-4020,
<http://www.jefferson.k12.ky.us/index.html>

Jefferson County Public Schools Adult Education.....485-7400

GED Testing (Jefferson Technical College).....213-4100
727 West Chestnut Street, Louisville, KY 40204
Make an appointment, bring \$30, and picture ID

Ahrens Education Center (GED).....485-7400

546 S. First Street, Louisville, KY 40202 (Classes at this location and others)

Colleges/Universities/Trade Schools
(Contact Financial Aid Office for tuition assistance)

<u>Bellarmino College</u>	452-8131
2001 Newburg Road, Louisville, KY 40205	
<u>ITT Technical Institute</u>	327-7424
10509 Timberwood Circle, Louisville, KY 40223	
<u>Jefferson Community College (Downtown)</u>	213-5333
109 East Broadway, Louisville, KY 40202	
<u>Jefferson Community College (Southwest)</u>	935-9840
1000 Community College Drive, Louisville, KY 40272	
<u>Jefferson Technical College</u>	595-4223
727 West Chestnut Street, Louisville, KY 40204	
<u>Kentucky Career Institute</u>	495-1040
4400 Breckinridge Lane, Louisville, KY 40218	
<u>Kentuckiana College Access Center</u>	584-0475
200 W. Broadway, 7th Floor, Louisville, KY 40202	
<u>Kentucky College of Business</u>	447-7634
3950 Dixie Highway, Louisville, KY 40216	
<u>RETS Electronic Institute</u>	968-7191
300 High Rise Drive, Louisville, KY 40213	
<u>Spalding University</u>	585-9911
851 S 4th St. Louisville, KY 40203	
<u>Spencerian College</u>	447-1000
4627 Dixie Highway, Louisville, KY 40216	



Employment

<u>Department for Employment Services</u>	595-4762
600 Cedar Street, Louisville, KY 40203	

Career Resources

Metro Human Needs Alliance

Community organized assistance programs sponsored by local religious groups. Located throughout the county serving various client needs; financial assistance, clothing, referrals, etc.

<u>Metro Human Needs Alliance Advocacy</u>	585-3556
1113 S. 4th Street, Louisville, KY 40203	
<u>East Louisville Community Ministries</u>	561-0722
<u>Fairdale Area Community Ministries</u>	367-9519
<u>Fern Creek/Highview United Ministries</u>	239-4967
<u>HELP Office</u>	637-6441
<u>Highlands Community Ministries</u>	451-3695
<u>Jefferson Street Baptist Chapel</u>	584-6532
<u>Jeffersontown Association of Christian Congregation</u>	267-0505
<u>Louisville Central Community Center</u>	583-8821
<u>Ministries South Central Louisville</u>	363-9087
<u>Neighborhood Visitor Program</u>	245-8822
<u>Presbyterian Community Center</u>	584-0201
<u>St. Matthews Area Ministries</u>	896-8055
<u>Shively Area Ministries</u>	447-4330
<u>Sister Visitor</u>	776-0155
<u>South East Area Ministries</u>	458-2441
<u>South Louisville Community Ministries</u>	367-6445
<u>Southwest Community Ministries</u>	935-9957
<u>United Crescent Hill Ministries</u>	893-0346
<u>Walnut Street Baptist Church</u>	589-5290
<u>Wesley Community House</u>	583-8317
<u>West Louisville Community Ministries</u>	778-2815

Downtown574-4435
East.....254-3195
West.....448-6681

Center for Women and Families.....581-7237
226 W. Breckinridge Street, Louisville, KY 40203

Goodwill Industries.....585-5221

Kentuckiana College Access Center.....584-0475
200 W. Broadway, 7th Floor, Louisville, KY 40202

Kentucky Department of Vocational Rehabilitation...(Downtown).....595-4173
(East).....254-3195
(West).....449-1456

Louisville Works.....582-9675
803 E. Washington Street, Louisville, KY 40206

Nia Center.....574-3700
2900 W. Broadway, Louisville, KY 40211.

Urban League.....561-6830
1535 W. Broadway, Louisville, KY 40203.

Vocational Rehabilitation Services (client with disabilities).....595-4173
410 W. Chestnut, Louisville, KY 40201

Ex-Offender Assistance / Advocacy

Prodigal Ministries.....568-1770
425 S. 2nd Street, Louisville, KY 40202

Dismas Charities.....636-2033
2500 7th Street, Louisville, KY



Financial Assistance

Benevolence Ministry, Southeast Christian Church.....253-8000
920 Blankenbaker Parkway, Louisville, KY 40243

Cabbage Patch.....634-0811
1413 S. 6th Street, Louisville, KY 40208

Government

Contact MetroCall by phone, simply dial 311 or (502) 574-5000 - 24 hours 7 days a week.

<http://www.louisvilleky.gov/MetroCall/default.htm>

Indiana-

<http://www.in.gov/>

Groceries



Dare to Care Food Bank (numerous locations).....966-3821

Helping Through Him (Southeast Christian Church).....253-8000
920 Blankenbaker Parkway, Louisville, KY 40243

Kentucky Harvest.....894-9999

Sister Visitor Center.....776-0155
2235 W. Market St., Louisville, KY 40213

Food Program.....895-3031
1616 Rowan St. Louisville, KY 40203 (For those 60 and over)

Food Stamps (Neighborhood Places).....588-4190



Healthcare

Jefferson County Health Department.....574-6617
400 E. Gray St., Louisville, KY 40202

7219 Dixie Highway, Louisville, KY 40258.....937-7277

201 Outerloop, Louisville, KY 40228.....231-1459

200 Juneau Drive, Louisville, KY 40243.....245-1074

Hope Clinic.....585-5326
914 E. Broadway

Ten Broeck Hospital - KMI
8521 LaGrange Road, Louisville, KY 40242..... 502-426-6380
1405 Browns Lane, Louisville, Kentucky 40207..... 502-896-0495

University of Louisville Emergency Room.....562-3075
530 S. Jackson Street, Louisville, KY 40202

University Primary Care Clinic.....852-0011

University Family Medicine Center.....852-5203
530 S. Jackson Street, Louisville, KY 40202

The Healing Place (men).....584-6606
1020 W. Market Street, Louisville, KY (Thursdays, 5:30-6:30)

The Healing Place (women).....568-6680
1607 W. Broadway, Louisville, KY

Park Duvalle Community Center.....774-4401
1817 S 4th Street

Phoenix Health Center.....568-6972
712 E. Muhammad Ali Blvd., Louisville, KY 40202

Planned Parenthood (women)
4211 Trio Avenue, Louisville, KY 40219.....966-5510
1025 S. 2nd Street, Louisville, KY 40203.....584-2473

Specialty Clinic (STD's).....574-6699
850 Barret Avenue #301, Louisville, KY 40204

Veterans Administration Hospital.....895-3401
800 Zorn Avenue, Louisville, KY



AIDS Project.....636-0771
933 Goss Avenue, Louisville, KY 40217

<u>Domestic Violence</u>	581-7222
<u>Gambler's Anonymous</u>	561-5665
<u>Gay and Lesbian Bisexual and Transgender Hotline</u>	454-7613
<u>Parent support/ crisis line</u>	1-800-CHILDREN
<u>Pregnancy</u>	583-2151
<u>Rape Services</u>	581-7273
TDD.....	581-7267
<u>V.I.N.E (Victim Notification Hotline)</u>	1-800-511-1670
<u>Al-Anon Information Services</u>	458-1234
<u>Alcoholics Anonymous</u>	582-1849



Housing

Half Way Houses:

<u>Freedom House (pregnant women/ HIV)</u>	634-0082
1432 South Shelby Street, Louisville, KY 40217	
<u>Maude Booth House (women and children- Recovery)</u>	584-0904
1131 South First Street, Louisville, KY 40203	
<u>Third Step Program</u>	634-0656
1436 south Shelby Street, Louisville, KY 40217	
<u>A New Beginning for Women Cultivating a Rose</u>	634-4252
(Female ex-offenders) 1261 South Brook Street, Louisville, KY 40203	
<u>Talbot House (recovery)</u>	587-0669
520 West St. Catherine Street, Louisville, KY 40203	
<u>Wellspring House (mental illness)</u>	637-4361
1382 S. 3rd Street, Louisville, KY 40203	

AIDS Services Center.....574-5490
810 Barrett #265, Louisville, KY 40204

Family and Children First, Inc......893-3900
various locations

Glade House.....574-5496
850 Barrett, Louisville, KY 40204

HIV/AIDS Legal Project.....574-8199
810 Barrett, Louisville, KY 40204

Health Trust (info. and referral).....589-6461
850 Barrett Avenue, Louisville, KY

House of Ruth (support services).....587-5080
607 E. St. Catherine Street, Louisville, KY 40203

Specialty Clinic.....574-6699
850 Barrett Avenue #301, Louisville, KY



Homeless Prevention

Coalition for the Homeless.....589-0190
1115 S. 4th Street, Louisville, KY 40203
<http://www.homelesscoal.org/ourpublications/tips.pdf>

Family & Children First, Homeless Prevention Service.....562-9297
893-3900



Hotlines

Alcohol Abuse Helpline.....1-800-276-6818

Child Abuse.....589-4550

Crisis Line.....589-4313

St Vincent DePaul Society
(Women's Recovery).....584-2480 ex. 230
1015 South Preston, Louisville, KY 40203

Tranquil House (mentally ill).....584-2480 ext. 230
1035 S. Preston Street, Louisville, KY 40203

St. Jude Women's Recovery Center.....589-6024
431 E. St. Catherine Center, Louisville, KY 40203

Housing Authority of Louisville.....574-3420

Rental Assistance

Department of Human Services Information and Referral..... 574-8000



Identification

Birth certificate.....574-6596

Get application at 400 E. Gray Street, Louisville, KY 40202

Mail to:

Kentucky Bureau of Vital Statistics
275 East Main Street 1E-A
Frankfort, KY 40621

*There is a \$10 fee for this service.

Social Security Administration General Information.....1-800-772-1213

Social Security Card..... 582-6690

601 W. Broadway, Louisville, KY (Downtown)..... 582-6690

3133 W Broadway, Louisville, KY (West)..... 775-5709

10434 Shelbyville, Louisville, KY (East)..... 244-059

*Copy of birth certificate or baptismal record required

Driver's license.....595-4405

(Several locations, You will need a birth certificate and Social Security card)

Jefferson County Clerk's Office.....574-5700

527 W. Jefferson St., Louisville, KY 40202

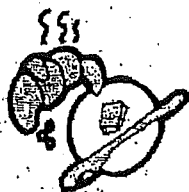
Immigration Services- etc.

Catholic Charities of Louisville, Inc.
2911 South Fourth Street, Louisville, KY 40208(502) 637-9786
<http://www.catholiccharitieslouisville.org/>



Legal Help

- City of Louisville Police Department.....574-7111
- Jefferson County Police Department.....574-2121
- Archives and Records.....595-3042, 595-2391
- Child Support.....574-8300
- Commonwealth's Attorney.....595-2300 / 2340
514 W. Liberty St. Louisville, KY 40202
- Jefferson County Attorney's Office.....574-6336 / 574-6360
531 Court Place, Suite 1001, Louisville, KY 40202
- Jefferson Public Defenders Office.....574-3800
- Kentucky ACLU.....581-1181
425 W. Muhammad Ali, Louisville, KY 40202
- Jefferson County Police Department.....574-2121
- Legal Aid Society.....584-1254
- Louisville Bar Association Lawyer Referral Service.....583-1801



Meals

<u>Cathedral of the Assumption</u>	582-2971
443 S. 5th Street, Open 1-1:30 p.m.	
<u>Fourth Avenue United Methodist Church</u>	585-2176
318 W. St. Catherine St., Open 12-1 p.m.	
<u>Franciscan Shelter House</u>	589-0140
748 Preston Street, Open 10:30-12:30 p.m.	
<u>The Healing Place for Men</u>	584-6606
1020 W. Market Street, Open 11:30-12:45 p.m.	
<u>The Healing Place for Women</u>	568-6680
1607 W. Broadway, Open 11:30 – 12 p.m.	
<u>Jefferson Street Baptist Community @ Liberty</u>	585-3787
800 E. Liberty Street	
<u>Jefferson Street Baptist Center</u>	584-6543
733 E. Jefferson Street	
<u>Lord's Kitchen</u>	634-1665
2732 S. 5th Street, Open 8:30 a.m. – 1 p.m.	
<u>St. Anthony's Soup Kitchen</u>	584-9075
529 E. Liberty, Open 10:30 a.m. – 11:45 a.m.	
<u>St. Augustine Church</u>	584-4602
1310 W Broadway, Open 10:30 a.m. – 12 p.m.	
<u>St. Vincent de Paul Open Hand Kitchen</u>	584-2480
1026 S. Jackson Street, Open M-F 11:15 – 11:45 a.m., Sat/Sun 9-9:30 a.m.	
<u>Salvation Army</u>	625-1170
831 S. Brook Street, Open 5-6 p.m.	
<u>Wayside Christian Mission</u>	584-3711
822 E. Market Street, Open 6:45 – 8:30 p.m.	

Mediation (Restorative Justice)

Transformation House.....(859) 231-1282
121 Walton Avenue, Lexington, KY 40508

Mental Health Services

Family & Children First, Inc......893-3900
various locations Call Intake to Schedule Appointment

Interlink Counseling (Veterans)964-7147
8311 Preston , Louisville, KY 40219

Jefferson Alcohol and Drug Abuse Center (JADAC).....583-3951
600 S. Preston Street, Louisville, KY 40202

Mental Health Inquest Disability Line.....595-4053 ext. 4841

Phoenix Clinic (Seven Counties).....568-6972
712 E. Muhammad Ali Blvd. Open M, W, F, 8-3

Seven Counties:.....589-1100
701 W. Muhammad Ali Blvd.
<http://www.sevencounties.org/>

Miscellaneous Agencies / Services

Coalition for the Homeless.....589-0190
1115 S. 4th Street, Louisville, KY 40203

Department for Human Services Information and Referral.....574-8000

Dismas Charities.....636-2033
2500 7th Street, Louisville, KY

Prodigal Ministries.....568-1770
425 S. 2nd Street, Louisville, KY 40202

Family & Children First, Traveler's Aid.....540-2612
410 W. Chestnut Street

Neighborhood Places

financial, medical, referral assistance, etc.

First Neighborhood Place at Thomas Jefferson Middle School.....962-3160
4401 Rangeland Road, Louisville, KY 40219

Neighborhood Place at 810 Barret.....574-6638
810 Barret Avenue, Louisville, KY 40204

South Jefferson Neighborhood Place (Fairdale Site).....363-1424
1000 Neighborhood Place, Fairdale, KY 40118

- South Jefferson Neighborhood Place (Valley High Site).....995-3000
10200 Dixie Highway, Louisville 40272
- Neighborhood Place Northwest at Shawnee High School.....772-4540
4018 West Market Street, Louisville 40212
- Neighborhood Place Ujima at the DuValle Education Center.....485-6710
3500 Bohne Avenue, Louisville, KY 40211
- Neighborhood Place for Greater Cane Run Area.....485-6810
3410 Lees Lane, Louisville; KY 40216
- Neighborhood Place Bridges of Hope.....634-6050
1411 Algonquin Parkway, Louisville, KY 40210
- Satellite Office (Downtown).....595-4575
908 West Broadway (L&N Building), Louisville, KY 40203
- Neighborhood Place South Central.....574-5877
Construction in progress, 810 Barret, Louisville, KY 40204



Shelters

Emergency Night Shelters:

- Center for Women and Families (women and children).....581-7569
- The Healing Place for Men584-6606
1020 W. Market, Louisville, KY
- The Healing Place for Women.....568-6680
1607 W. Broadway, Louisville, KY
- Haven House (men and women).....(812)285-1197
1727 Green Street, Louisville, KY 47131
- Liberty House (ages 18-21).....584-4673
- Salvation Army (men and women).....625-1170
831 S Brook Street, Louisville, KY
- Volunteers of America (families).....636-0816
1321 S. Preston Street
- Wayside Christian Mission (men, women, families).....584-3711
812 E. Market Street
- YMCA Shelter House(teens).....635-5233

1410 S. 1st Street

St. Vincent de Paul/ Ozanam Inn (men).....584-2480
1034 S. Jackson Street

Emergency Day Shelters:

Jefferson Street Baptist Community at Liberty.....585-3787
800 E. Liberty Street

Jefferson Street Baptist Center.....584-6543
733 Jefferson Street

St. John Center.....568-6758
700 E. Muhammad Ali Blvd, Louisville, KY 40202

Wayside Christian Mission.....584-3711
(Men) 822 E. Market Street
(Women) 804 E. Market Street

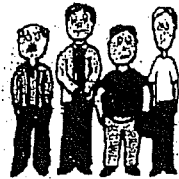
Specialized Services

Food Stamps.....595-4238

Mental Inquest Disability Line.....595-4053 ext. 4841

Social Security Office.....582-6690
601 W. Broadway, Louisville, KY 40203 (need picture ID to enter)

TANF (financial assistance for families).....595-4238
601 W. Broadway, Louisville, KY 40203 (need picture ID to enter)



Support Groups

Alcoholics Anonymous.....582-1849
305 W. Broadway (Main Office)

Narcotics Anonymous.....(812)948-5772

Gambler's Anonymous.....561-5665

Transportation

102



Transit Authority of the River City (TARC).....585-1234
Family & Children First, Traveler's Aid.....540-2612
410 W. Chestnut Street

Treatment Programs

Seven Counties Services.....589-1100
Domestic Violence Offender Treatment Program.....589-110
Seven Counties Services, 701 W. Muhammad Ali Blvd.
Jefferson Alcohol and Drug Abuse Center.....581-9234
600 S. Preston Street, Louisville, KY 40202
St. John's Center HCMI-Veterans Program.....568-1981
Services for mentally ill or chemically dependent Veterans
700 E. Muhammad Ali Blvd, Louisville, KY 40202
Open Monday and Tuesday
Sexual Offender Treatment Programs.....933-1719 ext. 235
Substance Abuse Program (SAP) (Probation and Parole clients).....933-1719 ext. 232

Veterans

Interlink Counseling (requires referrals by VA).....964-7147
831-B Preston, Louisville, KY 40219
Office of Veterans Affairs.....582-5849
St. John's Center HCMI Veterans Program.....568-1981
Services for mentally ill or chemically dependent Veterans
700 E. Muhammad Ali Blvd., Louisville, KY 40202
Open Monday and Tuesday
VA Hospital, Homeless Outreach.....581-1171
800 Zorn Avenue, Louisville, KY 40206

Veterans Center (Outreach).....634-1916
1347 S. 3rd Street, Louisville, KY

Vetplace (assessment and referral).....589-9298
753 S. Shelby Street, Louisville, KY

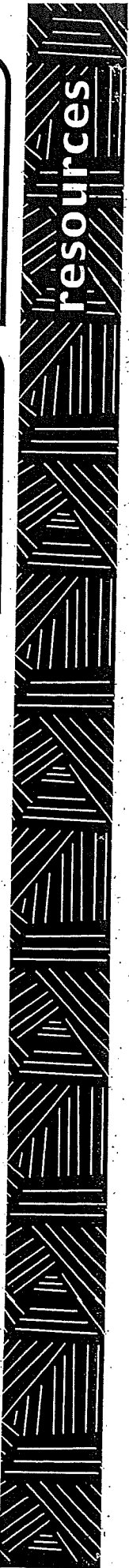
contact person	 description of services		
agency/company			
address			
city		state	zip
phone			
e-mail			
web			

contact person	 description of services		
agency/company			
address			
city		state	zip
phone			
e-mail			
web			

contact person	 description of services		
agency/company			
address			
city		state	zip
phone			
e-mail			
web			

contact person	 description of services		
agency/company			
address			
city		state	zip
phone			
e-mail			
web			

contact person	 description of services		
agency/company			
address			
city		state	zip
phone			
e-mail			
web			



contact person	 description of services		
agency/company			
address			
city		state	zip
phone			
e-mail			
web			

contact person	 description of services		
agency/company			
address			
city		state	zip
phone			
e-mail			
web			

contact person	 description of services		
agency/company			
address			
city		state	zip
phone			
e-mail			
web			

contact person	 description of services		
agency/company			
address			
city		state	zip
phone			
e-mail			
web			

contact person	 description of services		
agency/company			
address			
city		state	zip
phone			
e-mail			
web			



Acknowledgment of Receiving Documents

Last First ML DOB (mm-dd-yyyy)

Street City State Zip

Social Security #

Phone #

Commitment of the child to the custody of the cabinet for placement for an indeterminate period of time not to exceed his/her 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 ID

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

