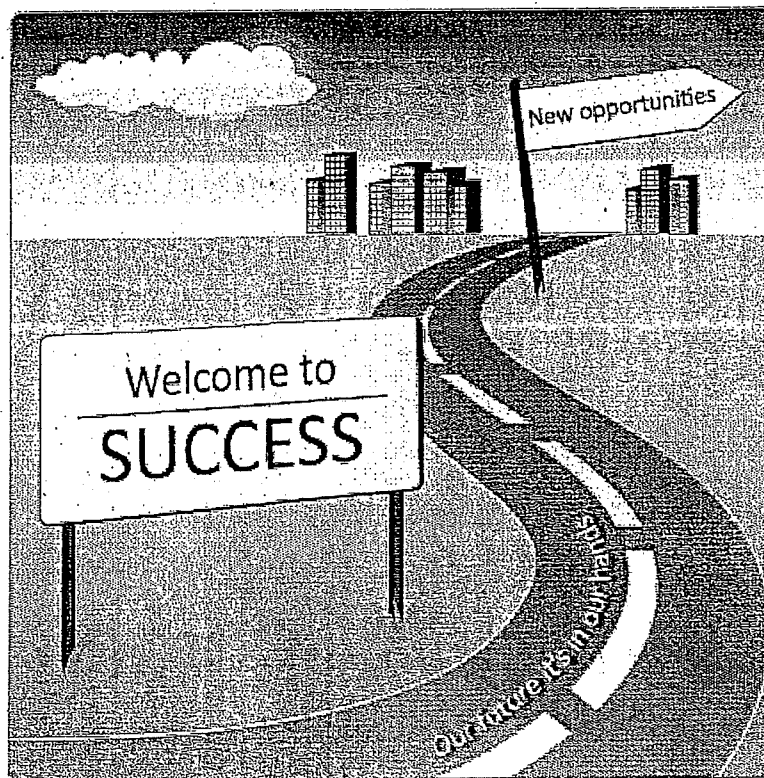


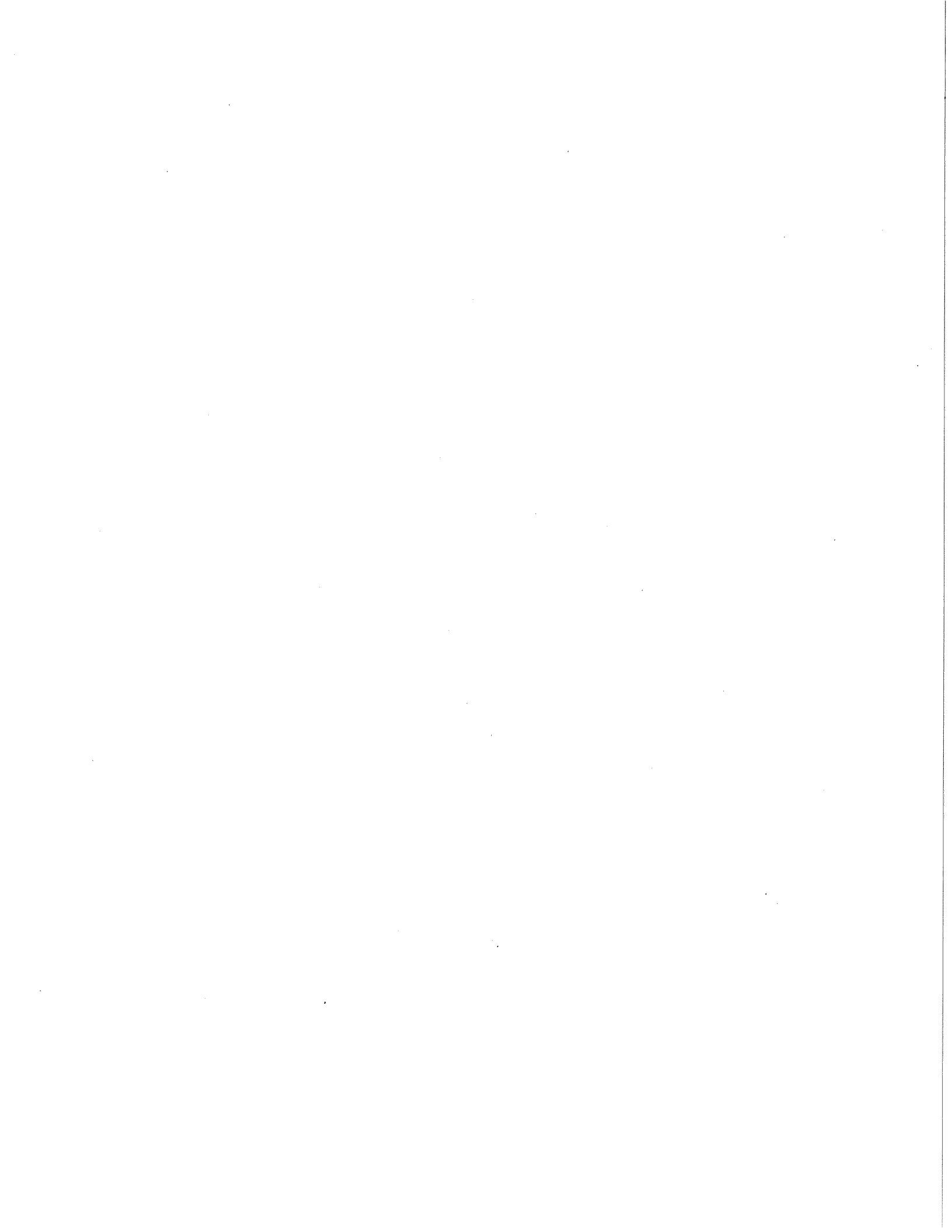
Resource Guide for Youth Exit Packet



Salt River Trail Region



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



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

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

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

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

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

The following services are available through the Chafee Independence Program:

12 – 15 year olds

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

16 year olds

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

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

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

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

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

Youth Participation/Mentoring

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

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

Other services coordinated through the Chafee Independence Program:

Tuition Assistance - state

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

Tuition Waiver for Foster and Adopted Children - state

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

Education Training Voucher (ETV) – federal

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

Salt River Trail Region

Exit Packet

Table of Contents

Statewide Independent Living Coordinators.....1

DCBS Statewide Offices.....2

Personal Information

Transition Plan.....3-9

Medical Information.....10

Emergency Contact List.....11

Applications and Requests

Open Records Request.....12

Birth Certificate Application.....13

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

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

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

Medical Information

General Adult Health Information.....23

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

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

Kentucky Rx Card.....32-33

Living Will Directive and Health Care Surrogate.....34-41

Housing Information

Chafee Room and Board Information/Contacts.....42-43

Rights and Responsibilities of tenants and landlords.....44

Rental Housing Information.....45-46

Change of Address Packet.....Front Inside Pocket

Education Information

Helpful Hints on Funding Education.....	47-48
Comparison Chart of Services for Committed vs. Non-Committed Youth.....	49
Tuition Assistance/Tuition Waiver/ Education Training Voucher Comparison.....	50
Kentucky Tuition Waiver for Foster and Adopted Youth.....	51-52
Education Training Voucher Program.....	53-59

Chafee Murray State University Mentor Program Information.....60

Additional Resources

Frequently Requested Phone and Hotline Numbers.....	61-63
Community Resource Phone Numbers.....	64
Developmental Disabilities.....	65
Mental Health and Substance Abuse.....	66-68
Private Therapy.....	68-69
Health Services.....	69
Children and Adolescent Support Services.....	70-72
Government Assistance Programs.....	72-73
Sports and Recreation.....	73-74
Community Assistance Programs.....	76-77
Court and Law Enforcement.....	77-80
Civic and Volunteer Organizations.....	80-82
Preschool and Childcare.....	82
Helpful Websites.....	83
Community Resource Manual for Louisville Metro Area.....	84-102

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

Elspeth 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

Elspeth Cobb (606) 528-4234
 Bell, Clay, Harlan, Jackson, Knox,
 Laurel, Rockcastle, Whitley

Char Hecht (606) 787-8369
 Adair, Casey, Clinton,
 Cumberland, Green, McCreary,
 Pulaski, Russell, Taylor, Wayne

Southern Bluegrass

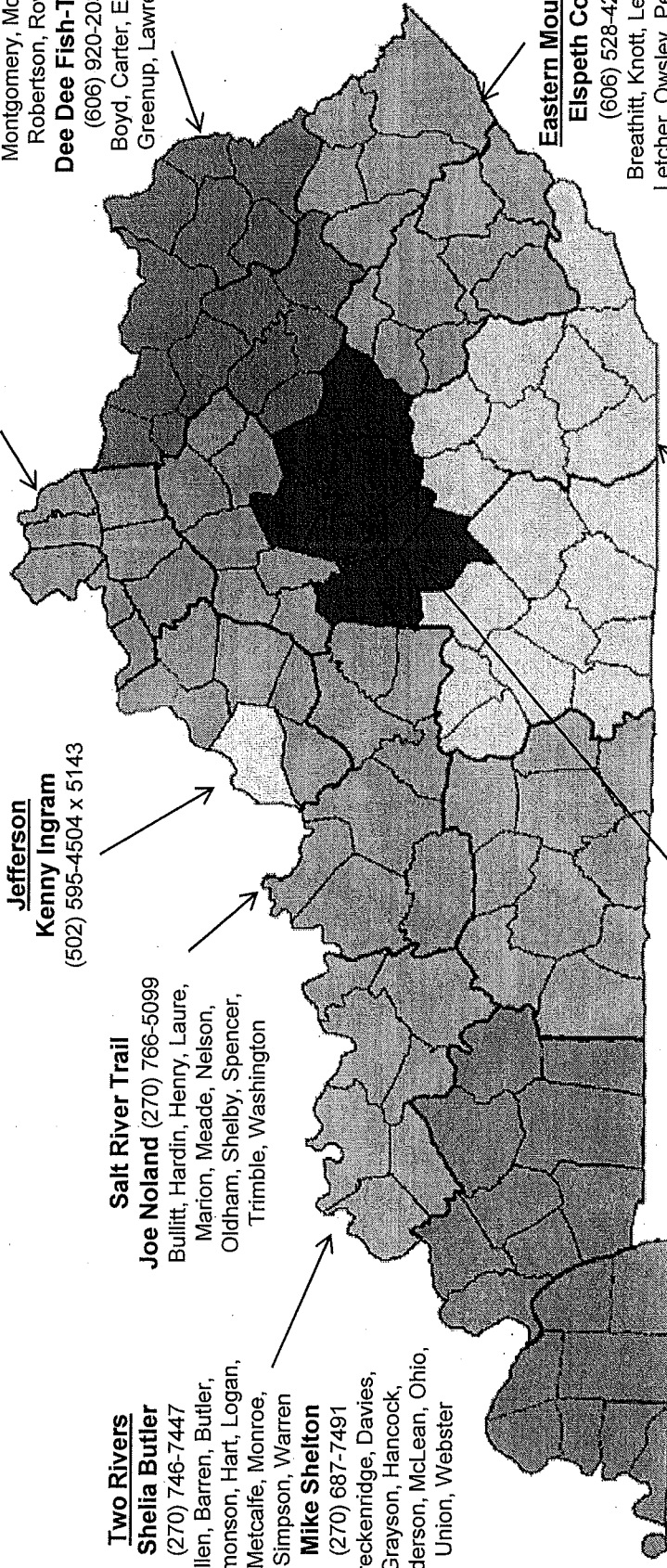
Chorya Sloan Morton
 (859) 246-2266
 Fayette, Scott, Woodford

Anne Westerfield
 (859) 734-5488
 Anderson, Boyle, Clark, Estill,
 Franklin, Garrard, Jessamine,
 Lincoln, Madison, Mercer, Powell

The Lakes

Ron Campbell (270) 247-2979

Ballard, Carlisle, Calloway, Fulton, Hickman,
 Graves, Marshall, McCracken, Caldwell,
 Christian, Crittenden, Hopkins, Livingston,
 Lyon, Muhlenberg, Todd, Trigg



State Wide DCBS Offices

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

[https://apps.chfs.ky.gov/Office Phone/index.aspx](https://apps.chfs.ky.gov/Office_Phone/index.aspx)

Personal Information



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

**Transition Plan
Youth's Demographic Information**

Name _____ Age _____ DOB _____

Address _____

Phone _____ Email _____

How long at this residence? _____

Does the youth have any children? Yes No

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

Where and with whom do the children reside? _____

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

Personal Documents and Identification

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

Birth Certificate Yes No

Social Security Card Yes No

State issued ID Yes No

Medicaid Card Yes No

Lifebook /Medical Passport Yes No

Registration to Vote Yes No

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

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

Youth's Self-Stated Vision

Can you tell us why we are here today? _____

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

Youth's Self-Stated Assets and Needs

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

Assets

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

Needs

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

Youth's Independent Living Life Skills

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

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

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

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

Needs? _____

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

Life Skills Development Plan

Goal: _____

Objective 1: _____

How Measured: _____

Objective 2: _____

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

Housing

Current Living Situation:

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

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

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

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

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

Housing Plan

Goal: _____

Objective 1: _____

How Measured: _____

Objective 2: _____

How Measured: _____

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

Education

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

Other (Describe) _____

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

Is the youth making appropriate educational progress? Yes No

Comments: _____

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

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

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

What specific educational strengths or needs does the youth have?

Strengths

Needs

1. _____

2. _____

3. _____

What educational options has the youth considered after graduation? _____

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

Comments: _____

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

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

Please describe desired/necessary services: _____

Education Plan

Goal: _____

Objective 1: _____

How Measured: _____

Objective 2: _____

How Measured: _____

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

Employment

Does the youth currently have a job? Yes No

Current Employer: _____

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

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

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

Yes No

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

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

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

Amount saved: _____

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

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

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

Comments: _____

Employment Plan

Goal: _____

Objective 1: _____

How Measured: _____

Objective 2: _____

How Measured: _____

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

Emotional/Physical Needs

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

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

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

If yes, who is the insurance carrier? _____

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

Yes No

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

Plan for Youth's Emotional/Physical Needs

Goal: _____

Objective 1: _____

How Measured: _____

Objective 2: _____

How Measured: _____

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

Teen Activities

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

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

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

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

Teen Activities Plan:

Goal: _____

Objective 1: _____

How Measured: _____

Objective 2: _____

How Measured: _____

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

Transportation

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

Transportation Plan

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

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

Ancillary Information

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

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

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

Ancillary Service Plan

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

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

Additional Comments

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

Plan Review Dates

This plan will be reviewed no later than: _____

Independent Living Program Information

My Independent Living Coordinator is: _____

I can reach my IL Coordinator at: _____

Attendance List

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

Name	Affiliation/Organization	Address	Phone

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

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

Medical Information

Name: _____ Date: _____

Date of Birth: _____ Social Security#: _____

Insurance: _____

CHILDHOOD ILLNESS: Measles Rubella Mumps Pertusis Chicken Pox
 Meningitis Frequent Ear infections Tonsillitis Other: _____

FAMILY HISTORY OF ILLNESS/CONDITIONS: _____

HOSPITALIZATION/ OPERATIONS: _____

ALLERGIES: _____

MEDICATIONS: _____

IMMUNIZATION CERTIFICATE: No Yes= **EXPIRES ON:** _____

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

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

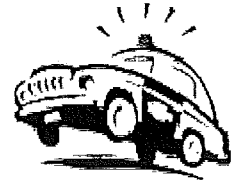
DENTAL EXAM (current w/in 6 months): No Yes= **DATE:** _____

VISION EXAM: No Yes= **DATE:** _____

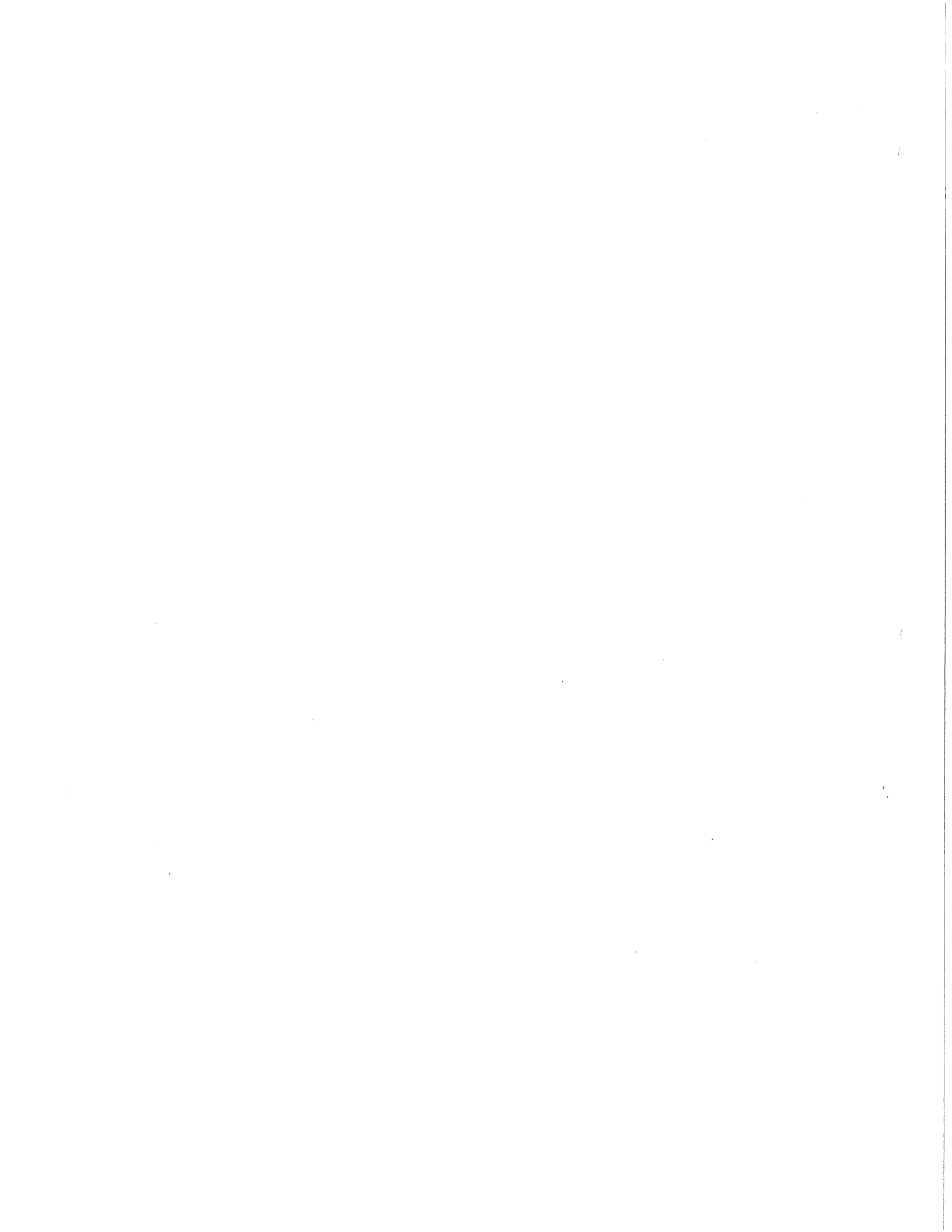
GENERAL INFORMATION

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

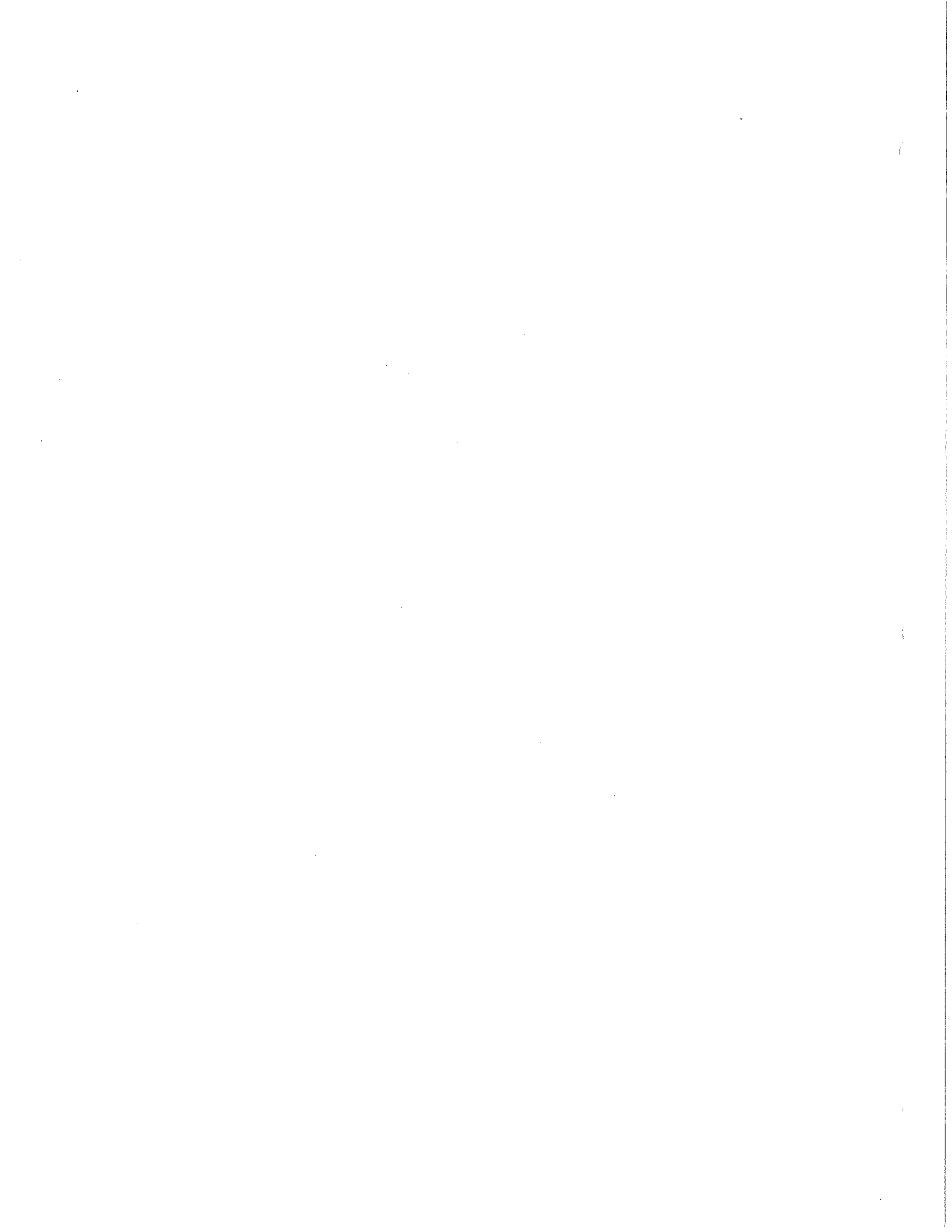
Emergency Contact List



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



Applications And Requests



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

OPEN RECORDS REQUEST

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

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

INFORMATION REQUESTED

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

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

I hereby certify that I am the Requestor identified above.

SIGNATURE

DATE

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

ATTORNEYS ONLY

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

ATTORNEY INFORMATION:

NAME	
ADDRESS	
CITY, STATE, ZIP	
PHONE NUMBER	

PLEASE COMPLETE AND SUBMIT FORM CHFS-305 WITH THIS DOCUMENT

COMMONWEALTH OF KENTUCKY
STATE REGISTRAR OF VITAL STATISTICS



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

Please Print or Type All Information Required On This Form

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

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

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

Signature and telephone number of the person requesting this certificate:

Signature Telephone

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

Certificates may also be ordered by the following methods:

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

Telephone: Orders may be placed by telephone using a credit card (Visa, Master Card, Discover or American Express). An additional charge card fee will apply. This is in addition to the fee for each certified copy requested. Certificates requested via telephone may be returned by overnight courier for the cost of the additional shipment fee. The telephone number to place your order is (877) 817-7362, choose option 3.

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

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

FEES

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

_____ Certified Copies @ \$10.00 each
How many _____

Total Amount Enclosed _____

THIS SECTION MUST BE COMPLETE FOR ALL ORDERS

REQUESTORS INFORMATION:

NAME
MAILING ADDRESS
CITY, STATE, ZIP CODE

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Applying for a Social Security Card is free!

USE THIS APPLICATION TO:

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

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

Original Social Security Card

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

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

Replacement Social Security Card

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

Changing Information on Your Social Security Record

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

LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS

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

IF YOU HAVE ANY QUESTIONS

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

EVIDENCE DOCUMENTS

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

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

Evidence of Age

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

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

Evidence of Identity

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

As proof of your identity, you must provide a:

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

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

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

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

Evidence of U.S. Citizenship

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

Evidence of Immigration Status

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

HOW TO COMPLETE THIS APPLICATION

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

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

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

HOW TO SUBMIT THIS APPLICATION

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

PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

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

PRIVACY ACT STATEMENT

Collection and Use of Personal Information

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

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

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

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

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

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

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

SOCIAL SECURITY ADMINISTRATION Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME TO BE SHOWN ON CARD	First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE	First	Full Middle Name	Last
	OTHER NAMES USED ON YOUR SOCIAL SECURITY CARD			
2	Social Security number previously assigned to the person listed in item 1			
3	PLACE OF BIRTH (Do Not Abbreviate) City	State or Foreign Country		4 DATE OF BIRTH MM/DD/YYYY
		Office Use Only FCI		
5	CITIZENSHIP (Check One)	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien Allowed To Work <input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3) <input type="checkbox"/> Other (See Instructions On Page 3)		
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No	7	RACE Select One or More (Your Response is Voluntary) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian	
8	SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female		
9	A. MOTHER'S NAME AT HER BIRTH	First	Full Middle Name	Last Name At Her Birth
	B. MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3)			— —	☐ 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? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)			
12	Name shown on the most recent Social Security card issued for the person listed in item 1	First	Full Middle Name	Last Name
13	Enter any different date of birth if used on an earlier application for a card		MM/DD/YYYY	
14	TODAY'S DATE MM/DD/YYYY	15	DAYTIME PHONE NUMBER () — — Area Code Number	
16	MAILING ADDRESS (Do Not Abbreviate)	Street Address, Apt. No., PO Box, Rural Route No.		
		City	State/Foreign Country	ZIP Code
17	I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.			
17	YOUR SIGNATURE	18	YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify) _____	
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)				
NPN		DOC	NTI	CAN
EVI		EVA	EVC	PRA
PBC		NWR		DNR
UNIT		SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW		
EVIDENCE SUBMITTED		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) _____ Date of Birth _____ Case Record # _____
(Street name & number) _____ County where case record maintained _____
_____(City) _____(State) _____(Zip) Telephone Number _____
_____(Home) _____(Work)

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

The name of the individual whose information you are requesting: _____

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

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

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

Please read carefully.

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

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

CFC-305
(5/28/2003)

Authorization for Release, Use or Disclosure of PHI

PLEASE PRINT LEGIBLY

Date Received	Authorization has been <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Note: All request for review on denial of authorization should be directed to the Cabinet for Families and Children, Ombudsman Office (HIPAA Compliance Officer) at (502) 564-5497 or by mail at 275 East Main St. (1E-B), Frankfort, Kentucky 40621.		
Date Sent to Office of Records Management	Name of staff processing request	
Signature of Compliance Officer or designee	Date	
Date Received	Date written denial sent to client	Date the disclosure sent to client
Date entered in client's accounting of disclosure record for PHI		
Name of staff processing request	Title	

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

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

IF YOU DO NOT WISH TO SPEAK WITH THE OFFICE OF THE OMBUDSMAN, YOU MAY SUBMIT YOUR GRIEVANCE IN WRITING TO A SERVICE REGION ADMINISTRATOR OR DESIGNEE NO LATER THAN 30 DAYS FROM THE DATE OF A CABINET ACTION TO WHICH YOU OBJECT.

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

[HTTP://CHFS.KY.GOV/DCBS/DCBSATISFACTIONSURVEYS.HTM](http://chfs.ky.gov/dCBS/dCBSATISFACTIONSURVEYS.HTM)

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

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

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

270-687-7491

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

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

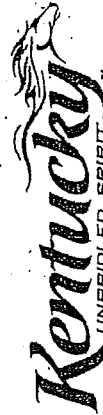
Protection and Permanency Service Appeal

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

CABINET FOR HEALTH AND FAMILY SERVICES

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

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



PROTECTION AND PERMANENCY SERVICE APPEAL

DATE: _____

NAME OF COMPLAINANT (PLEASE PRINT): _____

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

TELEPHONE NUMBER: _____ COUNTY OF RESIDENCE: _____

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

Multiple horizontal lines for writing the complaint details.

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

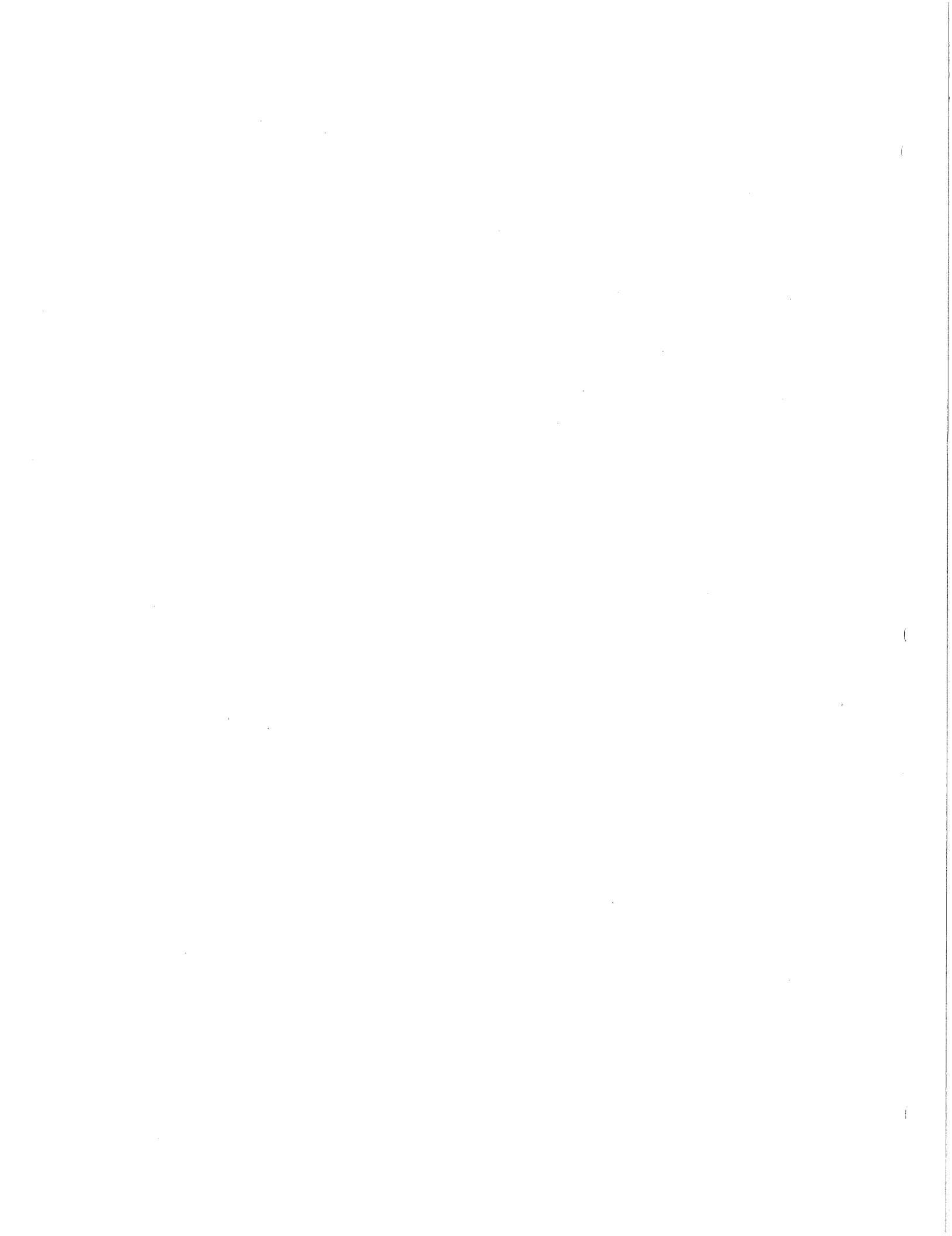
PLEASE IDENTIFY EACH CABINET STAFF PERSON INVOLVED WITH THE SUBJECT MATTER OF YOUR APPEAL. (ADDITIONAL PAPER MAY BE USED IF NECESSARY.)

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

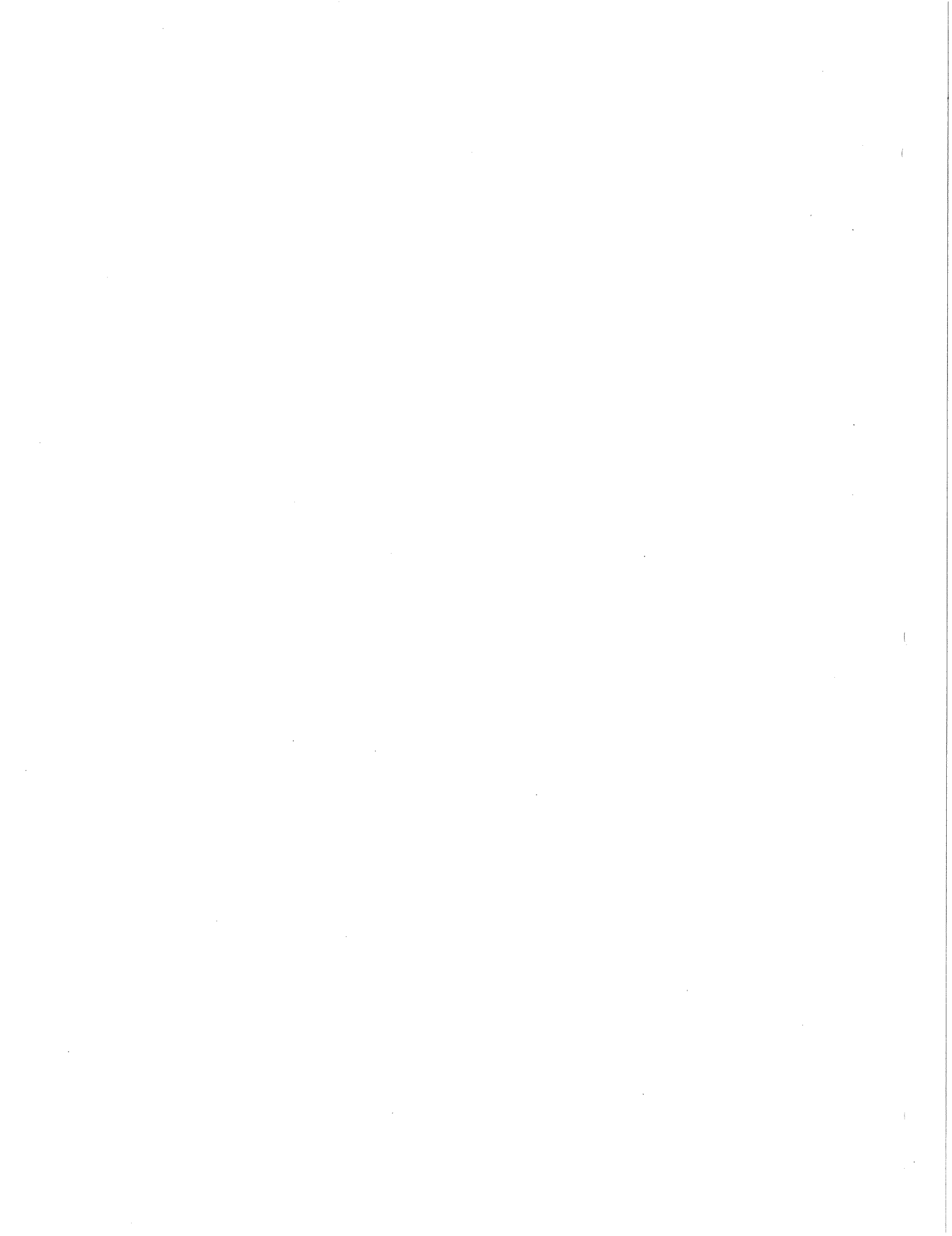
Name: _____ Title, if known: _____
Work Address: _____ City: _____

SIGNATURE OF COMPLAINANT _____ DATE _____ SIGNATURE OF AUTHORIZED REPRESENTATIVE, IF APPROPRIATE _____ DATE _____

22



Medical Information



Adult Care

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

- Before you start looking for a new doctor, think about what do you want:
 - Is where the office located important? Will you need help with transportation? Do you need an office that is wheelchair accessible or do you need other special assistance in the doctor's office? Are office hours convenient? How do you contact the doctor at other times? What hospital do you want to use, and is this doctor on the staff there?
 - Do you want someone who will take time with you during an office visit or are you comfortable being seen by someone who is "good" in his or her field but perhaps does not have the best bedside manner?
 - Is it important that this new doctor is knowledgeable about your special health care needs or do you think you can provide that information or connect the new doctor with those who could provide medical insight?

- Ways to look for a new doctor include:
 - Ask your current doctor
 - Check out the doctor your parents or other family members see
 - Call a family support group or adult disability agency and check around
 - Ask adults who have health needs similar to yours for recommendations
 - Refer to your health insurance company booklet of approved providers
 - Ask a Vocational Rehabilitation or Independent Living Center counselor
 - Find a university health center (sometimes there are research studies going on which offer free care)
 - Contact your local Medical Society, American Academy of Family Practitioners, or Internal Medicine Society either through the Yellow Pages or on their national websites

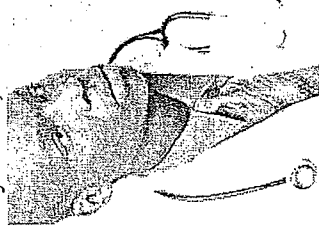
Since your wellness depends on the medical services you receive, it is important that you are comfortable talking with your new doctor and feel that he or she understands your concerns. Consider scheduling a "get-acquainted" interview before you make a final choice of a new doctor. You will have to pay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

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

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

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

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



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

Health Kentucky, Inc. relies upon private donations and grants to fund its various programs and services.

Since 1984 over 300,000 Kentuckians have been served.



Eligibility Requirements

The eligibility requirements for Health Kentucky/KPC program are:

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

How the Health Kentucky Program Works

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

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

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

Health Kentucky / KPC cannot:

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



Apply at Your Local DCBS Office or
Call Our Hotline for Information:

1-800-633-8100



Insurance Agent Questions and Answers

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

Q1. What is Kentucky Access?

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

Q2. Who is eligible for Kentucky Access?

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

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

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

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

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

Q3. Who is NOT eligible for Kentucky Access?

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

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

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

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

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

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

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

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

Q6. How can my client apply to Kentucky Access?

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

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

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

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

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

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

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

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

- Q9. What is the best way to maintain Kentucky Access coverage?
- A. As long as your client pays premiums and continues to meet other applicable eligibility requirements, he or she will continue to be eligible for Kentucky Access coverage.
- Q10. Are insurance agents licensed to sell Kentucky Access coverage?
- A. Agents do not sell Kentucky Access benefit plans. However, any insurance agent currently licensed by the Kentucky Department of Insurance may refer a client to Kentucky Access. Consumers may apply to Kentucky Access with or without the assistance of an agent.
- Q11. How are agents compensated?
- A. An agent will be paid a one-time referral fee of \$50 once a client has been determined eligible for and enrolled in Kentucky Access. In order for an agent to receive the referral fee, the client must indicate on the application form that the agent referred the client to Kentucky Access.
- Q12. Will it cost my client more to deal through an agent?
- A. Since agent referral fees are not factored into your client's rates, there is no additional cost to your client for being referred by an agent. Agents are typically much more familiar with health care coverage than consumers and it is generally a good idea for consumers to work with agents they know and trust.
- Q13. Will my client receive a rate or benefit comparison form?
- A. No. Information about Kentucky Access rates and benefits may be viewed on the program's web site at www.KentuckyAccess.com and are also included in the enrollment packet. Your client will have to perform his or her own comparison if he / she wants to compare Kentucky Access rates and benefits with rates and benefits available elsewhere in the individual insurance market. You may be able to furnish your client information about the products of private insurers.
- Q14. Who is the administrator? Who processes claims?
- A. Kentucky Access is directly overseen by the Kentucky Department of Insurance through a separate division of the Department. Benefits are administered by a third-party administrator, under contract. Enrollment, claims, and other questions should be directed to Kentucky Access, P.O. Box 33707, Indianapolis, IN 46203-0707. Your client may also call Kentucky Access Customer Service, toll free, at 1-866-405-6145 (TTY 1-800-313-4750).
- Q15. Who should be contacted if an ID card is not received or if a card is lost?
- A. Kentucky Access Customer Service should be contacted, toll free, at 1-866-405-6145 (TTY 1-800-313-4750).
- Q16. When are premium payments due?
- A. Premium payments are due one day before the coverage period begins. For example; if your client's coverage begins on February 1st, your client's premium payment would be due on January 31st. Your client may choose from a number of different premium payment options including monthly, quarterly, semi-annually, or annually. If your client elects to pay monthly, your client must enclose with his or her application the first 2 months worth of premium. If your client elects to pay quarterly, semi-annually, or annually, your client must enclose two months premium. Your client will be billed for remainder of premium for the pay mode selected before approval will be issued. The initial premium check must be attached to the application and mailed to Kentucky Access, P.O. Box 33707, Indianapolis, IN 46203-0707. The check should be made payable to "Kentucky Access."

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

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

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

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

A. Kentucky Access offers 3 different health benefit plans:

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

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

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

Q19. What health care providers are in the network?

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

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

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

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

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

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

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

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

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



www.KentuckyAccess.com

Revised 11/09

KENTUCKY RX CARD

WWW.KENTUCKYRXCARD.COM

For Immediate Release

FREE PRESCRIPTION DRUG CARD LAUNCHED IN KENTUCKY

Kentucky Rx Card will Provide Prescription Assistance to All Residents

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

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

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

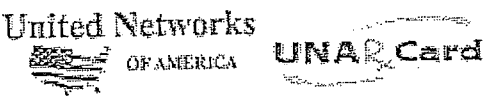
The Kentucky Rx Card is a solution to the confusing maze of discount prescription programs that have appeared in recent years. Many of these programs only cover certain drugs, charge fees, and some have membership restrictions such as age and income limitations. Kentucky residents can download a free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

For more information, press only:

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

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

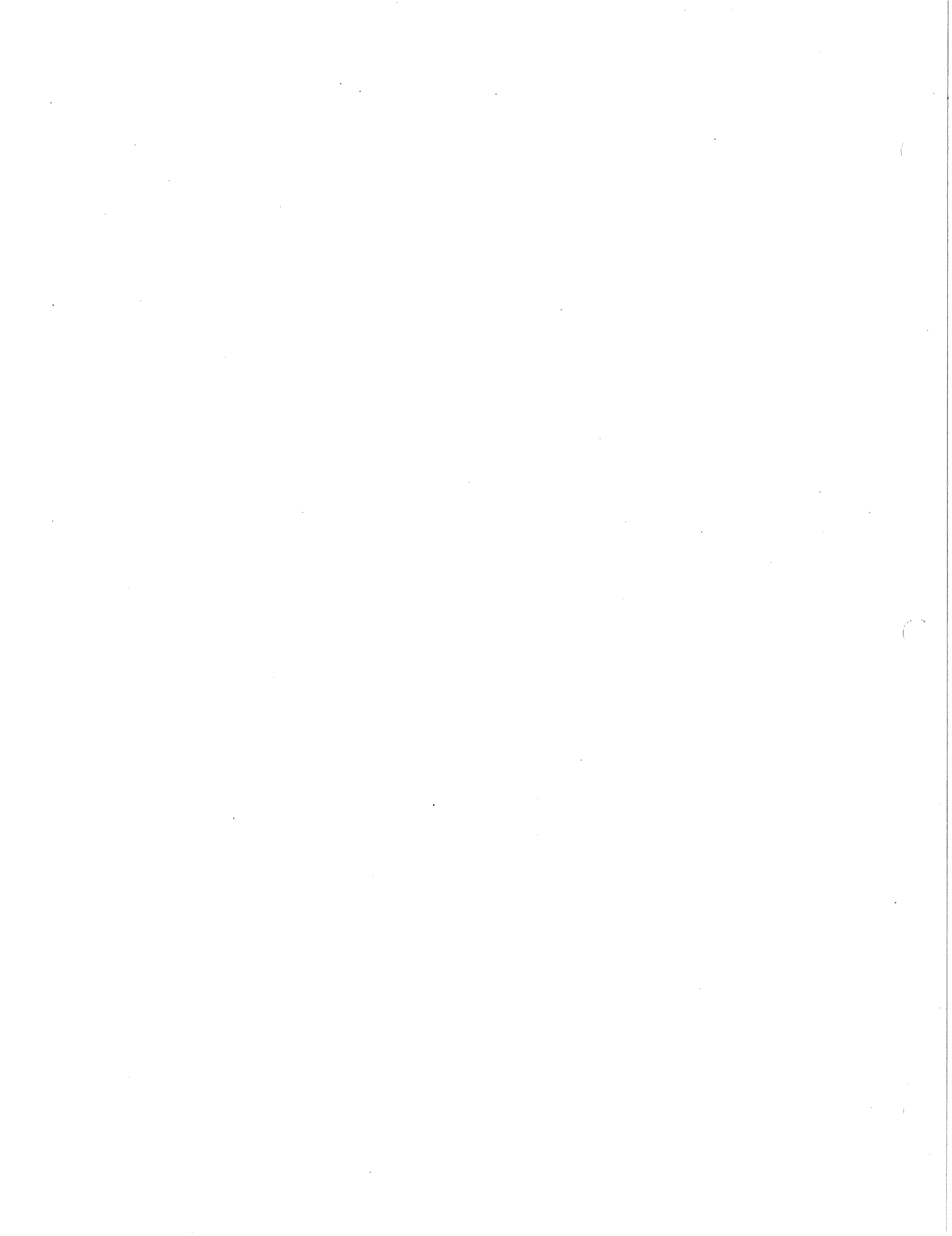
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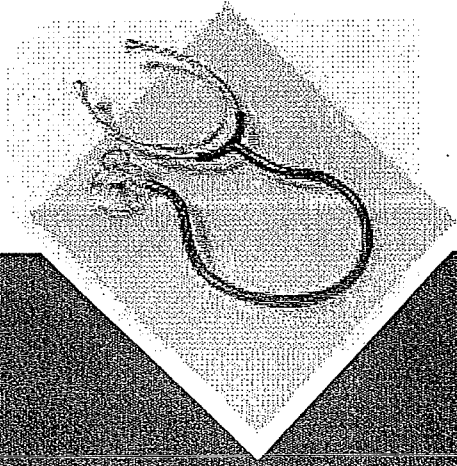
<p style="text-align: center;">KENTUCKY RX CARD WWW.KENTUCKYRXCARD.COM</p> <p>Member: ID Number: Program: RxBIN: RxGrp:</p> <p>Note: Everyone is eligible for this program. There are no age or income restrictions. Each family member must have his/her own card. If you can't print a card have your pharmacy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

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|---|------------------------|-------------------------------|--------------------------|
|  | \$25 DOLLAR EYEGLASSES | 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 |

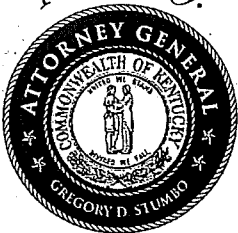
Mortgage Payment Assistance (888) 447-8752 [Free Consultation](#)
 Falling behind on your mortgage payments? Call our housing counselors to discuss your options.
 Free Bankruptcy Advice (888) 669-1064 [Free Consultation](#)
 If your financial situation has become unbearable call for a free conversation to discuss whether debt relief under bankruptcy is your best option.
 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, and more.





KENTUCKY LIVING WILL PACKET

Provided by:



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

LIVING WILLS IN KENTUCKY

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

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

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

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


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

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

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

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

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



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

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

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

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

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

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

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

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Copies printed with state funds.

Instructions for completing the Kentucky Living Will form

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

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

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

Life Prolonging Treatment

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

Nourishment and/or Fluids

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

Surrogate Determination of Best Interest

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

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

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

Organ/Tissue Donation

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

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

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

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

**KENTUCKY LIVING WILL DIRECTIVE
AND HEALTH CARE SURROGATE DESIGNATION
OF**

(PRINTED NAME)

(DATE OF BIRTH)

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

HEALTH CARE SURROGATE DESIGNATION

By checking and initialing the line below, I specifically:

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

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

.Any prior designation is revoked.

LIVING WILL DIRECTIVE

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

Life Prolonging Treatment (check and initial only one)

_____ (check box and initial line, if you desire the option below)
Direct that treatment be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical treatment deemed necessary to alleviate pain.

_____ (check box and initial line, if you desire the option below)
DO NOT authorize that life-prolonging treatment be withheld or withdrawn.

LIVING WILL DIRECTIVE - CONTINUED

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

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

Surrogate Determination of Best Interest

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

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

Organ/Tissue Donation (check and initial only one)

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

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

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

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

Signed this _____ day of _____, 20____

Signature and address of the grantor.

Have two adults witness your signature OR have signature notarized*

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

Signature and address of witness.

Signature and address of witness.

- OR -

STATE OF KENTUCKY, _____ County

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

Done this _____ day of _____, 20____

Signature of Notary Public

Date commission expires

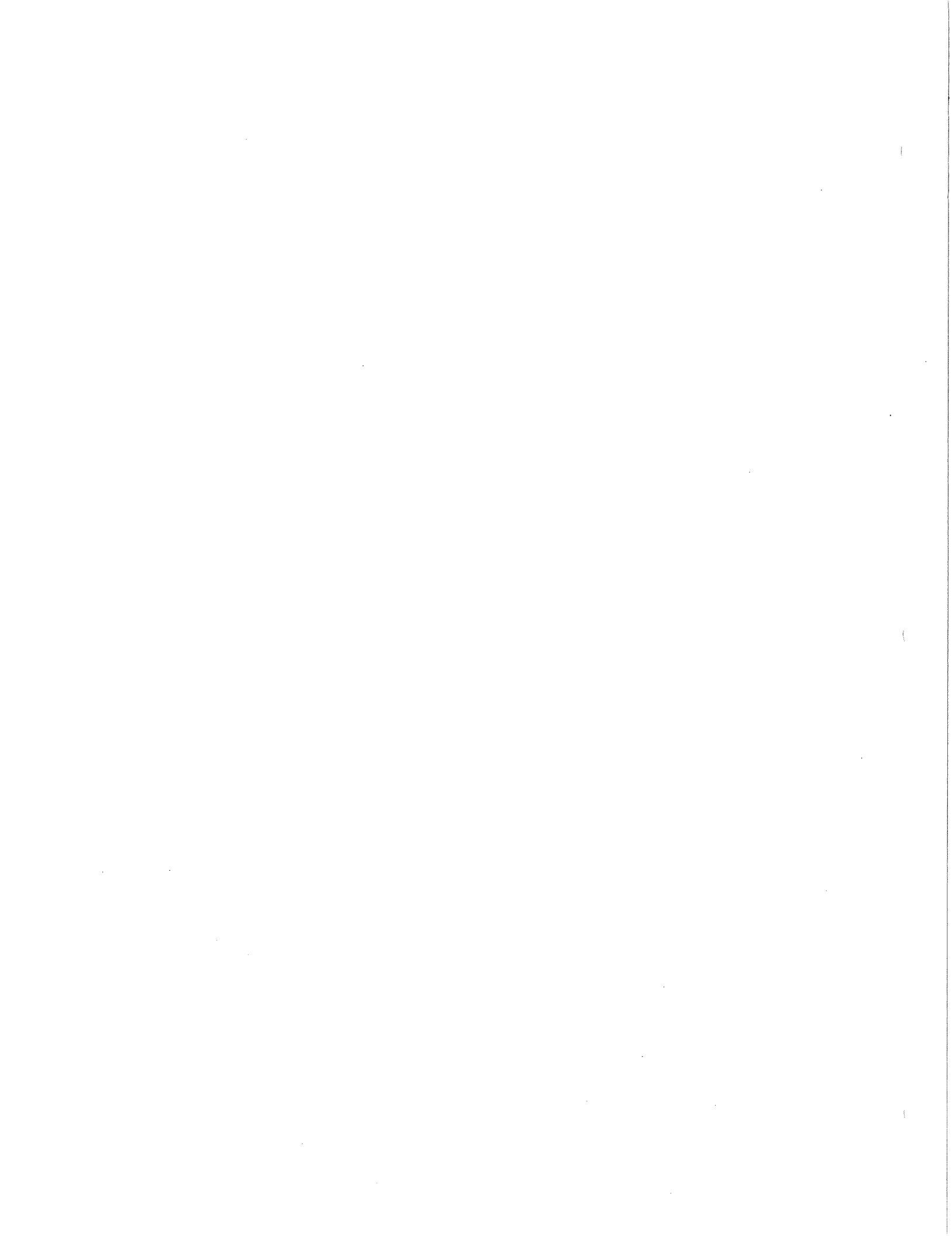
*None of the following shall be a witness to or serve as a notary public or other person authorized to administer oaths in regard to any advance directive made under this section:

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

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

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

Housing Information



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

DCBS DJJ KHC ID Number _____

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

Youth Address: _____

City: _____ State: _____ Zip: _____

County _____

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

Email: _____

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

Sex: Male Female Race: American Indian or Alaska Native

Asian African American

Employed: Yes No Native Hawaiian or Other Pacific Islander

Hispanic/Latino Caucasian

Education Level: _____ Other: _____

Does the youth have a mentor? Yes No

Mentor Name: _____

Mentor Address: _____

Mentor Phone Number: _____

Mentor Email: _____

ILC Signature: _____

Chafee Independence Program

Room and Board

Kentucky Housing Corporation

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

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

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

Your local Independent Living Coordinator

or

Kentucky Housing Corporation Representative

Keli Reynolds

Self-Sufficiency Manager

kreynolds@kyhousing.org

1231 Louisville Road

Frankfort, KY 40601-6191

(502) 564-7630 ext. 376

(502) 564-9963 (fax)

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

www.kyhousing.org

Rights and Responsibilities of Landlords

Landlord's rights:

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

Landlord's responsibilities:

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

Rights and Responsibilities of Tenants

Tenant's rights:

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

Tenant's responsibilities:

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

Helpful Hints to Rental Housing

The Lease

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

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

The security deposit

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

Tenant responsibilities

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

Right to entry

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

Moving

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

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

Eviction

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

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

Guidelines to avoid problems

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

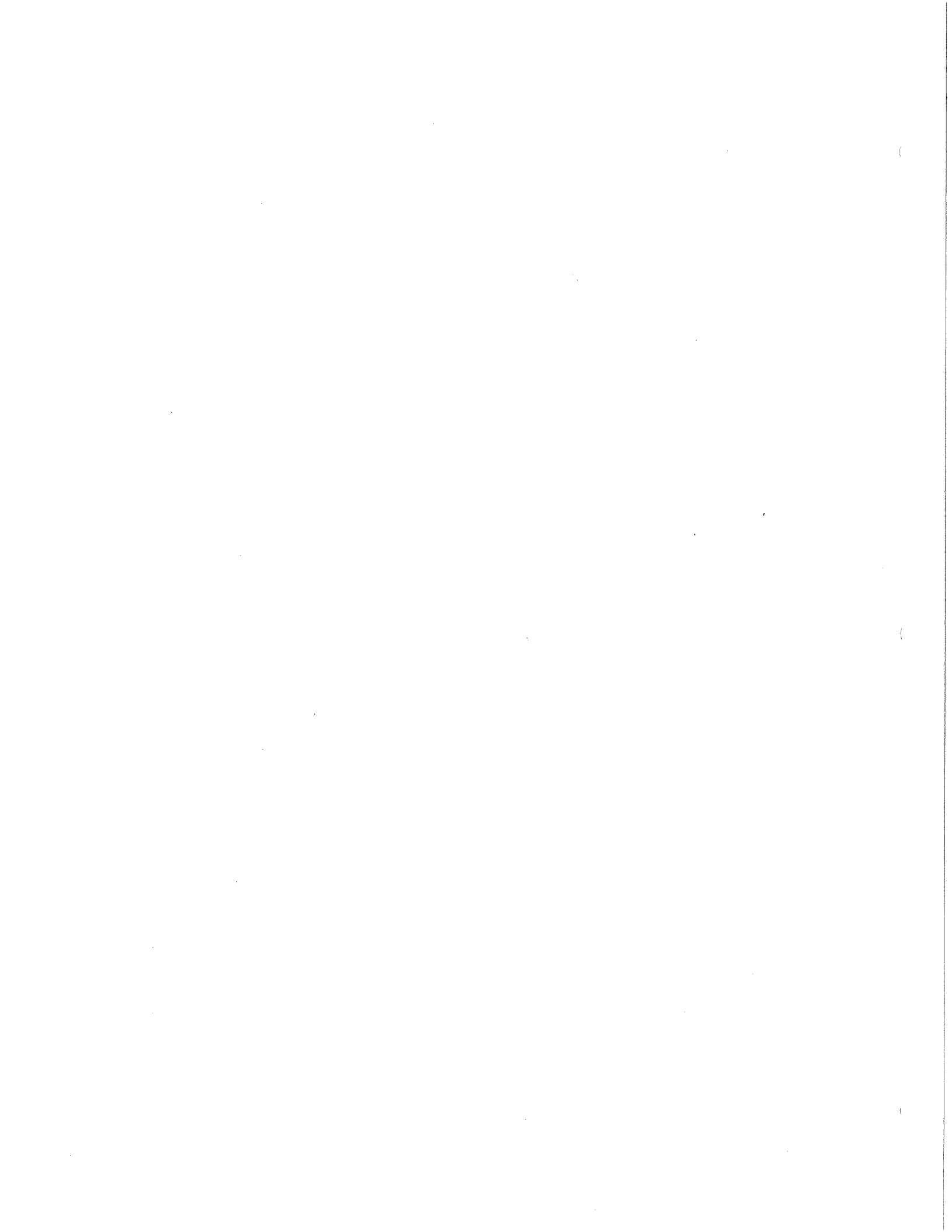
1. Know the rental situation before you sign. Ask who will be responsible for repairs. Find out how and where to contact that person, day or night. Be aware of any rules on painting and papering walls, hanging pictures, allowing pets and noise restrictions.
2. Read the lease carefully. Some contracts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

Discrimination

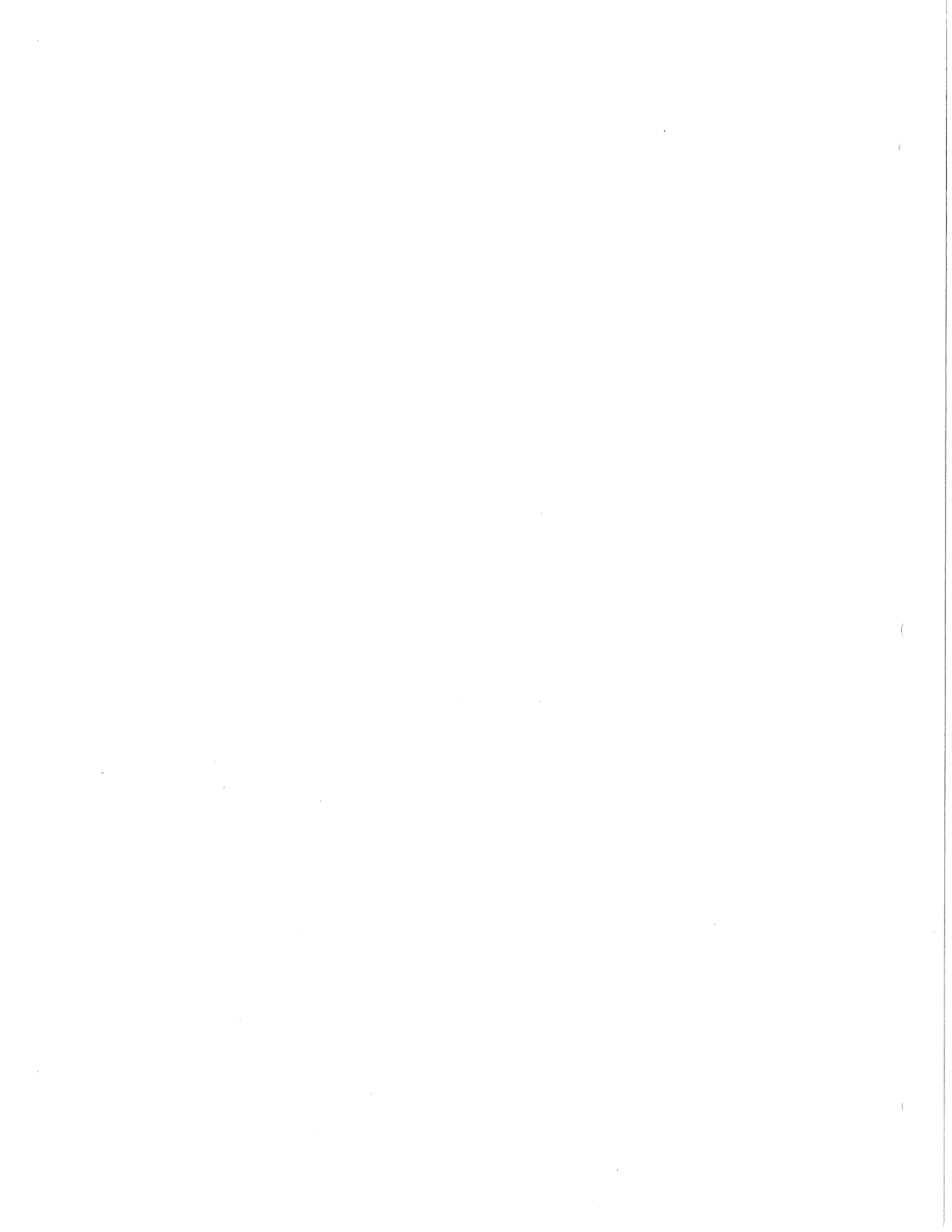
You cannot be denied housing on the basis of race, color, religion, sex, national origin, handicap, or familial status. However, there are some exceptions. You may contact the Kentucky Commission on Human Rights for more information.

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

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



Education Information



Helpful Hints on Funding Education

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

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

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

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

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

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

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

Different Types of Financial Aid

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

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

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

Applying for financial aid

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

Things That Determine Financial Aid Eligibility

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

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

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

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

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

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

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

MCHB Healthy and Ready To Work Projects

**EDUCATIONAL & FINANCIAL RESOURCES
FOR COMMITTED YOUTH**

Tuition Assistance

DCBS youth 18-21

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

Maintain 2.0 GPA

Form OOH-103 completed by worker & approved by SRA

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

Tuition Waiver

DCBS & DJJ youth 18-21

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

Eligibility:
5 years from date of first entry into school

Maintain 2.0 GPA

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

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

Scattered Site Apartment Living Program

DCBS youth 17 -21

Level of Care 1 - 3 ONLY

Referral through placement coordinator and interview with youth

Enrolled in an educational program and working part-time

Rent assistance, case management & support services

Contact:

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

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

Education Training Voucher

Youth left care on or after 18

or
Adopted on or after 16

\$5,000 yearly maximum

Youth completes ETV form and submits to Fawn Conley in Frankfort

Maintain 2.0 GPA & youth must submit monthly

verification form to Frankfort

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

Contact:

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

Tuition Waiver

Youth left care on or after 18

or adopted from state foster care

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

Eligibility:
5 years from date of first entry into school

Maintain 2.0 GPA

Form DPP-333 Completed by youth &

submitted to school's bursar, business or financial aid office

Contact:

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

Chafee Room & Board Program

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

Enrolled in an educational program & working part-time

Rent assistance, case management & support services

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

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

INSTRUCTIONS FOR COMPLETING THE TUITION WAIVER FOR FOSTER AND ADOPTIVE CHILDREN

Section 1:

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

Please include all information as follows:

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

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

Section 2:

Completed by public post-secondary institution.

Section 3:

Completed by the Cabinet for 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.

TUITION WAIVER FOR FOSTER AND ADOPTED FOR CHILDREN

SECTION 1 — APPLICANT INFORMATION

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

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

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

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

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

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

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

Student or Guardian Signature Date

SECTION 2 — PUBLIC POST-SECONDARY INSTITUTION REQUEST

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

Name of Institution Address of Institution

Phone number Date Institution Contact Person (Please print)

SECTION 3 – TUITION WAIVER VERIFICATION

CABINET FOR HEALTH AND FAMILY SERVICES
 ATTN: Project Administrator, Chafee Independent Living Program
 ATTN: Tuition Waiver
 275 East Main Street Mail Drop 3 E-D
 Frankfort, KY 40621
 502-564-2147 or 800-232-5437
 (FAX: 502-564-5995) or (Email: chafee.ilp@ky.gov)

_____ **ELIGIBLE** _____ **INELIGIBLE**

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

SIGNATURE OF AUTHORIZED CABINET PERSONNEL DATE

INSTRUCTIONS FOR COMPLETING THE REQUEST FOR EDUCATIONAL AND TRAINING VOUCHER FUNDS

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

Please include all information as follows:

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

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

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

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

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

- Complete expenses and income;
- Calculate transportation expenses in the table provided;
- Sign and date the form and obtain signature and date of Independent Living Coordinator. The Independent Living Coordinator may be located by contacting the local office or Central Office at 502-564-2147

REQUEST FOR EDUCATIONAL AND TRAINING VOUCHER FUNDS

SECTION 3 – APPLICANT EXPENSES AND INCOME

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

Requested Funds \$ _____

Restrictions:

Comments:

 Student Signature

 Date

 Independent Living Coordinator

 Date

Use the block below to figure transportation allowance:

1. Distance between home & school/job training (miles)?	2. How many trips per week?	3. How many weeks per semester/time period?	Reimbursement Rate (multiply by blocks 1, 2 & 3)	TOTAL Travel Allowance per Semester (enter amount under expenses above)
			.32	\$

Education Training Voucher (ETV) Guidelines

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

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

Student Account Information:

User ID: _____

Password: _____

Date

Client

Date

ILC

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

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

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

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

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

 Signature Date

 Name Printed

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

 Signature Date

 Name Printed

For TWIST Use	Received By	Date	Entered By	Date
---------------	-------------	------	------------	------

INSTRUCTIONS TO THE STUDENT

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

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

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

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

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

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

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

MONTHLY ACADEMIC STANDING AND ENROLLMENT VERIFICATION

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

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

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

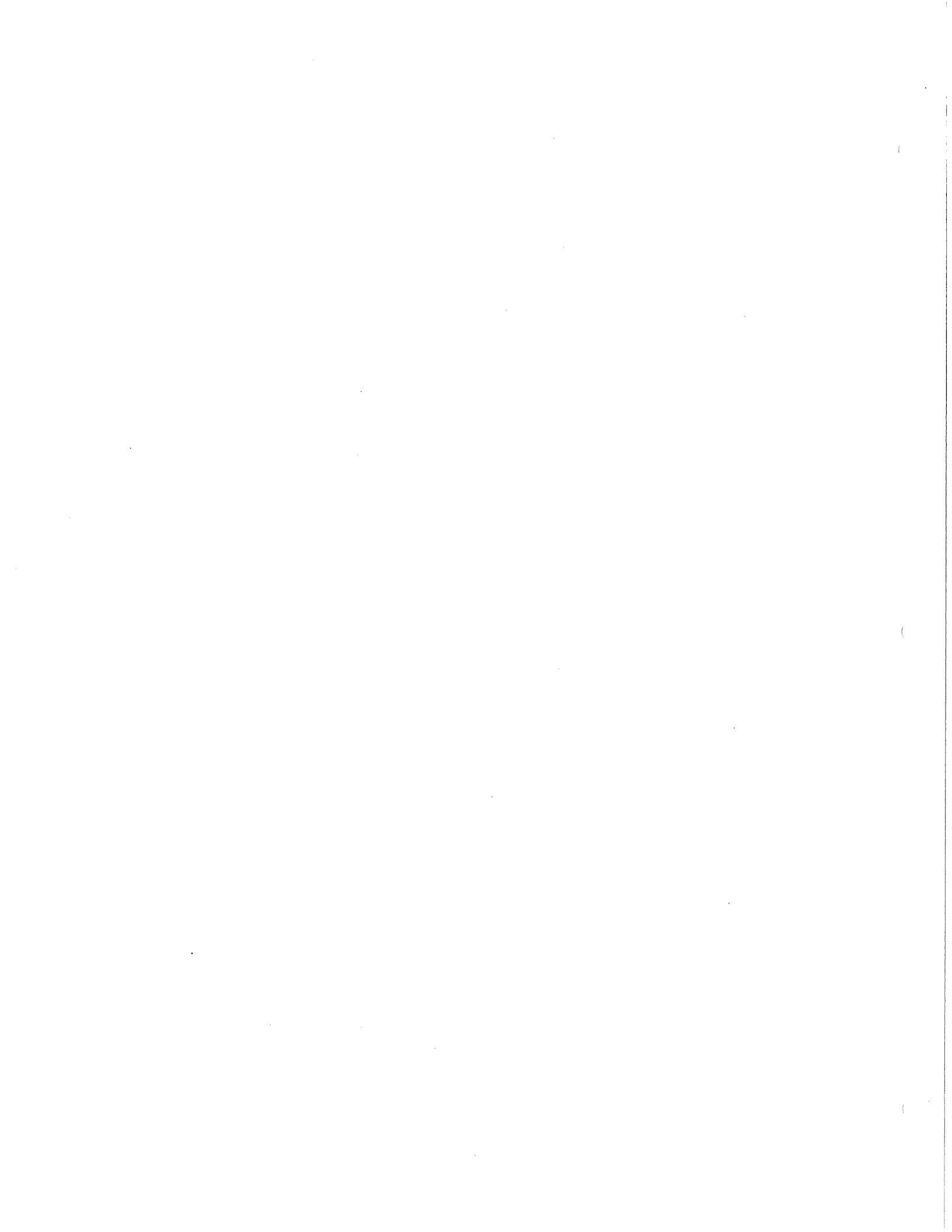
- Is in good academic standing in a degree program, or
- Is making satisfactory progress toward completion of a job training program.

Printed Name of Registrar or Program Director

Signature of Registrar or Program Director

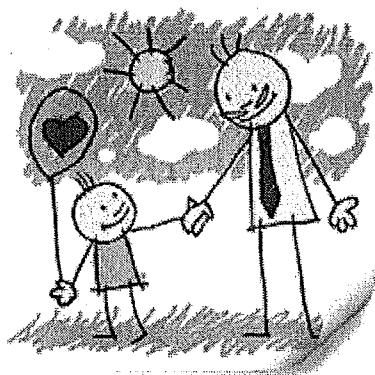
Date

Please attach official school/program seal.



Mentor Program

Chafee Mentor



Program

What is a Mentor

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

What Do Mentors Do?

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

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

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

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



How Do Mentors Benefit Our Youth?

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

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



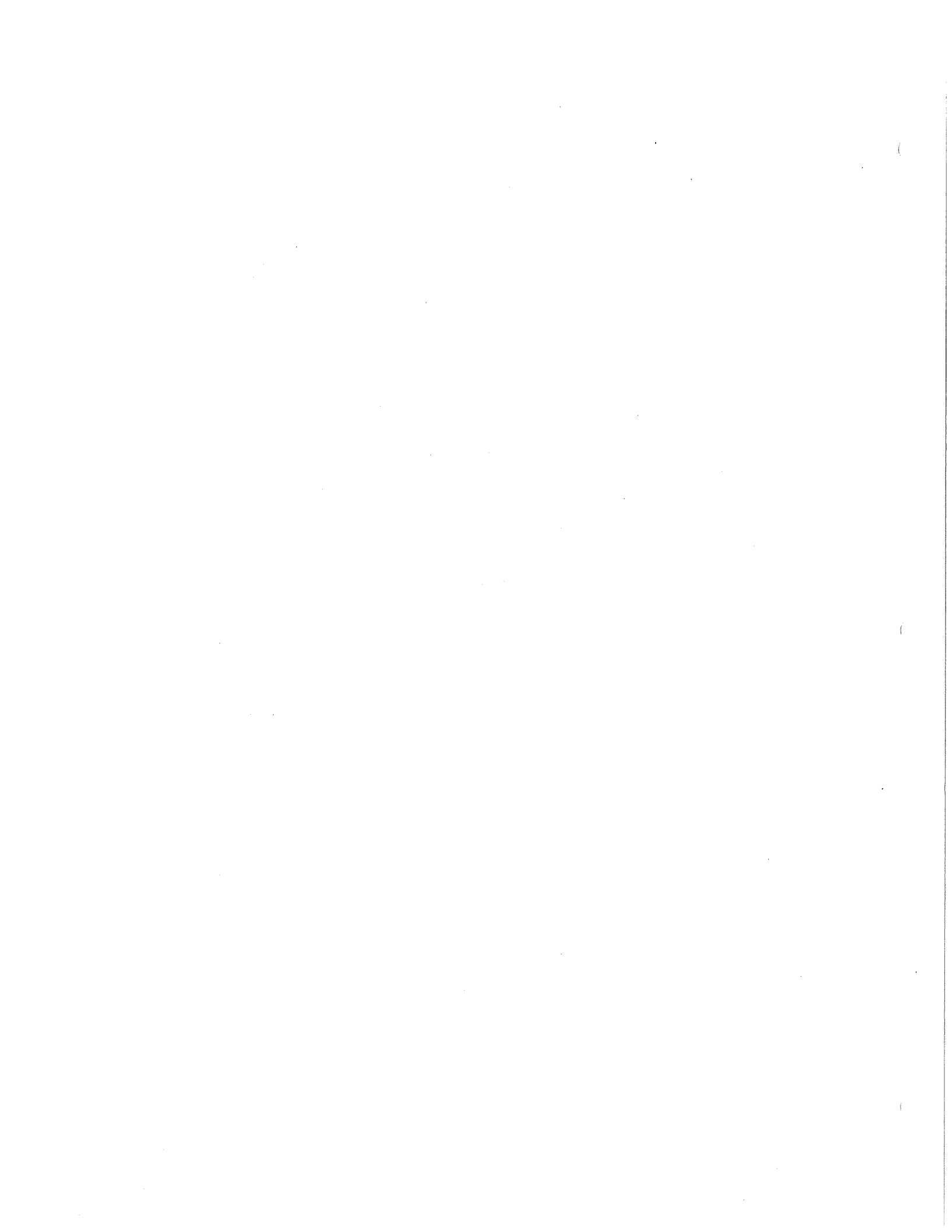
Murray State University Mentor Program

Lauren Carson

Toll Free: 1-877-994-9970

lauren.carson@murraystate.edu

Additional Resources



Frequently Requested Phone Numbers and Hotlines

Child & Adult Abuse

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

Child Care

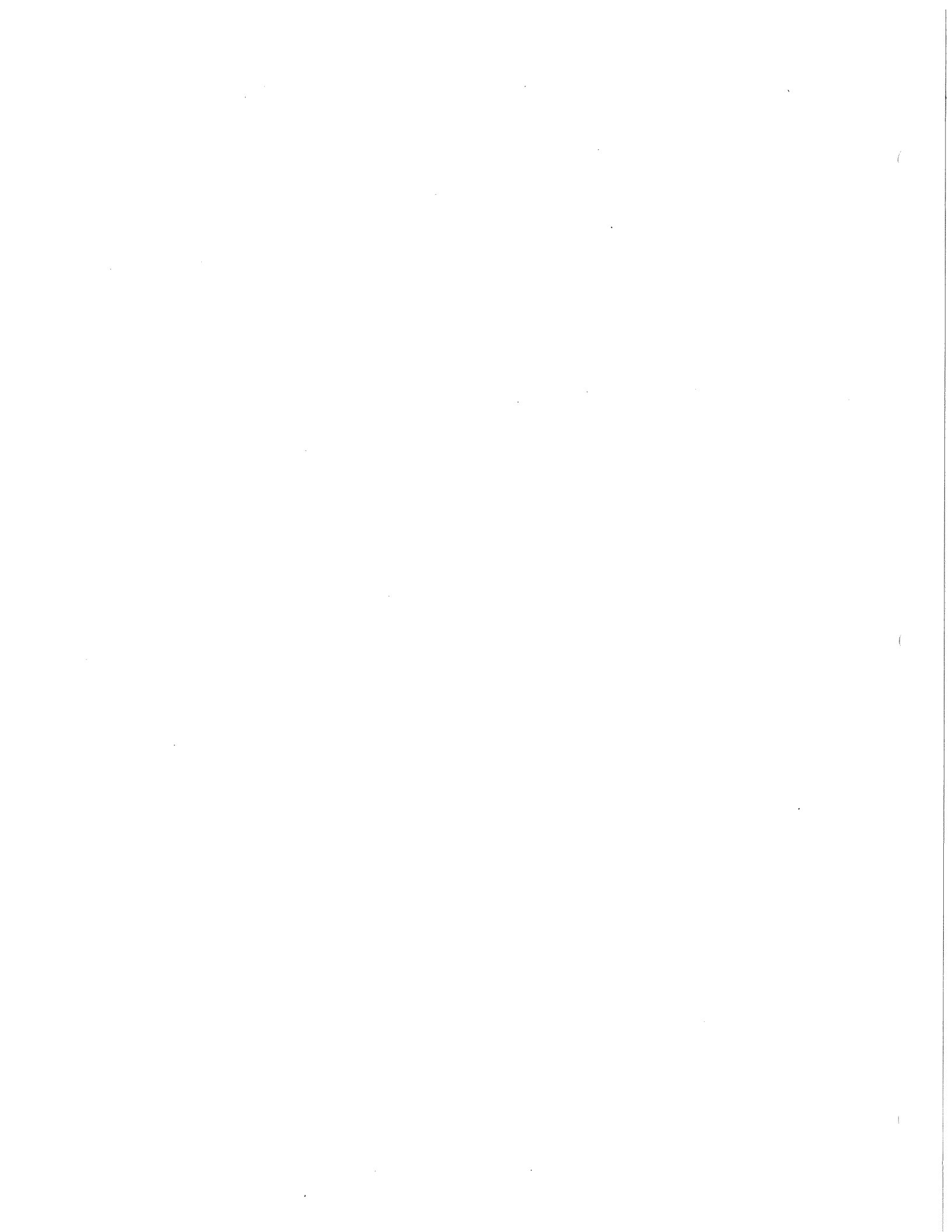
- Child Care Information → 1-800-421-1903
- Maternal and Child Health Information → 1-800-635-2570
- Foster Care Information → 1-800-232-5437
- Special Needs Adoption → 1-800-432-9346
- KY Association of Child Care Resources and Referral Agencies → 1-800-723-5002
- KY Commission for Children with Special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

Disabilities

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

Drug and Alcohol Abuse

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



Kentucky: Governor's Office of Constituent Services - Phone Numbers and Hotlines

Emergency

- Emergency Services, Local Police and Fire → 911
- Poison Emergency Information → 1-800-722-5725 or 1-800-222-1222
- Adult Lead Poisoning Questions → 502-564-7360

Family Resources

- Family Resource and Youth Service Centers → 502-564-4986
- Administrative Office of the Courts - Dependent Children Services → 1-800-928-2350
- Kentucky Special Parent Involvement Network → 1-800-525-7746
- Division of Child Support → 1-800-248-1163
- Child Support Voice Response System → 1-800-443-1576
- Child Support Tax Refund Intercept → 1-800-446-6014
- Commission for Children with Special Health Care Needs → 1-888-542-4453
- Food Stamp Case Changes Report Line → 1-800-248-5861

Fraud

- Welfare and Medicaid Fraud → 1-800-372-2970
- Election Fraud → 1-800-328-8683

Missing and Exploited Children

- Runaway Hotline → 1-800-231-6946
- Missing Children → 1-800-843-5678
- National Runaway Switchboard → 1-800-621-4000
- National Center for Runaway and Exploited Children → 1-800-843-5678

Public Services

- AIDS Information Hotline → 1-800-342-2437
- Adult/Child Health Information → 1-800-835-5465
- National Red Cross → 1-800-255-3808
- Consumer Protection Hotline → 1-800-432-9257
- Kentucky Lawyer Referral Services → 1-800-372-2999
- Public Service Commission Hotline → 1-800-772-4636
- Equal Employment Opportunity & Housing → 1-800-292-5566
- Crime Victims Information Line → 1-800-372-2551
- Kentucky Bar Association → 1-800-899-4529
- Kentucky Housing Corporation → 1-800-633-8896 ext.303
- Homeless & Housing Coalition of Kentucky → 1-502-223-1834

Suicide & Crisis Hotlines

- Hope Suicide → 1-800-SUICIDE
- Suicide Prevention → 1-800-273-TALK
- Crisis Information Hotline → 1-800-592-3980
- National Youth Crisis Hotline → 1-800-448-4663
- Crisis Intervention Hotline → 1-800-223-0444

Kentucky: Governor's Office of Constituent Services - Phone Numbers and Hotlines

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

Transportation

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

Most Requested Phone Numbers

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

Last Updated 8/17/2

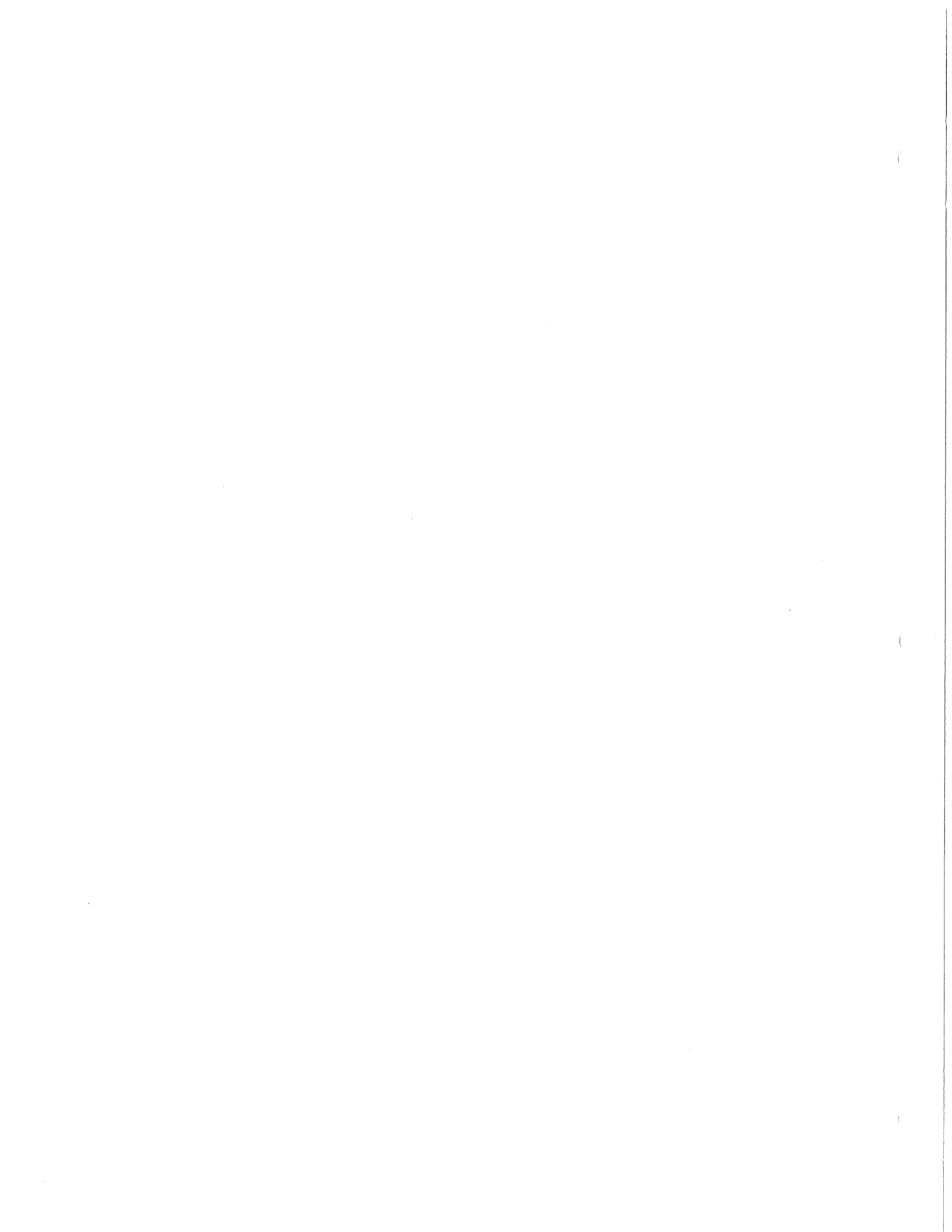
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Community Resources

Adult Learning Center 769-2266
 Advocacy & Support Center 234-9236
 Baptist Youth Ranch 737-3888
 Better Business Bureau 800-388-2222
 Big Brothers Big Sisters 769-5225
 Blind, Dept. for 766-5126
 Child Abuse Hotline 800-752-6200
 Child Support Enforcement 766-5085
 Commission for Children
 with Special Needs 800-232-1160
 Communicare (Etown) 769-1304
 Communicare (Radcliff) 351-8166
 Community Action 737-3736
 Community Action TACK 800-242-8225
 Comm. Action TACK (Radcliff) 351-5414
 Community Health Clinic 763-9589
 County Attorney 765-6726
 County Attorney (Child Sup.) 769-6979
 Day Treatment of Hardin Co. 766-5053
 Dislocated Worker 766-5093
 Dept. of Social Services (food stamps,
 Medicaid/KCHIP, public assist.) 766-5029
 Dept. of Social Services (P&P) 766-5099
 Domestic Violence and
 Spouse Abuse 769-1234
 Employment/Unemployment 766-5115
 Extension Office (Hardin Co.) 765-4121
 4-Cs (Community Coordinated Child Care) 360-9911
 FPP (Family Preservation Prog.) 769-5908
 First Steps 737-5921
Food Assistance Organizations: (see reverse)
 Also- Cecilian Baptist Church (sm. Pantry)
 862-4228
 Fraud Hotline 800-372-2970
 Goodwill 737-7162
 Habitat for Humanity 360-9900
 Health Dept. (Etown) 765-6196
 Health Dept. (Radcliff) 352-2526
 Helping Hand 769-3092
 HUD (Housing Project) 769-5645
 Impact Plus 352-2289
 JP Interventions 763-0728
 KY Housing (Sect. 8) 502-957-5459
 KY Pregnancy Info Hotline 800-462-6122

Legal Aide 800-292-1862
 Medicaid/KCHIP 800-635-2570
 Medicare Info Hotline 800-638-6833
 Municipal Housing (Etown) 765-2092
 Municipal Housing (Radcliff) 351-6772
 Next Step Counseling 300-3100
 North Hardin Hope 351-4673
 Ombudsman 800-372-2973
 Open Arms – Grandparent/Acting
 Parents' Support Group 737-5110
 Public Advocacy 766-5235
 Public Service Commission
 Consumer Hotline 800-772-4636
 Rahab House 351-3550
 Red Cross 765-4979
 Salvation Army 234-0833
 Social Security 769-2410
 SpringHaven 766-1081
 USA Cares, Inc. 352-5466
 United Way of Central KY 737-6608
 Vital Statistics 502-564-4212
 Vocational Rehab 766-5121
 Warm Blessing (Food Kitchen) 763-3500
 or 769-0620
 WIC 765-6196

OTHER IMPORTANT NUMBERS



DEVELOPMENTAL DISABILITIES

Association for the Retarded and Handicapped of Hardin County Inc.

P.O.Box 2013

225 A. College Street

Elizabethtown, KY 42702

Phone: (502) 737- 1140

Contact Person: Ken Brewster

Youth Served: All, 7-21 years.

Description of Services: Five week summer program for youth with physical and mental handicaps. Also, Special Olympics for adolescents arranged through the schools -

contact: Diane Bennett

(737-6880).

Developmental Disabilities Regional Office

Communicare

1311 N. Dixie Ave.

Elizabethtown, KY 42701

Phone: 769-3377

Contact Person: Dan Simpson, Dir.

Gender Served: Both

Ages Served: All

Services: Companion, In-Home, Respite, Supportive Living, Sheltered Workshop, Supportive Employment, Residential, Case Management

Kentucky Early Intervention Services (KIES)

Suite 7B, 1111 The Mall

Elizabethtown, KY 42701

Phone: 737-5921

Contact Person: Mary Thomas, Coordinator

Gender Served: Both

Age Served: Birth -3 years

Description of Services: Anyone seeking Communicare services for children (0-3) with developmental delays or disabilities should begin here for initial intake and assessment. Then, referrals may be made to Kids Care Developmental Center or other Communicare programs.

Kids Care Child Development Center

1308 Woodlawn Drive

Elizabethtown, KY 42701

Phone: 737-5676

Contact Person: Lori Corle, Coordinator

Gender Served: both

Age Served: birth - 3 years

Description of Services: Offers early intervention services to disabled or developmentally delayed children. *All services are provided at no charge to the family.

MENTAL HEALTH & SUBSTANCE ABUSE

Communicare Facilities

Regional Administration

1311 N. Dixie Ave.

Elizabethtown, KY 42701

Phone: 765-2605

Fax: (270) 769-0836

Contact Person: Cindy Barker, Executive Dir. Carol Belcher, Clinical Dir.

Mission: Communicare is an accessible caring environment and will take a leadership role in helping people throughout our community make positive changes by addressing their behavioral health and developmental disability needs

Communicare Recovery Center

1311 N. Dixie Ave.

Elizabethtown, KY 42701

Phone: (270) 765-5145

Contact Person: Peggy Hoffman or Karen Jacobs

Gender Served: Both

Age Served: 3-21 yrs/ out-patient only

Description of Services: Drug and alcohol treatment.

Communicare Children's Crisis Stabilization Unit

100 Grey Street

Elizabethtown, KY 42701

Phone: 360-0419 Contact Person: Bruce Hey, Coordinator

Gender Served: Both

Age Served: 4 - 17 years

Description of Services: A short term, mental health, non-medical resource for the community designed to serve youth who are a danger to themselves or others, and who are at risk of placement outside of the home.

Community Youth Services

195 East Lincoln Trail

Radcliff, KY 40160

Phone: 351-6852

Fax: 351-6868

Contact Person: Jeff Felty, Exec. Dir.

Youth Served: M&F, 10-18 yrs.

Description of Services: Residential care for youth with behavioral problems or developmental disabilities. CYS helps young people prepare for foster care or independent living.

Early Intervention Program (EIP)

519 N. Miles St.

Elizabethtown, KY 42701

Phone: 737-6002 / 765-5992

Contact Person: Kristy Heddleston,
Coordinator

Gender Served: Both

Age Served: 12-17 years

Description of Services: Partners with the Court Designated Worker Program and, in some cases, through court referrals. After an adolescent enters the Juvenile Justice System on an alcohol or drug related charge, this program may be offered as a diversion option.

Heartland Counseling Services

29 Public Square

Elizabethtown, KY 42701

Phone: 763-6644

Contact Person: Brenda Luther, CPC, CADC

Description of Services: Individual & Family counseling.

JP Interventions, Inc.

110 Village Dr.

Elizabethtown, KY 42701

Phone: 763-0728

Contact Person: Jane Prouty, Therapist

Gender Served: Both

Age Served: Children, Adolescents and Adults

Description of Services: Individual & Family Counseling, Violence Intervention Program (for adolescent girls), Teen Groups (deals with managing emotions, communication issues and substance abuse).

Lincoln Trail Behavioral Health Systems

3909 South Wilson Rd.

Radcliff, KY 40160

Phone: 351-9444

Fax: (502) 349 6190

Contact Persons: Peggy Nunn, LCSW- Clinical Director

Description of Services: Individual, Group and Collateral therapy

Inpatient Programs: Adolescents 12-18 with psychiatric problems can receive full inpatient care and treatment. Patients follow a carefully planned program designed to address each patient's specific needs, as well as nurture physical, social, emotional, and mental well being. Outpatient Programs:

Academic Program (Heartland Academy)

Evergreen Program (Chemical Dependency)

Willows Program (Sexually Reactive Adolescent Females).

Lincoln Trail Regional Impact/Impact Plus

1704 S. Dixie Blvd.

Radcliff, KY 40160

Phone: 352-2289

Gender Served: both

Age Served: children & Adolescents

Description of Services: Provides intensive case management services to children & adolescents who have severe emotional and behavioral disturbances. Financial assistance may be available to those who qualify.

Life Designs

800 Cardinal Dr., Suite 201

Elizabethtown, KY 42701

Phone: 769-3445

Betty Heck, LCSW, CADG II, Hannah St. Clair, LPCC; CADG; Bruce E. Hey, LCSW, MA
Description of Services: Individual, Family, and Group Counseling; Trauma/PTSD;
Substance Abuse Treatment, Anger Management

Stepworks Addiction Resources

100 Diecks Drive

Elizabethtown, KY 42701

Phone: 982-1244

Ages served: 16 yrs old and older

Description of Services: Anger management, DUI Group therapy/education, Substance Abuse Treatment, Group Therapy.

Ten Broeck Elizabethtown Outreach Center

1239 Woodland Drive, Suite 111

Elizabethtown, KY 42701

Phone: 982-1333

Description of Services: Adolescent Chemical Dependency, Certified Domestic Violence Counseling

PRIVATE THERAPY

Craig Curtis, Therapist

326 N. Mulberry

Elizabethtown, KY 42701

Phone: 769-1944

Description of Services: Individual & Family Counseling.

Dr. John H. Hannifan, PhD

308 N. Mulberry

Elizabethtown, KY 42701

Phone: 765-5043

Description of Services: individual & Family Therapy, Anger management

Virgil Hayes, Therapist

30 Public Square

Elizabethtown, KY 42701

Phone: 765-2931

Description of Services: Individual & Family Counseling.

Mayfield and Associates

Hank Mayfield, LCSW

30 Public Square

Elizabethtown, KY 42701

Phone: 737-6252

Pager: 1-800-841-7243 (PIN: 21754)

Description of Services: individual, group and collateral therapy - specializing in CD and sexual issues - JSO Certified.

Mitzi Richardson, LMFT, LLC

334 W. Dixie Avenue, Suite 6B

Elizabethtown, KY 42701

Phone 765-6802

Description of Services: Individual, Family & Group Therapy

Therapeutic Training and Counseling Associates

334 W. Dixie

Elizabethtown, KY 42701

Phone: 769-2464

Contact Person: Beverly Clagg, Therapist

Description of Services: Individual & Family Counseling

Dr. Jon R. Urey

2608 Ring Road

Elizabethtown, KY 42701

Phone: 763-9577

Description of Services: Individual & Family Counseling, Custodial Parent Evaluations, Mediation, Domestic Violence Counseling (Victims only)

Angie Walker, Therapist

North Hardin Medical Center

800 W. Lincoln Trail Blvd., Suite 105A

Radcliff, KY 40160

Phone: 351-8976

Description of Services: Individual & Family Counseling.

HEALTH SERVICES

Hardin Memorial Hospital

913 N Dixie Hwy

Elizabethtown, KY 42701

Description of Services: Emergency care, Hospitalization Life Springs Psychiatric

Community Health Clinic of Hardin-Larue Co.

114 East Memorial Drive

Elizabethtown, KY 42701

763-9689

Description of Services: Free physician and dental services for residents who are working but cannot afford services

tetanus

Health Department → 765-6196

CHILDREN & ADOLESCENT SUPPORT SERVICES

**Child Care Resource & Referral
Hardin County Casa Program**
2825 Ring Rd.
Elizabethtown, KY 42701
Phone: 360-8416
Contact Person: Linda Becker, Director

Family Resource/Youth Services Centers within the schools

- referrals to health & social services
- employment counseling & training
- clothes for children in need
- family crisis & mental health counseling for youth
- child care and child care referrals
- parenting classes & education
- school safety programs
- home visits to families
- after school programs

G.I.F. Outreach (Giving Innovative Family Support)

203 E. Poplar Street
c/o Pinecrest Apts
Elizabethtown, KY 42701
Phone: 735-9616, EXT 143
Contact Person: Susie Byrd

Description of Services: Focuses on enhancing social and academic skills of youth. Offers activities promoting parental involvement while working with mothers to build self-esteem, job training, employment and building family relations. Programs include: Happy Thinkers (K-4); Girls Town (girls 5-8 yrs); Neighborhood Ambassador (Families).

Hardin County Coalition For Youth

519 N. Miles
Elizabethtown, Ky 42701
Phone: 737-6002

Contact Person: Kristy Heddleson

Mission: To promote drug, alcohol & violence prevention.

Integrated Resources In Schools Initiative

Local Coordinator: Carrie Rose

Communicare Clinic

1074 S. Dixie Ave.

Radcliff, KY 40160

Phone: 352-2289

Mission: To promote quality mental health among our children through collaboration focusing on prevention and early intervention.

Kids Are The Reason Coalition

Communicare Clinic

1074 S. Dixie Hwy.

Radcliff, KY 40160

Phone: 352-2289

Contact Person: Carrie Rose

Mission: To promote the developmental assets of youth through education and awareness. Emphasis is placed on building up their strengths rather than focusing on their weaknesses.

Regional Prevention Center

519 N. Miles St.

Elizabethtown, KY 42701

Phone: 765-5992

Contact Person: Judy Rosacker,

Description of Services: Offers educational awareness programs to schools, churches and the community related to alcohol, tobacco and substance abuse issues.

Safe Communities Coalition

Hardin County Memorial Hospital

913 N. Dixie Ave.

Elizabethtown, Ky 42701

Phone: 737-1212

Contact Person: Kendra Slayton or Rhonda Joyce

Mission: to reduce the number of injuries resulting from transportation accidents. Uses education and awareness campaigns to increase the usage of seat belts and child restraints among Hardin County residents.

Sign of the Dove After-School Program

175 West Lincoln Trail

P.O. Box 1088

Radcliff, KY 40160

Phone: 351-3550

Fax: 351-3632

Contact Person: Michelle Burns

Description of Services: Offers a caring and structured environment for Hardin County Youth consisting of tutorial services, mentoring partnerships, career exploration, sports, computer skills, and service learning projects. Grades 6-12.

Teen Pregnancy Prevention Coalition

Hardin County Health Center

580 Westport Rd.

Elizabethtown, KY 42701

Phone: 765-6196

Contact Person: Stefanie Goff

Mission: To decrease the rate of teen pregnancies through education programs.

RESIDENTIAL PROGRAMS

Bluegrass Challenge Academy

P.O.Box 639

Radcliff, KY 40160

Phone: (502) 573-2063

Fax: (502) 573-2081 E-mail: ehead@mail.state.ky.us

Contact Person: Elmo Head

Youth Served: Male and female, 16-18 years of age.

Description of Services: This program targets at risk high school drop-outs between the ages of 16-18. The intent is to help them reclaim their lives by enabling them to become productive member of their respective communities.

Community Youth Services

195 East Lincoln Trail

Radcliff, KY 40160

Phone: (270)-351-6868

Contact Person: Jeff Felty, M.A., M.S.S.W.

Description of Services: Provides 24 hour supervision in specialized group homes and youth treatment programs for youth between 10-18 years of age with emotional and behavioral problems or developmental disabilities. Each home accommodates 4-6 children and is located in residentially zoned neighborhoods within the community.

Glen Dale Children's Home

P.O. Box 97

Glendale, KY 42740

Phone: 369-7380

Fax: 369-6077

Placement Information: (502) 254-1066

Contact Person: Joann Mason, Dir.

Gender Served: Both

Age Served: 12-17 years.

Description of Services: Christian residential care and treatment for adolescents who come from backgrounds of abuse and neglect.

GOVERNMENT ASSISTANCE PROGRAMS

Department of Community Based Services

Commonwealth of Kentucky

Cabinet for families and Children

Community Based Services

Protection and Permanency

P.O.Box 39 Elizabethtown. Ky 42702-0039

Phone: (502) 766-5099

Description of Services: Safety and Protection as well as financial support to families in temporary need of assistance.

Debbie's Exceptional Child Care Center
920 N. Maine St.
Elizabethtown, KY 42701
Phone: 737-2708

The Education Center
5351 N. Dixie Hwy,
Elizabethtown, KY 42701

Elizabethtown Head Start
725 New Glendale Rd.
Elizabethtown, KY 42701
Phone: 765-4765

Lutheran Child Care Center
1701 Ring Rd.
Elizabethtown, KY 42701
Phone: 769-5910

Memorial United Methodist Church Child Care Center
631 N. Miles St.
Elizabethtown, KY 42701
Phone: 769-7778

Montessori Children Center
701 Hawkins Dr.
Elizabethtown, KY 42701

The Primary House
855 S. Dixie Blvd.
Radcliff, KY 40160
Phone: 352-5437

SPORTS & RECREATION

Darryl Murray Basketball Camp
P.O. Box 524
Radcliff, KY 40160
Phone: 352-1181
Fax: 272-1181

Contact Person: Darryl Murray Youth Served: All, 6-16 years.
Description of Services: Teaches youth the fundamentals of basketball while also teaching them to be leaders in their homes, schools, and communities.

Jumping Off Basketball Program
Sign of the Dove Church
175 West Lincoln Trail
P.O. Box 1088
Radcliff, KY 40160
Phone: 351-3550

Fax: 351-3632

Contact Person: Pastor Edward Palmer

Youth Served: All, 6-16 years.

Description of Services: Teaches at risk youth the fundamentals of basketball while building self-esteem and leadership skills.

Lee's Tae Kwon Do Academy

889 Dixie Hwy. Radcliff Plaza

Radcliff, Ky 40160

Phone: 351-3223

Prichard Community Center

404 S. Mulberry St.

Elizabethtown, Ky 42701

Phone: 765-5551

Contact Persons: Ron Sidebottom, Recreation Director 765-4606

Softball: Tony Scott, 765-6121

Soccer: Jeff Hall, 737-5881

Tennis: Julia Workman, 737-8553

Baseball & Football: Don Hill. 737-1366

Youth Served: All

Sheroan's Tae Kwon Do School

300 Sycamore St. Suite 11

Elizabethtown, Ky 42701

Phone: 737-2927

Youth Served: All

Description of Services: Tae Kwon Do lessons

Special Olympics

*Arranged through individual Hardin County Schools

Phone: 737-6800 (Central Hardin High)

Contact Person: Dianne Bennett

Youth Served: 7-21 yr. olds with disabilities

Description of Services: Competitive sports events.

Youth Theatre Of Hardin County

554 Cox Ln.

Elizabethtown, KY 42701

Phone: 765-5421

Contact Person: Bill or Betty Marsee

Type of Youth Served: Male and female between 6th and 12th grade.

Description of Services: Gives youth exposure to the performing arts. Produces yearly Broadway Productions in July (6-8 week program) and provides workshops and scholarships.

REFERENCES

Adolescent Services. *Hardin County (KY) Government Website. www.hcky.org*

Best Practices Manual (December, 1997). *Family Resource Centers & Youth Services in North Central Ky.* Division of Communication, Jefferson County Schools.

Lincoln Trail Community Services Directory (1998). *Lincoln Trail Area Development District.*

COMMUNITY ASSISTANCE PROGRAMS

Helping Hands

212 W. Dixie Ave

Elizabethtown, KY 42701

Phone: 769-3092

Contact Person: Henry White
Description of Services: Offers food, clothing and other types of emergency assistance

Goodwill Industries

2003 North Dixie Hwy

Elizabethtown, KY (737-7162)

Mission: Used clothing and employment

Habitat for Humanity

1016 Pear Orchard Road

Elizabethtown, KY 42701

360-9900

Metro United Way

405 W. Dixie Hwy.

Elizabethtown, KY 42701

Phone: 737-6608

Contact Person: Susan Asher

Description of Services: Connecting financial donors with non-profits and community based programs.

North Hardin Hope

620 S. Wilson Rd.

Radcliff, KY 40160

Phone: 351-4673

Contact Person: Karen McCord, Director

Youth Served: All youth and their families

Description of Services: Emergency assistance of all types. North Hardin Hope is a central place for gathering and distributing private (individual) and public (organization) resources to the needy on a temporary emergency basis. Assists with the basic necessities of life including food, clothing, shelter, utilities, medical prescriptions, transportation (gas) and educational training.

Rahab House

175 W. Lincoln Trail

P.O.Box 1088

Radcliff, KY 40159

Phone: 351-3550

Fax: 351-3632

Contact Person: Naomi Parsons

Description of Services: Contracts with mental health, real estate, shelter services, etc. to provide assistance to families in need.

Red Cross

405 W. Dixie Hwy
Elizabethtown, KY 42701
765-4979

Description of Services: Crisis assistance

Salvation Army

1006 Mulberry Street
Elizabethtown, KY 42701
234-0833

Description of Services: Clothing, utilities & rental assistance

St. Vincent DePaul

St. James Catholic Church
307 W. Dixie Avenue
Elizabethtown, KY 42701
765-5476

Description of Services: Emergency food, utilities & rental assistance, furniture

Court & Law Enforcement

Adolescent Services For Hardin County

14 Public Square
P.O. Box 1692
Elizabethtown, KY 42701
Phone: 234-0580

Contact Person: Brande Sherrer, County Coordinator

Youth Served: Adolescents (10-18 yrs.)

Description of Services; Central office on information regarding all adolescent services/programs throughout Hardin County. Specializing in delinquency prevention. Provides daily referrals to appropriate programs; Hardin County Youth Board & NOBLE Teams; juvenile crime statistics; Federal & State funding information for youth programs; Gang/Violence presentations; Truancy issues; Hardin County's Delinquency Prevention Council (B.R.I.D.G.E.S.).

CASA (Court Appointed Special Advocate)

2825 Ring Road, Suite A-3

Elizabethtown, KY 42701

Phone: 360-8417

Fax: 360-8216

Email: kidscasa@gte.net

Contact Person: Linda Becker, Director

Youth Served: All, ages 0-18 years.

Description of Services: This is an advocacy program where adult volunteers are screened and then matched with a child involved in the court system due to severe abuse, neglect, or both. Volunteers are trained to speak up in court regarding the best interests of the child. The mission is to protect the fundamental rights of children to grow up in safe, loving, and stable homes.

Community Services Office

428 W. Dixie Ave.

Elizabethtown, KY. 42701

Phone: 737-3736

Youth Served: Adolescents

Description of Services: Court sanctioned program that arranges service projects for youth to participate in as part of their restitution to the community after they have committed an illegal offense.

Court Designated Worker Program (CDW)

Hardin County Justice Center

211 N. Dixie Ave.

Elizabethtown, KY 42701

Phone: 351-4330

Contact Person: Elaine Wallace

Youth Served: M&F, 10-18 yrs.

Description of Services: A court diversion program where youth who have committed a status or criminal offense are offered alternatives to court proceedings.

Department of Juvenile Justice (State Level)

916 North Mulberry

Elizabethtown, KY 42701

Phone: 766-5188

Fax: 766-5244

D.A.R.E. (Drug Abuse Resistance Education)

Radcliff Police Department

220 Freedoms Way

Radcliff, KY 40160

Phone: 351-4479

Fax: 351-6988

Contact Person: Officer Elaine Leach

Youth Served: M&F, 7-13 yrs.

Description of Services: School-based curriculum program offering strategies to keep youth drug free.

Elizabethtown Police Department

318 South Mulberry

Elizabethtown, KY 42701

Phone: 765-4125

Juvenile Field Officers: Tim Cleary & Greg Samaras

Youth Served: All

Description of Services: Community and school safety talks, crime prevention strategies, and drunken driving simulation exercises.

Hardin County Detention Center

100 Lawson Blvd

P.O. Box 5055

Elizabethtown, KY 42702

Phone: 737-4620

Fax: 769-0248

Contact Person: Sgt. James Griswold

Youth Served: M&F, 10-18 yrs.

Hardin County Sheriff Department

100 Public Square Suite 101

Elizabethtown, KY 42701

Phone: 765-7656

Fax: 737-4574

Contact Person: Rex Aleman, Juvenile Field Officer

Youth Served: All

Description of services: County statistics on Juvenile Crime, safety talks, gang awareness and various juvenile-related topics

Kentucky State Police

P.O. Box 1297

Elizabethtown, KY 42701

Phone: 766-5078

Fax: 564-3058

Contact Person: Trp. Steve Peavey

Youth Served: All

Description of Services: all types of safety programs

Radcliff Police Department

220 Freedoms Way

Radcliff, KY 40160

Phone: 351-4479

Fax: 351-6988

Juvenile Field Officer: Elaine Leach

Restorative Justice Program

916 North Mulberry

Elizabethtown, KY 42701

Phone: 766-5188, ext. 25

Fax: 766-5244

Contact Person: Madeleine Dunaway

Youth Served: M&F, 10-18 yrs.

Description of Services: Program for probated youth who have committed a status or criminal offense which allows these youth to make restitution to the community.

Right Choices Program

120 East Dixie Ave.

Elizabethtown, KY 42701

Phone: 766-5004

Fax: 766-5240

Or

220 Freedoms Way

Radcliff, KY 40160

Contact Person: Judge Kimberly Shumate

Youth Served: M & F, 10-18 yrs.

Description of services: A voluntary alternative to court sanctioned community service hours. Youth who have committed an offense may elect to participate in this faith-based curriculum which lasts 6-8 weeks and may be based on work books and/or a video series.

Teen Court Program

202 North Mulberry

Elizabethtown, KY 42701

Phone: 234-9117

Contact Person: Helen Jacobs, Coordinator

CIVIC & VOLUNTEER ORGANIZATIONS

Big Brothers/Big Sisters

P.O. Box 2084

Elizabethtown, KY 42702

Phone: (270)-769-5225

Contact Person: Bob Belknap

Youth Served: Male and female, ages 7-16.

Description of Services: A one-to-one mentoring program. Facilitates and enhances the positive development of youth through volunteer friendships, mentoring, and outreach services. Parents can call the agency or referrals can be made by schools & other agencies.

Boy Scouts of America

148 Bittersweet Drive

Elizabethtown, KY 42701

Phone: 737-4308

Contact Person: Brian Potts

Junior Achievement

P.O. Box 2083

Elizabethtown, KY 42702-2083

Phone: (270)-342-4617

Contact Person: Laura F. Whelp

Youth Served: grades K-12

Description of Services: A 35 yr. Old program designed to link adult volunteers from the

business community with student volunteers. Designed to teach youth the value of economics and free enterprise; to educate, inspire, and help them to be workforce ready.

Junior Women's Club
601 Bluegrass Road
Elizabethtown, KY 42701
Phone: (270)-737-8773
Contact Person: Lisa Sanford, President

Greenspace, Inc.
408 Wilmoth St.
Elizabethtown, Ky 42701
Phone: (270)-737-8829
Contact Person: Judy Lay
Description of Services: A volunteer organization maintaining trails and public areas to ensure environmental protection and public use of land. Sponsor hikes and informational programs

Girl Scouts of Kentuckiana
Heartland Girl Scouts Service Center
Houchens Plaza, 300 Sycamore
Elizabethtown, KY 42701
Phone: (270) 769-5563 or 1-888-771-5173
Contact Person: Linda Dee Ames, Dir.

Optimist Club
803 North Dixie Hwy., suite 132
Elizabethtown, KY 42701
Phone: 765-4009
Contact Person: Tom Bolls
Or
1562 Cypress Drive
Radcliff, KY 40160
Phone: 351-3178
Fax: 351-6059
Email: Econdev@bbtel.com
Contact Person: Jessie Lee
Mission: To aid and encourage the development of youth in the belief that giving of oneself in service to others will enhance the well being of human-kind, community life and the world.

Protect the Innocent, Inc.
170 Botto Ave.
Elizabethtown, Ky 42701
Phone: (270)-765-7751
Contact Person: Larry Bratcher, Director
Description of Services: Dedicated to recovering abducted children. The goal is to unite law enforcement agencies, the public, and radio stations in volunteer efforts to provide immediate response when a child is abducted. These three components along with

public awareness provide the best chance possible in child recovery.

Young Men Improvement Club

First Baptist Church

Elizabthtown, KY 42701

Phone: 737-9520

Contact Person: James Montgomery

Youth Served: Boys 13-18

Mission: Volunteers seek to serve as big brothers to youths across the community. They reach out to children from single parent families and/or disadvantaged situations.

PRESCHOOLS & CHILDCARE

Alpha & Omega Childhood Interaction Center

1989 Leitchfield Rd.

Elizabethtown, KY 42701

Phone: 763-0649

Baby Tender Facilities

108 W. French Street

Elizabethtown, KY 42701

Phone: 737-3530

Community Coordinated Child Care

54 First St.

Elizabethtown, Ky 42701

Phone: 360-9911

Contact Persons: Kelly Gulp or Kathy King

Highland

5000 N. Dixie Hwy.

Phone: 737-5474

Lincoln Trail

2851 Bardstown Rd.

Phone: 769-0012

Baby Tender Tots

909 Hawkins Dr.

Phone: 763-0012

Child Enrichment Centers

1111 Crowne Pointe Dr.

Elizabethtown, Ky. 42701

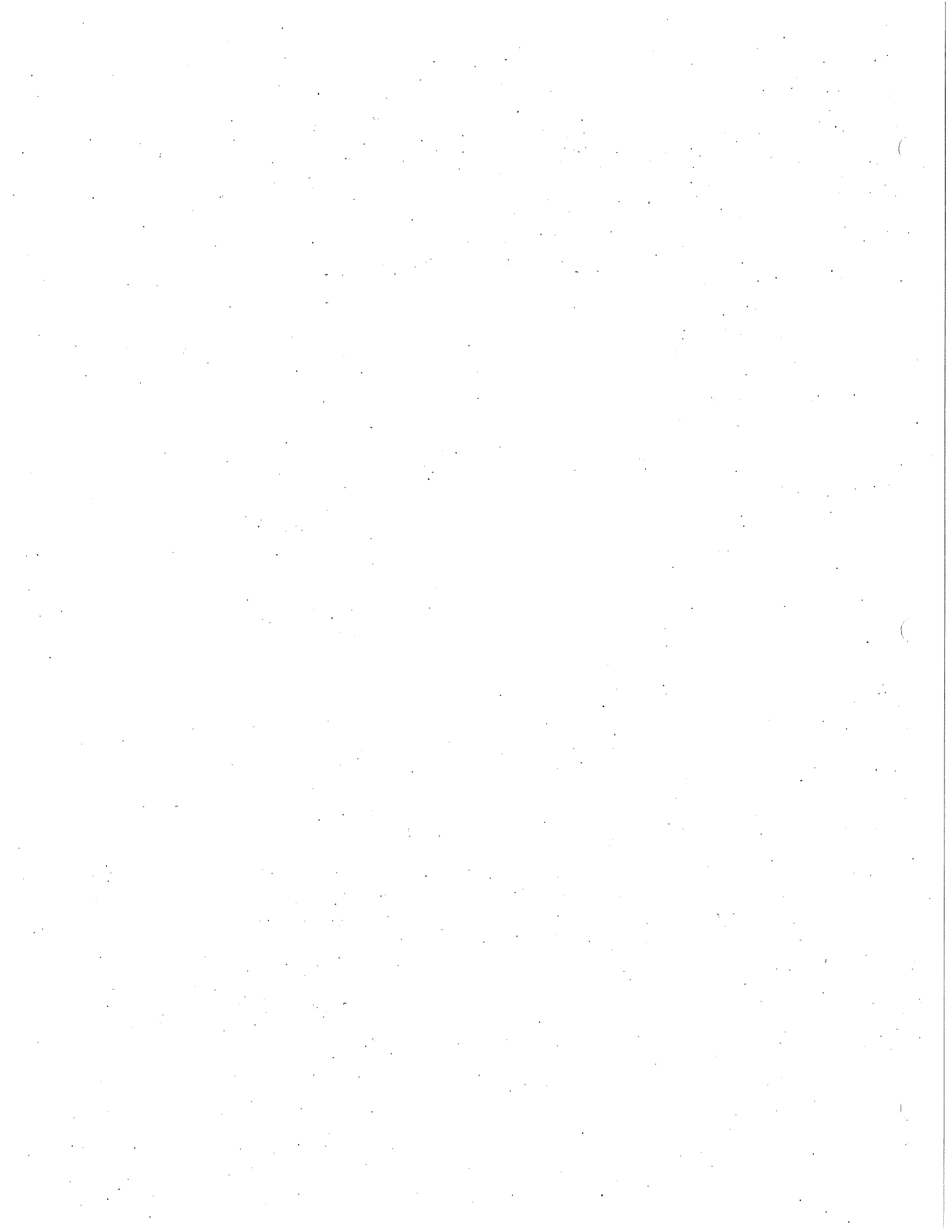
Phone: 766-1700

Children Today

583 Pine Valley Dr.

Elizabethtown, KY 42701

Phone: 769-2273



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

Community Resource Manual Louisville Metro Area

Our Mission

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

Our Vision

A community where families with children thrive.

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

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

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

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

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

Community Resources

Child Services

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

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

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

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



Clothing

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

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

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

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

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

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

Community Action Agency

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



Court Approved Community Service Sites in Louisville

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

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

Disabled Services

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

410 W. Chestnut Street, Louisville, KY 40204

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

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

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

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

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

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

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

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

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

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



Education

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

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

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

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

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

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

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



Employment

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

Career Resources

Metro Human Needs Alliance

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

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

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

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

Goodwill Industries.....585-5221

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

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

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

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

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

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

Ex-Offender Assistance / Advocacy

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

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



Financial Assistance

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

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

Government

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

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

Indiana-

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

Groceries



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

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

Kentucky Harvest.....894-9999

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

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

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



Healthcare

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

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

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

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

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

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

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

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

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

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

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

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

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

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

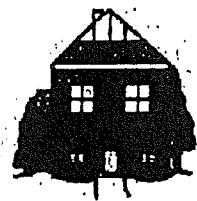
Specialty Clinic (STD's).....574-6699
850 Barret Avenue #301, Louisville, KY 40204

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



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

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



Housing

Half Way Houses:

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

AIDS Services Center.....574-5490

810 Barrett #265, Louisville, KY 40204

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

various locations

Glade House.....574-5496

850 Barrett, Louisville, KY 40204

HIV/AIDS Legal Project.....574-8199

810 Barrett, Louisville, KY 40204

Health Trust (info. and referral).....589-6461

850 Barrett Avenue, Louisville, KY

House of Ruth (support services).....587-5080

607 E. St. Catherine Street, Louisville, KY 40203

Specialty Clinic.....574-6699

850 Barrett Avenue #301, Louisville, KY



Homeless Prevention

Coalition for the Homeless.....589-0190

1115 S. 4th Street, Louisville, KY 40203

<http://www.homelesscoal.org/ourpublications/tips.pdf>

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

893-3900



Hotlines

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

Child Abuse.....589-4550

Crisis Line.....589-4313

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

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

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

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

Rental Assistance

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



Identification

Birth certificate.....574-6596
Get application at 400 E. Gray Street, Louisville, KY 40202
Mail to:

Kentucky Bureau of Vital Statistics
275 East Main Street 1E-A
Frankfort, KY 40621
*There is a \$10 fee for this service.

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

Social Security Card..... 582-6690
601 W. Broadway, Louisville, KY (Downtown)..... 582-6690
3133 W Broadway, Louisville, KY (West)..... 775-5709
10434 Shelbyville, Louisville, KY (East)..... 244-059

*Copy of birth certificate or baptismal record required

Driver's license.....595-4405
(Several locations, You will need a birth certificate and Social Security card)

Jefferson County Clerk's Office.....574-5700
527 W. Jefferson St., Louisville, KY 40202

Immigration Services- etc.

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



Legal Help

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



Meals

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

Mediation (Restorative Justice)

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

Mental Health Services

- Family & Children First, Inc.....893-3900
various locations Call Intake to Schedule Appointment
- Interlink Counseling (Veterans)964-7147
8311 Preston , Louisville, KY 40219
- Jefferson Alcohol and Drug Abuse Center (JADAC).....583-3951
600 S. Preston Street, Louisville, KY 40202
- Mental Health Inquest Disability Line.....595-4053 ext. 4841
- Phoenix Clinic (Seven Counties).....568-6972
712 E. Muhammad Ali Blvd. Open M, W, F, 8-3
- Seven Counties:.....589-1100
701 W. Muhammad Ali Blvd.
<http://www.sevencounties.org/>

Miscellaneous Agencies / Services

- Coalition for the Homeless.....589-0190
1115 S. 4th Street, Louisville, KY 40203
- Department for Human Services Information and Referral.....574-8000
- Dismas Charities.....636-2033
2500 7th Street, Louisville, KY
- Prodigal Ministries.....568-1770
425 S. 2nd Street, Louisville, KY 40202
- Family & Children First, Traveler's Aid.....540-2612
410 W. Chestnut Street

Neighborhood Places

financial, medical, referral assistance, etc.

- First Neighborhood Place at Thomas Jefferson Middle School.....962-3160
4401 Rangeland Road, Louisville, KY 40219
- Neighborhood Place at 810 Barret.....574-6638
810 Barret Avenue, Louisville, KY 40204
- South Jefferson Neighborhood Place (Fairdale Site).....363-1424
1000 Neighborhood Place, Fairdale, KY 40118

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



Shelters
Emergency Night Shelters:

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

1410 S. 1st Street

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

Emergency Day Shelters:

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

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

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

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

Specialized Services

Food Stamps.....595-4238

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

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

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



Support Groups

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

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

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

Transportation



Transit Authority of the River City (TARC).....585-1234

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

Treatment Programs

Seven Counties Services.....589-1100

Domestic Violence Offender Treatment Program.....589-110
Seven Counties Services, 701 W. Muhammad Ali Blvd.

Jefferson Alcohol and Drug Abuse Center.....581-9234
600 S. Preston Street, Louisville, KY 40202

St. John's Center HCMI-Veterans Program.....568-1981
Services for mentally ill or chemically dependent Veterans
700 E. Muhammad Ali Blvd, Louisville, KY 40202
Open Monday and Tuesday

Sexual Offender Treatment Programs.....933-1719 ext. 235

Substance Abuse Program (SAP) (Probation and Parole clients).....933-1719 ext. 232

Veterans

Interlink Counseling (requires referrals by VA).....964-7147
831-B Preston, Louisville, KY 40219

Office of Veterans Affairs.....582-5849

St. John's Center HCMI Veterans Program.....568-1981
Services for mentally ill or chemically dependent Veterans
700 E. Muhammad Ali Blvd., Louisville, KY 40202
Open Monday and Tuesday

VA Hospital, Homeless Outreach.....581-1171
800 Zorn Avenue, Louisville, KY 40206

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

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

Acknowledgment of Receiving Documents

Last First ML DOB mm-dd-yyyy

Street City State Zip

Social Security # 123-45-6789

Phone # (123) 456 -7890

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

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

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

Client Date

Independent Living Coordinator Date

DCBS Social Worker Date

FSOS Date

