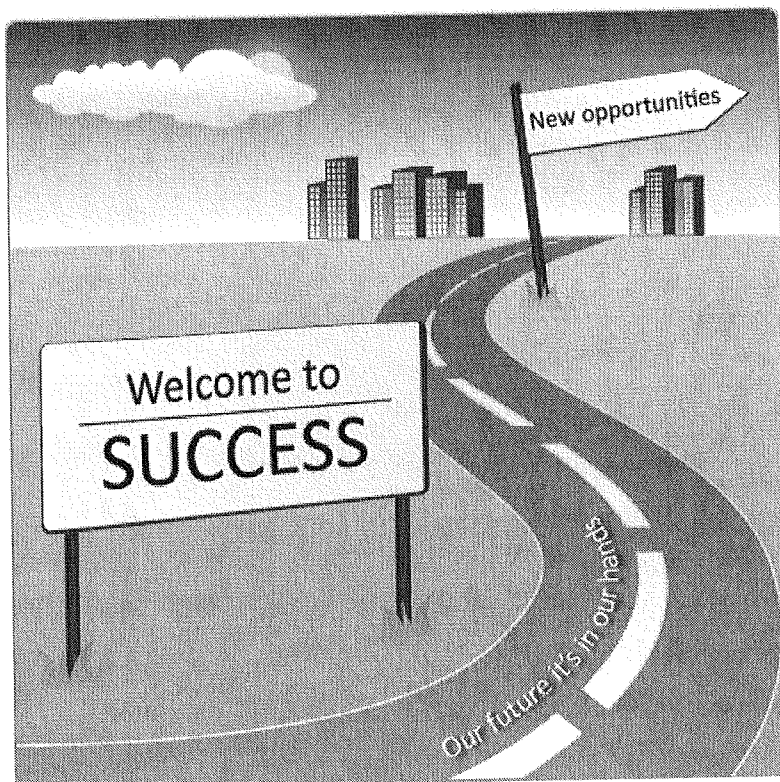


# Resource Guide for Youth Exit Packet



## Northern Bluegrass



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

## **Education Information**

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# Independent Living Program – Regional Coordinators

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

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

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

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

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

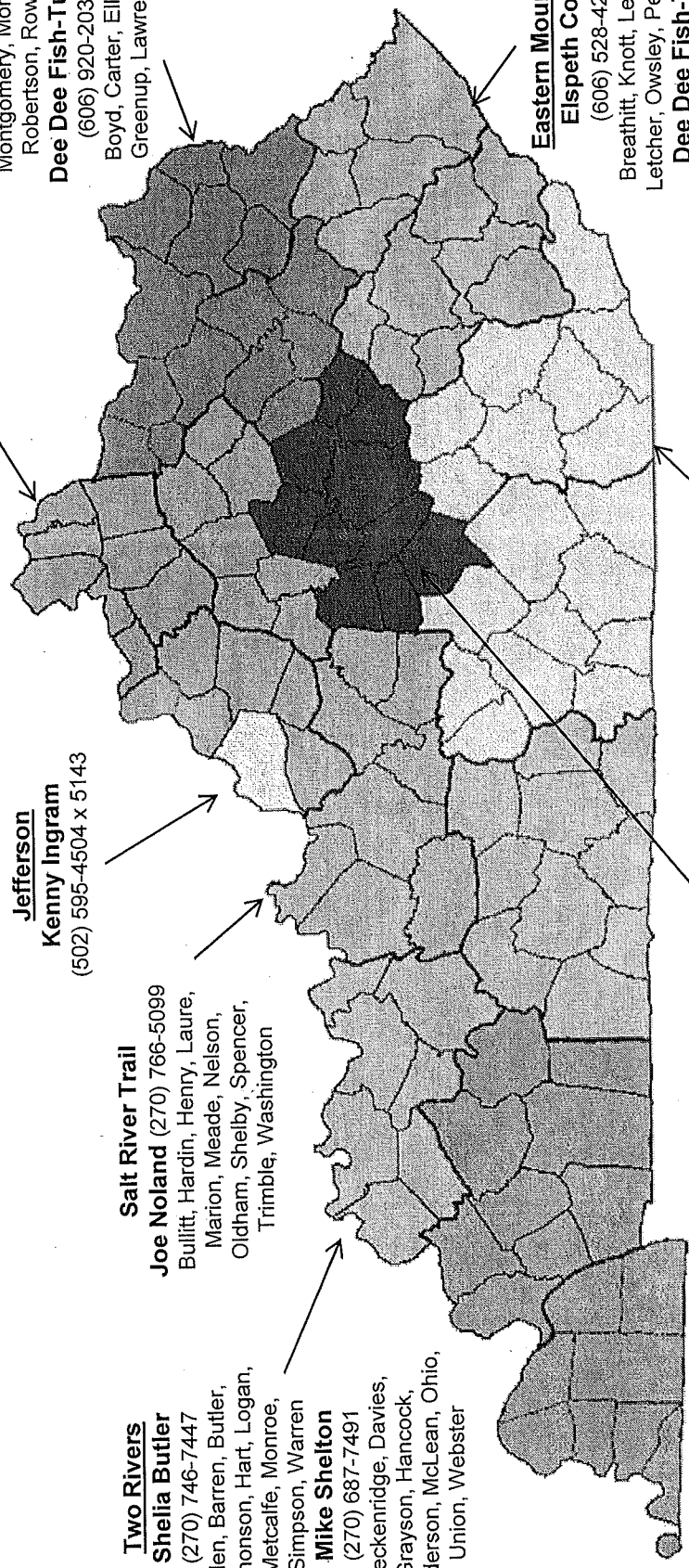
**Two Rivers**  
**Shelia Butler**  
 (270) 746-7447  
 Allen, Barren, Butler,  
 Edmonson, Hart, Logan,  
 Metcalfe, Monroe,  
 Simpson, Warren  
**Mike Shelton**  
 (270) 687-7491  
 Breckenridge, Davies,  
 Grayson, Hancock,  
 Henderson, McLean, Ohio,  
 Union, Webster

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

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

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

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



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**

**Needs**

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

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:

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**Plan Review Dates**

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

**Independent Living Program Information**

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

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

**Attendance List**

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

Name	Affiliation/Organization	Address	Phone

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

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

# Medical Information

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

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

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

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

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

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

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

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

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

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

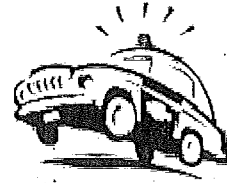
**TB SKIN TEST** (current w/in 1yr.):  No  Yes= **DATE:** \_\_\_\_\_ **RESULT:** \_\_\_\_\_

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

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

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

# Emergency Contact List



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

# Applications And Requests

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

**OPEN RECORDS REQUEST**

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

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

**INFORMATION REQUESTED**

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

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

I hereby certify that I am the Requestor identified above.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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

**ATTORNEYS ONLY**

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

**ATTORNEY INFORMATION:**

NAME	
ADDRESS	
CITY, STATE, ZIP	
PHONE NUMBER	

PLEASE COMPLETE AND SUBMIT FORM CHFS-305 WITH THIS DOCUMENT

COMMONWEALTH OF KENTUCKY  
STATE REGISTRAR OF VITAL STATISTICS



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

Please Print or Type All Information Required On This Form

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

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

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

Signature and telephone number of the person requesting this certificate:

Signature

Telephone

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

Certificates may also be ordered by the following methods:

**Internet:** Certificates may be ordered on the internet using a credit card (Visa, 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](http://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](http://www.socialsecurity.gov).

### Original Social Security Card

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

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

### Replacement Social Security Card

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

### Changing Information on Your Social Security Record

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

### LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS

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

### IF YOU HAVE ANY QUESTIONS

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



## EVIDENCE DOCUMENTS

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

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

### **Evidence of Age**

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

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

### **Evidence of Identity**

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

As proof of your identity, you must provide a:

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

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

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

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

### **Evidence of U.S. Citizenship**

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

### **Evidence of Immigration Status**

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

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## HOW TO COMPLETE THIS APPLICATION

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

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

4. Show the month, day, and full (4 digit) year of birth; for example, "1998" for year of birth.
5. If you check "Legal Alien Not Allowed to Work" or "Other," you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all the requirements for the government benefit. NOTE: Most agencies do not require that you have a Social Security number. Contact us to see if your reason qualifies for a Social Security number.
- 6., 7. Providing race and ethnicity information is voluntary and is requested for informational and statistical purposes only. Your choice whether to answer or not does not affect decisions we make on your application. If you do provide this information, we will treat it very carefully.
- 9.B., 10.B. If you are applying for an original Social Security Card for a child under age 18, you MUST show the mother's and father's Social Security numbers unless the mother and/or father was never assigned a Social Security number. If the number is not known and you cannot obtain it, check the "unknown" box.
13. If the date of birth you show in item 4 is different from the date of birth currently shown on your Social Security record, show the date of birth currently shown on your record in item 13 and provide evidence to support the date of birth shown in item 4.
16. Show an address where you can receive your card 7 to 14 days from now.
17. WHO CAN SIGN THE APPLICATION? If you are age 18 or older and are physically and mentally capable of reading and completing the application, you must sign in item 17. If you are under age 18, you may either sign yourself, or a parent or legal guardian may sign for you. If you are over age 18 and cannot sign on your own behalf, a legal guardian, parent, or close relative may generally sign for you. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. Please do not alter your signature by including additional information on the signature line as this may invalidate your application. Call us if you have questions about who may sign your application.

## HOW TO SUBMIT THIS APPLICATION

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

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## PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

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

### PRIVACY ACT STATEMENT Collection and Use of Personal Information

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

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

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

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

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

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

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

# SOCIAL SECURITY ADMINISTRATION Application for a Social Security Card

Form Approved  
OMB No. 0960-0066

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

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

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

5 CITIZENSHIP (Check One) →

U.S. Citizen     Legal Alien Allowed To Work     Legal Alien Not Allowed To Work (See Instructions On Page 3)     Other (See Instructions On Page 3)

6	ETHNICITY (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	<input type="checkbox"/> Asian

8 SEX →  Male     Female

9 A. MOTHER'S NAME AT HER BIRTH →

First    Full Middle Name    Last Name At Her Birth

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

— —     Unknown

10 A. FATHER'S NAME →

First    Full Middle Name    Last

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

— —     Unknown

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

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

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

First    Full Middle Name    Last Name

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

MM/DD/YYYY

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

Area Code    Number

16 MAILING ADDRESS →

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

(Do Not Abbreviate)

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

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

Self     Natural Or Adoptive Parent     Legal Guardian     Other (Specify)

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)

NPN	DOC	NTI	CAN	ITV
PBC	EVI	EVA	EVC	PRA
EVIDENCE SUBMITTED			SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW	
			DATE	
			DATE	

PLEASE PRINT LEGIBLY



# CABINET FOR FAMILIES AND CHILDREN COMMONWEALTH OF KENTUCKY



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

PROTECTION AND PERMANENCY

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

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

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

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

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

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

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

Please read carefully.

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

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

CFC-305  
(5/28/2003)

Authorization for Release, Use or Disclosure of PHI

PLEASE PRINT LEGIBLY

Date Received	Authorization has been <input type="checkbox"/> Approved <input type="checkbox"/> Denied
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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
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ATTENTION TO PERSONS WHO ARE NOT ELIGIBLE FOR AN ADMINISTRATIVE HEARING UNDER THE SERVICE APPEAL PROCESS:

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

IF YOU DO NOT WISH TO SPEAK

WITH THE OFFICE OF THE

OMBUDSMAN, YOU MAY SUBMIT

YOUR GRIEVANCE IN WRITING TO A SERVICE REGION ADMINISTRATOR

OR DESIGNEE NO LATER THAN 30

DAYS FROM THE DATE OF A

CABINET ACTION TO WHICH YOU

OBJECT.

PLEASE COMPLETE A

CUSTOMER SATISFACTION SURVEY THROUGH THE

FOLLOWING WEB-SITE:

[HTTP://CHFS.KY.GOV/dcb5/dcb5satisfa](http://chfs.ky.gov/dcb5/dcb5satisfa)  
[CTIONSURVEYS.HTM](http://chfs.ky.gov/dcb5/dcb5satisfa)

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

An Equal Opportunity Employer M/F/D



PROTECTION AND PERMANENCY SERVICE APPEAL

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

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

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

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

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

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

### Q1. What is Kentucky Access?

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

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

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

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

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

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

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

Q3. Who is NOT eligible for Kentucky Access?

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

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

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

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

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

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

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

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

Q6. How can my client apply to Kentucky Access?

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

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

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

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

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

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

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

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

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

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

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

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

Q11. How are agents compensated?

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

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

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

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

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

Q14. Who is the administrator? Who processes claims?

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

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

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

Q16. When are premium payments due?

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

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

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

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

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

A. Kentucky Access offers 3 different health benefit plans:

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

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

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

Q19. What health care providers are in the network?

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

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

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

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

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

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



A. No. As long as your client continues to pay his or her premiums and meet other applicable requirements, your client's policy with the private insurer is guaranteed renewable under Kentucky law. The Kentucky Department of Insurance will monitor this situation to assure your client's rights are protected.

Q23. Will Kentucky Access pay my client's premium if he or she has a limited income?

A. No. Although it is expected Kentucky Access will subsidize overall program costs to some extent, your client must still be able to afford and pay the program's stated premiums. Kentucky Access is not designed to serve indigent citizens or to completely subsidize program costs.

Q24. If my client is on COBRA or state continuation coverage, and the premium rate is higher than the premium rate offered by Kentucky Access for substantially similar coverage, can my client switch to Kentucky Access?

A. No. However, once COBRA or state continuation coverage has been exhausted or is no longer available (for example, if your client's employer discontinues coverage), your client may be eligible for Kentucky Access coverage.

Q25. Two members of the same family have high cost conditions. Can they be included in the same Kentucky Access benefit plan or do they each need a separate plan?

A. Both family members can be covered under the same benefit plan.

Q26. How often can Kentucky Access enrollees change benefit plans and/or cost sharing options?

A. Enrollees will be permitted to change benefit plans and/or cost sharing options once a year, at the time of renewal.

Q27. How does your client file an appeal with Kentucky Access?

A. Kentucky Access is required to follow all applicable laws of the Insurance Code, just like health insurers. Kentucky Access enrollees have all of the same patient protections as individuals enrolled with health insurers.

Q28. If my client's health status improves, will he be able to return to the regular insurance market?

A. If the amount of premium your client pays during a three year period is greater than the amount of claims paid by Kentucky Access for your client's health coverage, your client will be given a "certificate of insurability" and will be able to look for insurance in the regular market. Health insurance carrier's will use their medical underwriting guidelines to evaluate your client's health status in deciding whether to issue your client a policy. Your client may want to consider keeping his or her Kentucky Access coverage in effect until he or she is sure he or she has been approved for coverage with the other health plan because going without health insurance coverage for 63 days may cause your client to forfeit any rights to coverage for pre-existing conditions.

Q29. If your client can't afford Kentucky Access premiums but a civic group, foundation, etc. agrees to pay the premium, will this be accepted?

A. Your client may NOT be eligible for Kentucky Access if his or her Kentucky Access premium is partially or completely paid for or reimbursed by an employer; a government-funded or sponsored program; a government agency; a health care provider; a public or private foundation; a church or church-affiliated organization; or any person other than your client, your client's spouse, your client's parent, your client's adult child, or your client's legal guardian. For complete details, contact Kentucky Access Customer Service, toll-free, at 1-866-405-6145 (TTY 1-800-313-4750).

Q30. Will an individual who is an "eligible individual" (as defined by HIPAA: the Health Insurance Portability and Accountability Act of 1996) be eligible for Kentucky Access if he or she is eligible to purchase an individual policy that is substantially similar to Kentucky Access but chooses not to purchase the policy?

A. Yes. Under this circumstance, your client is still eligible for Kentucky Access even if he or she is eligible to purchase a substantially similar individual policy as long as he or she does not purchase the individual policy and he or she is not covered by a substantially similar individual policy.

Q31. Will a HIPAA eligible individual be denied eligibility for Kentucky Access if the 30-day period for submitting additional requested information expires before the individual incurs a 63-day ("significant break in coverage") break in coverage?

A. No. If your client is a HIPAA eligible individual, he or she will be allowed to submit the additional requested information beyond the 30-day period without submitting a new application if the 63-day period has not expired. If the 63-day period has expired, your client will no longer be a HIPAA eligible individual and will be required to submit a new, completed application.

Q32. How can an individual certify that he or she has "exhausted benefits under COBRA" if COBRA was not offered to the individual?

A. The fact that your client was not offered benefits under COBRA satisfies the requirement that he or she is not currently eligible for nor currently receiving benefits under COBRA. Thus, your client may certify that he or she has "exhausted benefits under COBRA", and he or she will be considered federally eligible according to HIPAA.

Q33. Is any other evidence of creditable coverage permissible other than Certificates of Creditable Coverage?

A. Yes. As the Kentucky Access application informs, your client may provide a "Certificate of Creditable Coverage provided by the previous insurance carrier / employer," or your client may submit "other evidence of medical coverage." This other evidence may include payment receipts, letters from insurers, or any other documentation that furnishes adequate verification of your client's prior insurance status.

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



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

Revised 11/09

# KENTUCKY RX CARD

WWW.KENTUCKYRXCARD.COM

For Immediate Release

## FREE PRESCRIPTION DRUG CARD LAUNCHED IN KENTUCKY

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

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

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

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

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

For more information, press only:

Richard McQuerry

Program Director

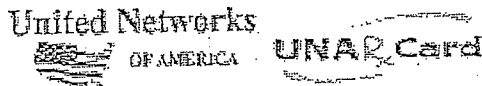
Kentucky Rx Card

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

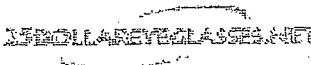

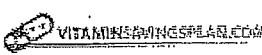


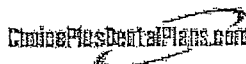

Phone: (859) 333-7724

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

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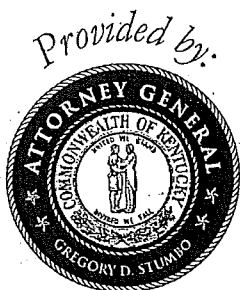
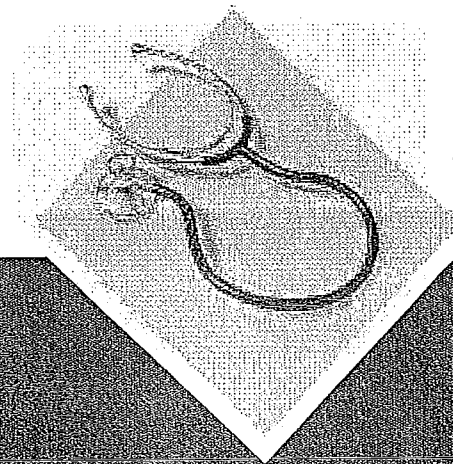
<h2 style="text-align: center;">KENTUCKY Rx CARD</h2> <p style="text-align: center;">WWW.KENTUCKYRXCARD.COM</p> <p><b>Member:</b> <b>ID Number:</b> <b>Program:</b> <b>RxBIN:</b> <b>RxGrp:</b></p> <p><b>Note:</b> Everyone is eligible for this program. There are no age or income restrictions. Each family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

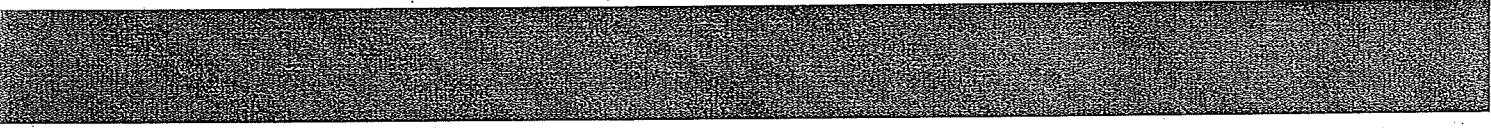
- |   |                       |                               |                          |
|---|-----------------------|-------------------------------|--------------------------|
|    | \$25 DOLLAR EYEGASSES | WWW.25DOLLAREYEGASSES.NET     | \$25 Prescrip Eyeglasses |
|    | TEETH WHITENING       | 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.

# KENTUCKY LIVING WILL PACKET



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



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different decision. Choose the person best qualified to be your health care surrogate. Also, consider picking a back-up person, in case your first choice isn't available when needed. Be sure to tell the person that you have named them a surrogate and make sure that the person understands what's most important to you. Your wishes should be laid out specifically in the Living Will.

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

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

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

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

For additional copies of this packet, you may download it from the Attorney General's website at [www.ag.ky.gov/livingwill](http://www.ag.ky.gov/livingwill) or make photocopies of this packet.

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

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

Copies printed with state funds.

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

**Organ/Tissue Donation**

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

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

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

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

## LIVING WILL DIRECTIVE - CONTINUED

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

\_\_\_\_\_ (check box and initial line, if you desire the option below)  
Authorize the withholding or withdrawal of artificially provided food, water, or other artificially provided nourishment or fluids.

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

### Surrogate Determination of Best Interest

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

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

### Organ/Tissue Donation (check and initial only one)

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

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



# Housing Information

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

DCBS     DJJ

KHC ID Number \_\_\_\_\_

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

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

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

County \_\_\_\_\_

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

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

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

Sex:  Male     Female

Race:  American Indian or Alaska Native

Asian     African American

Employed:  Yes     No

Native Hawaiian or Other Pacific Islander

Hispanic/Latino     Caucasian

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

Does the youth have a mentor?     Yes     No

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

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

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

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

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

## **Chafee Independence Program**

### **Room and Board**

### **Kentucky Housing Corporation**

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

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

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

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

or

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

Keli Reynolds

Self-Sufficiency Manager

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

1231 Louisville Road

Frankfort, KY 40601-6191

(502) 564-7630 ext. 376

(502) 564-9963 (fax)

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

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

## **Rights and Responsibilities of Landlords**

### **Landlord's rights:**

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

### **Landlord's responsibilities:**

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

## **Rights and Responsibilities of Tenants**

### **Tenant's rights:**

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

### **Tenant's responsibilities:**

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

# Helpful Hints to Rental Housing

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## The Lease

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

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

## The security deposit

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

## Tenant responsibilities

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

## Right to entry

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

## Moving

Always give the landlord written notice of your plans to move. Follow the requirements stated in the lease. If you have no lease, or if it states no requirement, give 30 days written notice if you pay monthly and seven days written notice if you pay weekly.

The landlord may have the right to keep your security deposit, depending on the terms of the lease. He/she may also have the right to demand that you make future rent payments due under the lease. The landlord has these options, if it is stated in the lease.

## Eviction

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

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

### Guidelines to avoid problems

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

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

### Discrimination

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

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

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

# Education Information

# Helpful Hints on Funding Education

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

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

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

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

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

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

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

## Different Types of Financial Aid

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

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

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



### Applying for financial aid

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

#### Things That Determine Financial Aid Eligibility

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

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

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

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

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

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

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

MCHB Healthy and Ready To Work Projects

**EDUCATIONAL & FINANCIAL RESOURCES  
FOR COMMITTED YOUTH**

<u>Tuition Assistance</u>	<u>Tuition Waiver</u>	<u>Scattered Site Apartment Living Program</u>
DCBS youth 18-21 Pays for educational expenses at a post secondary educational program <u>not</u> covered by 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 Maintain 2.0 GPA Form DPP-333 Completed by youth & submitted to school's bursar, business or financial aid office.	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: Keith Jones 1-800-232-5437 502-564-2147
Contact: Keith Jones 1-800-232-5437 502-564-2147	Contact: Keith Jones 1-800-232-5437 502-564-2147	Contact: Keith Jones 1-800-232-5437 502-564-2147

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

<u>Education Training Voucher</u>	<u>Tuition Waiver</u>	<u>Chafee Room &amp; Board Program</u>
Youth left care on or after 18 or Adopted on or after 16 \$5,000 yearly maximum Youth completes ETV form and submits to Fawn Conley in Frankfort Maintain 2.0 GPA & youth must submit monthly verification form to Frankfort If in good academic standing at 21, can continue until 23	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	DCBS or DJJ youth (18-21) that left care on or after 18 Enrolled in an educational program & working part-time Rent assistance, case management & support services Contact: Keith Jones 1-800-232-5437 502-564-2147
Contact: Keith Jones 1-800-232-5437 502-564-2147	Contact: Keith Jones 1-800-232-5437 502-564-2147	Contact: Keith Jones 1-800-232-5437 502-564-2147

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



## REQUEST FOR EDUCATIONAL AND TRAINING VOUCHER FUNDS

### SECTION 3 – APPLICANT EXPENSES AND INCOME

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

**Requested Funds \$** \_\_\_\_\_  
**Restrictions:**

**Comments:**

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date

**Use the block below to figure transportation allowance:**

1. Distance between home & school/job training (miles)?	2. How many trips per week?	3. How many weeks per semester/time period?	Reimbursement Rate (multiply by blocks 1, 2 & 3)	TOTAL Travel Allowance per Semester (enter amount under expenses above)
			.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 15<sup>th</sup> of each month, we will make a check request and send it to the accounting department. After that, another division directs the process and we no longer have control over it.
5. If you move during the semester please provide us with your new address ***IMMEDIATELY*** so that it does not slow up the process. Call Keith Jones or Shelley Brown (502-564-2147) to make this change.
6. In order to qualify for ETV each semester your grade point average needs to be at least a 2.0. Each semester, Keith Jones & Shelley Brown will check grades monthly, unless you are going to a private school, then you must supply those grades each month along with the verification form.

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

## Student Account Information:

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
ILC



## INSTRUCTIONS TO THE STUDENT

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

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

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

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

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

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

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

## MONTHLY ACADEMIC STANDING AND ENROLLMENT VERIFICATION

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

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

\_\_\_\_\_ is enrolled/participating in an  
**Student's Name**  
educational/job training program at \_\_\_\_\_, and  
**Name of Institution**

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

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

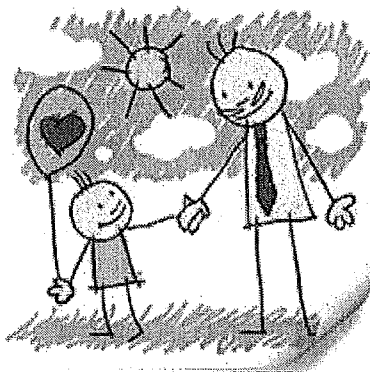
\_\_\_\_\_  
Signature of Registrar or Program Director

\_\_\_\_\_  
Date

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

# 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.

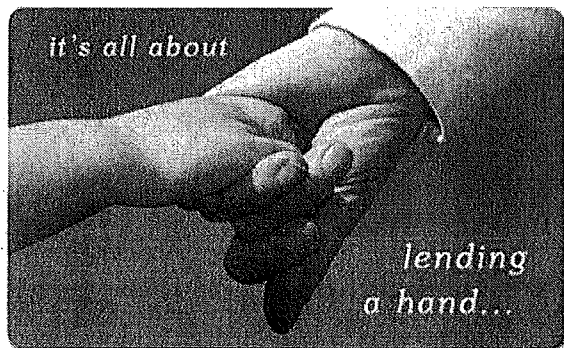
They help youth build upon their individual strengths and accomplish personal goals. They teach the youth to become more responsible.



### 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

# Counseling, Mental Health & Addictions

## Anger Management

Agency or Organization	Address	Phone	Services Provided	Service Area
Catholic Social Services of Northern Kentucky	3629 Church St. Latonia KY 41015	859-581-8974	counseling in individual and group settings for children, adolescents and adults	Northern Kentucky
Family Nurturing Center	7990 Dixie Hwy. Florence KY 41042	859-525-3200	Parenting classes; Counseling including anger management; Sexual abuse treatment; Supervised visitation	Boone, Kenton & Campbell
Family Service of Northern Kentucky	513 Madison Ave. Covington KY 41011	859-547-5773	Anger management for children and their families. 6 Session group.	Northern Kentucky

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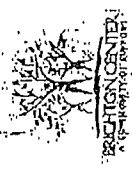




Counseling, Mental Health and Addictions

Agency or Organization	Address	Phone	Services Provided	Service Area
Alzheimer Association Northern KY Chapter	644 Linn St., Ste. 1026 Cincinnati OH 45203	859-240-5016	Counseling, support, education, advocacy for patient and caregiver/families; no charge for services	Northern Kentucky
American Cancer Society	6612 Dixie Hwy., Ste. 2A Florence KY 41042	859-647-2200/ 800-227-2345	Counseling; Support; Advocacy; Referrals; for patients and families	Northern Kentucky
American Foundation for Suicide Prevention of Greater Cincinnati	OH	513-752-7040	Offers educational materials and conferences for survivors, mental health professionals, physicians and the public	Greater Cincinnati
Artesia Hospital Alcohol & Drug Treatment	619 Oak St. Cincinnati OH 45202	513-569-6550	Substance abuse. Must pay out-of-state fees.	Campbell & Kenton
Bluegrass Rape Crisis Center	P.O. Box 563 Cynthiana KY 41031	859-234-1011/ 800-656-HOPE	Provides short term crisis counseling, medical advocacy, legal advocacy, and educational presentations on sexual assault. All services are offered at no charge to victims of sexual assault. For more information please contact Janis Durham.	Northern Kentucky
Chanon, Dr. Perry	29 Erlanger Rd. Erlanger KY 41018	859-342-6552	Counseling, psychotherapy & psychiatry for children 16 yrs and older and adults. Specializing in Substance abuse. ON-BUS LINE	Northern Kentucky

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# Counseling, Mental Health and Addictions

Agency or Organization	Address	Phone	Services Provided	Service Area
Boone County Human Services	2970 Washington Square Burlington KY 41005	859-334-2116	Medical Indigent Program - includes medical, mental health in-patient, surgical, dental, laboratory, pharmaceutical and related services, Open M-F, 8 a.m.-5 p.m., call for appointment	Boone
Campbell County Victim's Advocate	KY	859-581-8015	Prosecutor based advocacy, court information and support	Campbell
Campbell Lodge Boys Home	5161 Skyline Dr. Newport KY 41076	859-781-1214	Counseling for at-risk youth	Campbell & Kenton
Cancer Family Care	7388 Turfway Rd, Suite 104 Florence KY 41042	859-371-5600	Work with cancer patients and people with other life threatening illnesses as well as those facing bereavement. Counseling services and help solving relevant problems. Sliding scale fee is used, though no one is denied service because of inability to pay. Private insurance, medicare and medicaid may be billed.	Northern Kentucky
Cancer Family Care Senior Services Building	1032 Madison Ave. Covington KY, 41011	859-431-0645	Family counseling	Northern Kentucky

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# Counseling, Mental Health and Addictions

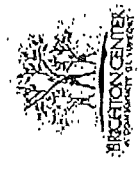
Agency or Organization	Address	Phone	Services Provided	Service Area
Catholic Social Services of Northern Kentucky	3629 Church St Latonia KY 41015	859-581-8974	Individual and family counseling for children, adolescents, adults, couples and families in individual or group settings. Also pregnancy counseling and support for pregnant women their partners and families. Free confidential counseling before and after delivery as well as referrals and assistance for services and adoption planning if desired.	Northern Kentucky
Catholic Social Services-square One	3629 Church St Latonia KY 41015	859-581-8974	Support group for teens who are experiencing problems with alcohol or drugs. Group allows teens to learn the facts about adolescent substance abuse, talk about feelings and explore the connection between substance abuse and other problems. This is a 6 session group. Call to find out when the next session begins.	Kentucky
Walter Hospital of Louisville	KY	859-896-0495/ 800-866-8876 Kim Peabody	Alcohol and drug treatment for adults and adolescents. Psychological treatment for children adolescents and adults	Kentucky
Children's Diagnostic Center	2100 Pleasant Ave Hamilton OH 41050	513-868-1562	Provides psychological testing and counseling for children adults and patients with dual diagnosis	Greater Cincinnati
Children's Home of NKY	200 Home Rd. Covington KY 41011	859-261-8768	Evaluation; Group Therapy; Residential Treatment; Adoption Home Studies	Northern Kentucky



# Emergency Assistance & Food Pantry

## Emergency Assistance and Food Pantry

Agency or Organization	Address	Phone	Services Provided	Service Area
Action Ministries	4375 Boron Dr. Covington KY 41015	859-261-3649	Assistance with rent, utilities, food and medical care.	Kenton
American Red Cross	75 Cavalier Blvd Florence KY 41042	859-371-1800	Provide disaster relief to victims of disaster; health and safety education classes	Northern Kentucky
American Red Cross- Boone County	7723 Mall Rd Florence KY 41042	513-579-3955	Provide disaster relief to victims of disaster; health and safety education classes	Boone
American Red Cross, Cincinnati Area Chapter	720 Sycamore St. Cincinnati OH 45202	859-442-4170/ 800-255-7070	Disaster Relief; Military Emergency Assistance; First Aid; Water Safety; HIV/AIDS Education; Youth Programs	Greater Cincinnati
BE CONCERNED (BE-CON)	714 Washington St Covington KY 41011	859-291-1340	Office Hours: 9:00-1:00 M-F. Food, House wares, Clothing, Christmas Store. Easter Program, box fans. volunteer opportunities	Northern Kentucky
Boone County CAC	7938-40 Tanners Gate Florence KY 41042	859-586-9250	Provides assistance with food, clothing, utilities, state childcare, homeless persons, medical, emergency, and weatherization. Eligibility from 100% to 200% of poverty guidelines depending on program	Boone



# Emergency Assistance and Food Pantry

Agency or Organization	Address	Phone	Services Provided	Service Area
Boone County DCBS- Division of Family Support	8311 US Hwy 42 Suite 2 Florence KY 41042	859-525-6783	Food Stamp, Klap, Medical Card Applications, Eligibility and Benefits	Boone
Boone County Human Services	2970 Washington Sq Burlington KY 41005	859-334-2116	Help for seniors (over age 60) with rent, utilities, medical equipment or transportation. Open M-F 8a.m.- 5p.m.	Boone
Brighton Center's Clothing Closet	799 Ann St. Newport KY 41071	859-491-8303	Neighborhood thrift store that is open to the public. Great selection of clothing and household items. Families in need may receive vouchers that allow them to shop for necessary clothing and household items at no cost. M-F 9a-4p, W 11a- 4p, closed for lunch 1:00-1:30 every weekday. First Saturday of each month 10:00-2.	Northern Kentucky
Brighton Center's Family Center	799 Ann St. Newport KY 41071	859-491-8303 x 2300	Emergency food, clothing, furniture and financial support for Rent, Utilities. Assistance with Eye Glasses, Prescriptions. Families are able to participate in the USDA commodities (Campbell only) and Family Food Program discount food packages. Open M,T, Th & Friday from 9-12 and 1:30-4. Call first to find out what documents to bring	Northern Kentucky
Campbell County CAC	510 Sixth Ave. Dayton KY 41074	859-431-8870	(see above)	Campbell

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COMMUNITY ASSISTANCE AND FOOD PANTRY

Agency or Organization	Address	Phone	Services Provided	Service Area
Campbell County CAC	223 Fairfield Ave. Bellevue KY 41071	859-431-8870	Generally provides emergency assistance with utilities, food, clothing, and childcare. Offers winterization program and senior training program. Also offers Head Start and a home care program	Campbell
Campbell County CAC	437 West 11th St Newport KY 41071	859-431-4177	(See above)	Campbell
Campbell County DCBS Division of Family Support	601 Washington Ave., 4th Floor Newport KY 41071	859-292-6700	Determines eligibility and processes applications for Medicaid, Spend down cards, and other forms of medical assistance, KY Temporary Assistance for Needy Families, and food stamps.	Campbell
Campbell County Fiscal Court	24 W. 4th St Newport KY 41071	859-292-3838	Assistance with Prescriptions, dental care (incl. dentures), hearing aids, medical bills, etc. for those who qualify; application process; emergency service available. Need photo ID.	Campbell
CareNet	7134 Price Pike Florence KY 41042	859-282-9878	Services for pregnant women. Free, confidential pregnancy testing, maternity and children's clothing, diapers, counseling assistance for post abortion, parenting classes (must be able to attend 20 week program, the earlier the better) No income verification needed.	Northern Kentucky

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# Employment, Adult Education & Training

## Employment

Agency or Organization	Address	Phone	Services Provided	Service Area
BAWAC, Inc. -- Community Rehabilitation Center	7970 Kentucky Dr. Florence KY 41042	859-371-4410	Rehabilitation, Employment services For physical, mental or social disabilities	Northern Kentucky
Boone County Department of Vocational Rehabilitation	7410 US 42 Suite 124 Florence KY 41042	606-371-9450/ 732-6641	For any physically or mentally disabled person that would benefit from rehabilitation for employment	Boone
Brighton Center - Jobs Center	320 Garrard St. Covington KY 41011	859-431-9945	Assessment & job search assistance	Northern Kentucky
Cabinet for Human Resources Department of Employment Services	320 Garrard St. Covington KY 41011	859-292-6340		Northern Kentucky
Campbell County Department of Vocational Rehabilitation	301 E. 8th St Newport KY 41071	859-292-3027	For those with physical, mental and/or emotional disabilities; Job assessment & placement	Campbell
Cincinnati/NKY Ex-Offenders Employer Resource	KY	859-578-6399	Has employers that will consider hiring individuals with prior conviction records.	Campbell & Kenton



# Employment

Agency or Organization	Address	Phone	Services Provided	Service Area
Dress for Success	135 W. 4th St. Cincinnati KY 45202	513-651-3372	Provides interview suits at no charge to women making the transition from public assistance to the workforce	Northern Kentucky
Equal Employment Opportunity	525 Vine St Suite 810 Cincinnati OH 45202	800-669-3362		Northern Kentucky
Family Service of Northern Kentucky	513 Madison Ave. Covington KY 41011	859-291-1121	Life Skills education, ESL,	Kenton
Goodwill Industries International	10600 Springfield Pike Cincinnati OH 45215	513-771-4800	Work evaluation; job training & placement; computer training. (Main office will refer to local agency)	Northern Kentucky
Hispanic Resource Center	104 E. 7th St. Covington KY 41011	859-803-5334	Translation-Interpretation, Education (ESL, etc), Advocacy, Support (help with appointments, immigration, referrals, etc.)	Northern Kentucky
Kenton Co. Department of Vocational Rehabilitation	636 Madison Ave., Ste. 506 Covington KY 41011	859-292-6513	For those with physical, mental, addiction and/or emotional disabilities; Job assessment & placement	Kenton
Kentucky Labor Board	KY	800-372-7184 x2784		Kentucky



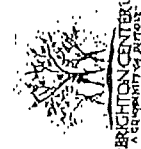


# Employment

Agency or Organization	Address	Phone	Services Provided	Service Area
One Stop Career Alliance	320 Garrard St. Covington KY 41011	859-292-6666	Unemployment Insurance; Job Placement Assistance. Job shadowing, workshops, career testing, career counseling, training exploration, employment connections. Job preparation instruction.	Campbell & Kenton
One Stop Career Alliance	8020 Veteran's Memorial Drive Florence KY 41042	859-371-0808	Unemployment Insurance; Job Placement Assistance. Job shadowing, workshops, career testing, career counseling, training exploration, employment connections. Job preparation instruction.	Boone, Kenton & Campbell.
Unemployment Compensation Kentucky Department for Employment Services	Covington KY	859-292-6666		Northern Kentucky
Veterans Domiciliary	1000 S. Fort Thomas Ave. Fort Thomas KY 41075	859-572-6202	Rehabilitation and housing for homeless veterans with substance abuse and/or mental health problems (men and women, no children). Various rehab programs available including alcohol/drug abuse, employment, etc	National

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# Support Groups

## Support Groups

Agency or Organization	Address	Phone	Services Provided	Service Area
ADD Support Group Online		www.addhelpline.org www.addhelpline.org/cha room.htm	For parents of children who have been diagnosed with ADD. Online meetings from 9-10pm on Tuesdays.	National
Adult Child Transitions (ACT)	Gloria Dei Lutheran Church Crestview Hills KY	859-292-4916 James Ellis	Support for adults who have experienced the death of a parent. 2nd & 4th Monday, 6:30-8 pm	Northern Kentucky
Agoraphobics Building Independent Lives	200 Medical Village Drive Edgewood KY 41017	859-342-6679	Held at St. Elizabeth's South. Support group for people with Agoraphobia	Northern Kentucky
Al-Anon & Alateen	KY	859-784-2444	Al-Anon offers a 12-step recovery program for family and friends of alcoholics. Alateen is part of the Al-Anon fellowship and is designed for younger relatives and friends (through age 19) of alcoholics. Offers 90 meetings every week in the Greater Cincinnati/Northern Kentucky area. Call for specific times and locations.	Northern Kentucky
Al-Anon Family Group Meetings	17332 Dixie Branch Lakeside Park KY 41017	859-760-6178	Support for family of alcoholics; Meetings held at various locations	Northern Kentucky



# Support Groups

Agency or Organization	Address	Phone	Services Provided	Service Area
Alcoholics Anonymous	202 West 11th St Newport KY 41071	859-491-7181/ 859-802-1876/ 877-257-7856	International Fellowship for recovering alcoholics and addicts. Call the number for meetings closest to you. All meetings are free. Focused meetings are available including: Women's, Men's, Speakers, etc.	Northern Kentucky
Alcoholics Anonymous	1729 Madison Ave. Covington KY 41011	859-491-7181/ 800-467-8019	Alcoholics Anonymous has 116 groups, at least 2 each day of the week in Boone, Kenton, and Campbell counties. Thirteen groups exist in surrounding counties including Bracken, Grant, Carroll, Gallatin, Owen, and Pendleton. Call for details and times.	Northern Kentucky
Alcoholics Anonymous 24 Hour Hotline		513-351-0422		Northern Kentucky
Alcoholics Anonymous- Promises Club	116 W. Ninth St. Newport KY 41071	859-431-2135	Fellowship of recovering alcoholics who meet regularly to help each other stay clean by sharing their experiences, strength, and hope. Open 10:00 am - 10:00 pm on weekdays, 10:00 am - 11:00 pm on weekends. Monday's at 12pm, 5:30pm, 8pm / Saturdays at 12pm, 2pm, 6:45pm / Sunday's at 10:30am, 3pm, 7:30pm	Northern Kentucky
Alcoholics Anonymous- The Russell Club	722 Washington St. Covington KY 41011	859-261-3157	Meeting for AA at 12:00 noon, 6:00 pm, and 8:30 pm daily. Beginners meet separately.	Northern Kentucky



# Support Groups

Agency or Organization	Address	Phone	Services Provided	Service Area
Alcoholics Victorious	3946 Hopper Hill Cherry Grove OH 45255	513-956-9844 Act319@hotmail.com	An interdenominational supportive fellowship for individuals and family members to whom alcohol and drug addiction is an on-going threat. Call for times and locations of meetings. Web site: <a href="http://www.igwm.org">www.igwm.org</a>	Greater Cincinnati
Alcoholism Council of the Cincinnati Area	2828 Vernon Place Cincinnati OH 45219	513-578-3233/ 513-281-7880	The council provides residents of the greater Cincinnati area with a complete range of alcohol and other drug prevention, education and treatment programs designed for individuals, families, schools and organizations.	Greater Cincinnati
American Chronic Pain Support Group @ St. Luke East Hospital	85 N. Grand Ave. Fort Thomas KY 41075	859-441-7763 Dottie Kinsman	Offers support and information for people with chronic pain. Meets first Wednesday of every month from 10:00 am - 11:15 am.	Northern Kentucky
Anxiety/Depression Support Group	2139 Auburn Ave Cincinnati OH	513-287-8542 Sheila Sims	Held at Christ Hospital, on Cafeteria Level A. For people suffering from Anxiety Disorders such as panic disorder and Agoraphobia, as well as depression. Meets the 1st and 3rd Wednesday of each month. 6:00-7:30 pm	Northern Kentucky
Arthritis Foundation	7124 Miami Ave. Cincinnati OH 45243	513-271-4545	Education; Support Groups; Exercise programs for children and adults with arthritis.	Northern Kentucky

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# Acknowledgment of Receiving Documents

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Last	First	MI	DOB	mm-dd-yyyy
Street	City	State	Zip	

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Social Security # 123-45-6789

Phone # (123) 456 -7890

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

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

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Client	Date
Independent Living Coordinator	Date
DCBS Social Worker	Date
FSOS	Date

