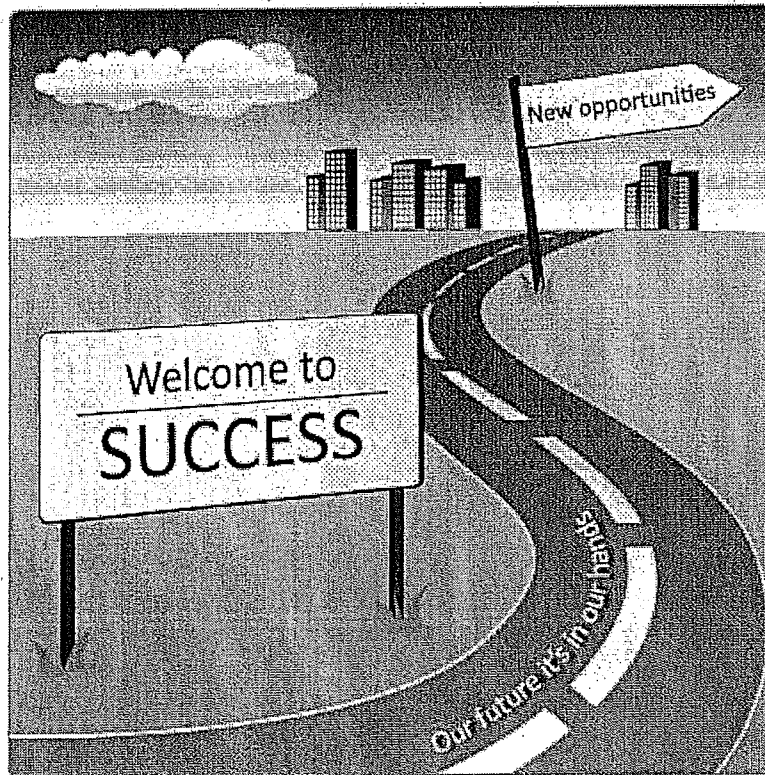


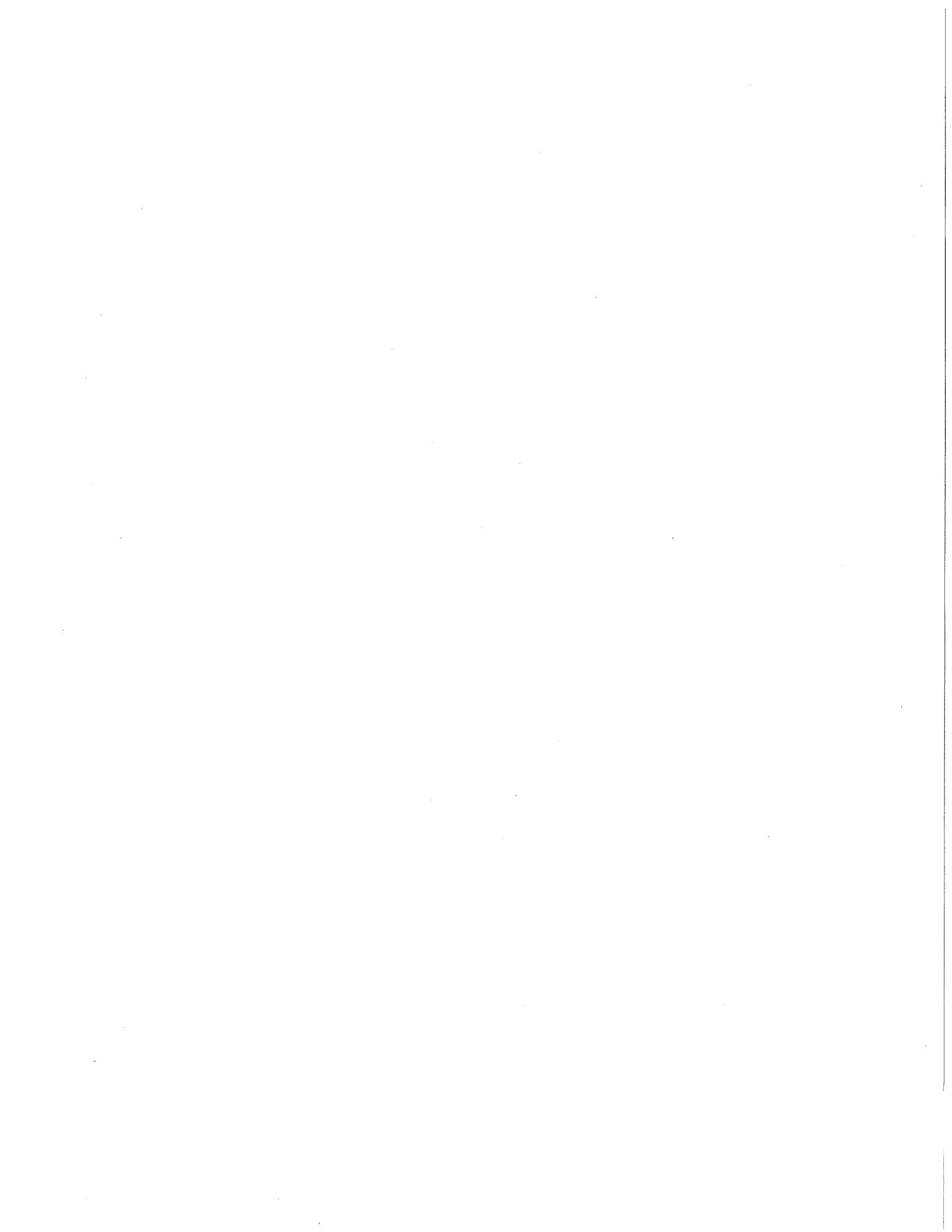
# Resource Guide for Youth Exit Packet



## Southern Bluegrass 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



# Southern Bluegrass Region

## Exit Packet

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# Independent Living Program – Regional Coordinators

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

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

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

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

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

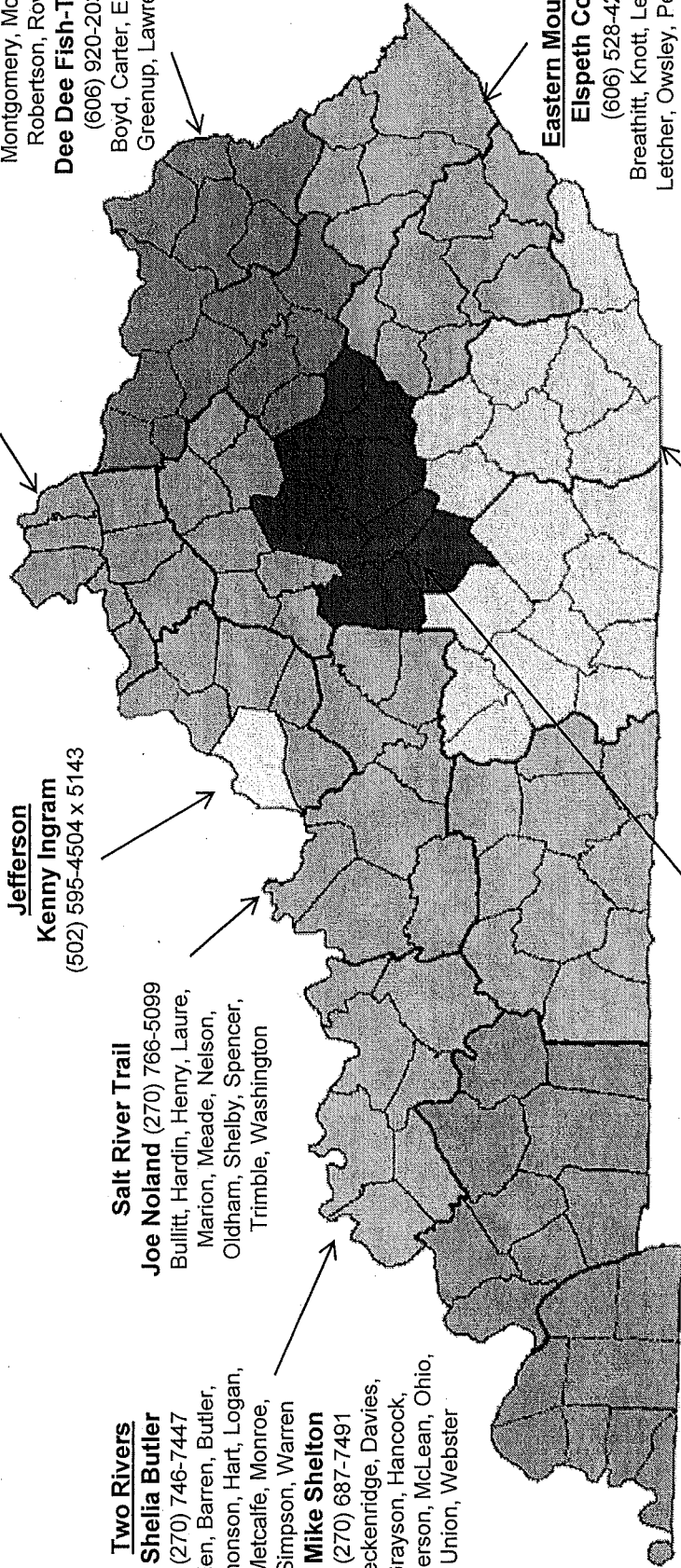
**Two Rivers**  
**Shelia Butler**  
 (270) 746-7447  
 Allen, Barren, Butler,  
 Edmonson, Hart, Logan,  
 Metcalfe, Monroe,  
 Simpson, Warren  
**Mike Shelton**  
 (270) 687-7491  
 Breckenridge, Davies,  
 Grayson, Hancock,  
 Henderson, McLean, Ohio,  
 Union, Webster

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

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

**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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Security Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
State issued ID	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medicaid Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lifebook /Medical Passport	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Registration to Vote	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:** \_\_\_\_\_

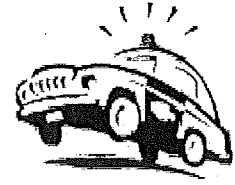
**DENTAL EXAM** (current w/in 6 months):  No  Yes= **DATE:** \_\_\_\_\_

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

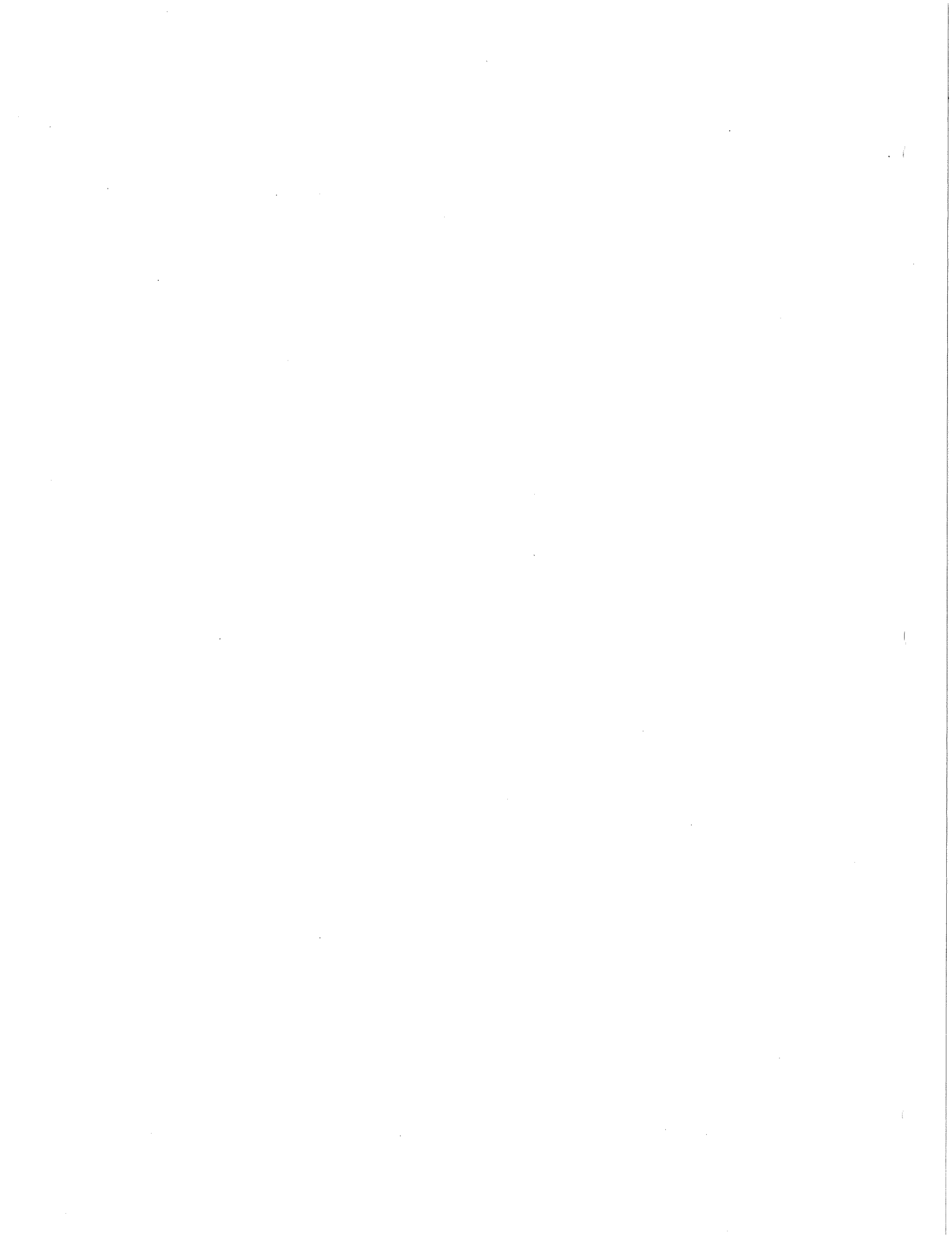
## GENERAL INFORMATION

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

# Emergency Contact List

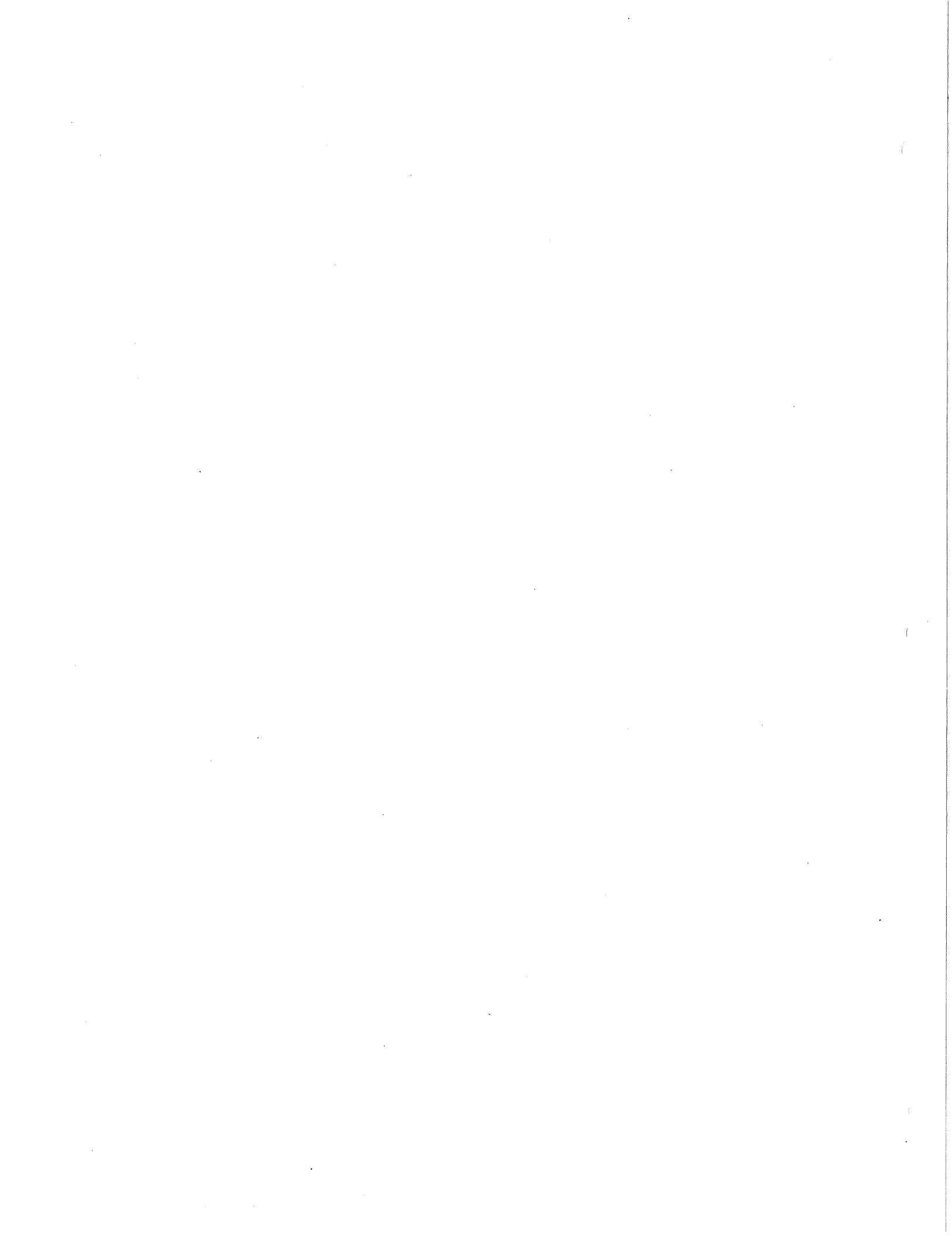


<b>Local contact</b> [Name]	[Phone]	[Alternate phone]
<b>Out-of-state contact</b> [Name]	[Phone]	[Alternate phone]
<b>Next of kin</b> [Name] [Relationship]	[Phone]	[Alternate phone]
<b>Work contact</b> [Name]	[Phone]	[Alternate phone]
<b>Physician name</b> [Name]	[Phone]	[Alternate phone]
<b>Neighbor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





# Applications And Requests



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

**OPEN RECORDS REQUEST**

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

<b>DATE</b>	
<b>NAME OF REQUESTOR</b>	
<b>ADDRESS</b>	
<b>CITY, STATE, ZIP</b>	
<b>PHONE NUMBER</b>	

**INFORMATION REQUESTED**

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

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:**

<b>NAME</b>	
<b>ADDRESS</b>	
<b>CITY, STATE, ZIP</b>	
<b>PHONE NUMBER</b>	

**PLEASE COMPLETE AND SUBMIT FORM CHFS-305 WITH THIS DOCUMENT**

COMMONWEALTH OF KENTUCKY  
STATE REGISTRAR OF VITAL STATISTICS

# BIRTH

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



Please Print or Type All Information Required On This Form

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

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

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

Signature and telephone number of the person requesting this certificate:

Signature

Telephone

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

Certificates may also be ordered by the following methods:

**Internet:** Certificates may be ordered on the internet using a credit card (Visa, MasterCard, Discover or American Express) or check. An additional charge card fee will apply. This is in addition to the fee for each certified copy requested. Certificates requested via internet, [www.vitalchek.com/kentucky-express-birth-certificates.aspx](http://www.vitalchek.com/kentucky-express-birth-certificates.aspx), may be returned by overnight courier for the cost of the additional shipment fee if that record is available.

**Telephone:** Orders may be placed by telephone using a credit card (Visa, MasterCard, Discover or American Express) or check. An additional charge card fee will apply. This is in addition to the fee for each certified copy requested. Certificates requested via telephone may be returned by overnight courier for the cost of the additional shipment fee. The telephone number to place your order is (800) 241-8322, choose option 1.

**Mail:** Orders are accepted by mail, using a check or money order for payment. It can take up to 30 working days to process your request from the date payment is posted. Mail to Vital Statistics, 275 East Main Street 1E-A, Frankfort, KY 40621. The Office of Vital Statistics telephone number is (502) 564-4212.

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

**FEEES**

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

\_\_\_\_\_ Certified Copies @ \$10.00 each  
How many

Total Amount Enclosed \_\_\_\_\_

**THIS SECTION MUST BE COMPLETE FOR ALL ORDERS**

REQUESTORS INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME

MAILING ADDRESS

CITY, STATE, ZIP CODE

# SOCIAL SECURITY ADMINISTRATION

## Application for a Social Security Card

---

Applying for a Social Security Card is easy AND it is free!

### USE THIS APPLICATION TO APPLY FOR:

- An **original** Social Security card
- A **duplicate** Social Security card (same name and number)
- A **corrected** Social Security card (name change and same number)
- A **change of information** on your record other than your name (no card needed)

**IMPORTANT:** We CANNOT process this application unless you follow the instructions below and give us the evidence we need.

- STEP 1** Read pages 1 through 3 which explain how to complete the application and what evidence we need.
- STEP 2** Complete and sign the application using BLUE or BLACK ink. Do not use pencil or other colors of ink. Please print legibly.
- STEP 3** Submit the completed and signed application with all required evidence to any Social Security office.

---

### HOW TO COMPLETE THIS APPLICATION

Most items on the form are self-explanatory. Those that need explanation 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.

2. Show the address where you can receive your card 10 to 14 days from now.
3. If you check "Legal Alien **Not** Allowed to Work", you need to provide a document from the government agency requiring your Social Security number that explains why you need a number and that you meet all of the requirements for the benefit or service except for the number. A State or local agency requirement must conform with Federal law.

If you check "Other", you need to provide proof you are entitled to a federally-funded benefit for which a Social Security number is required as a condition for you to receive payment.

5. Providing race/ethnic information is voluntary. However, if you do give us this information, it helps us prepare statistical reports on how Social Security programs affect people. We do not reveal the identities of individuals.
6. Show the month, day and full (4 digit) year of birth, for example, "1998" for year of birth.
- 8.B. Show the mother's Social Security number only if you are applying for an original Social Security card for a child under age 18. You may leave this item blank if the mother does not have a number or you do not know the mother's number. We will still be able to assign a number to the child.
- 9.B. Show the father's Social Security number only if you are applying for an original Social Security card for a child under age 18. You may leave this item blank if the father does not have a number or you do not know the father's number. We will still be able to assign a number to the child.

- 
13. If the date of birth you show in item 6 is different from the date of birth you used on a prior application for a Social Security card, show the date of birth you used on the prior application and submit evidence of age to support the date of birth in item 6.
  16. You **must** sign the application yourself if you are age 18 or older and are physically and mentally capable. If you are under age 18, you may also sign the application if you are physically and mentally capable. 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. If you are physically or mentally incapable of signing the application, generally a parent, close relative, or legal guardian may sign the application. Call us if you need clarification about who can sign.
- 

## ABOUT YOUR DOCUMENTS

- We need **ORIGINAL** documents or **copies certified by the custodian of the record**. We will return your documents after we have seen them.
  - We cannot accept **photocopies or notarized copies of documents**.
  - If your documents do not meet this requirement, we cannot process your application.
- 

## DOCUMENTS WE NEED

To apply for an **ORIGINAL CARD** (you have NEVER been assigned a Social Security number before), we need at least 2 documents as proof of:

- Age,
- Identity, and
- U.S. citizenship or lawful alien status.

To apply for a **DUPLICATE CARD** (same number, same name), we need proof of **identity**.

To apply for a **CORRECTED CARD** (same number, different name), we need proof of **identity**. We need one or more documents which identify you by the **OLD NAME** on our records and your **NEW NAME**. Examples include: a marriage certificate, divorce decree, or a court order that changes your name. Or we can accept two identity documents - one in your old name and one in your new name. (See **IDENTITY**, for examples of identity documents.)

**IMPORTANT:** If you are applying for a duplicate or corrected card and were **born outside the U.S.**, we also need proof of U.S. citizenship or lawful alien status. (See **U.S. CITIZENSHIP** or **ALIEN STATUS** for examples of documents you can submit.)

To **CHANGE INFORMATION** on your record other than your name, we need proof of:

- Identity, and
- **Another document which supports the change** (for example, a birth certificate to change your date and/or place of birth or parents' names).

**AGE:** We prefer to see your birth certificate. However, we can accept another document that shows your age if it is at least one year old. Some of the other documents we can accept are:

- Hospital record of your birth made before you were age 5
- Religious record showing your age made before you were 3 months old
- Passport
- Adoption record

**15** Call us for advice if you cannot obtain one of these documents.

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**IDENTITY:** We must see a document in the name you want shown on the card. The identity document must be of recent issuance so that we can determine your continued existence. We prefer to see a document with a photograph. However, we can generally accept a non-photo identity document if it has enough information to identify you (e.g., your name, as well as age, date of birth or parents' names). **WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL BIRTH RECORD, SOCIAL SECURITY CARD OR CARD STUB, OR SOCIAL SECURITY RECORD** as evidence of identity. Some documents we can accept are:

- Driver's license
- Employer ID card
- Passport
- Marriage or divorce record
- Adoption record
- Health insurance card (not a Medicare card)
- Military record
- Life insurance policy
- School ID card

As evidence of identity for infants and young children, we can accept :

- Doctor, clinic, hospital record
- Daycare center, school record
- Religious record (e.g., baptismal record)

**IMPORTANT:** If you are **applying for a card on behalf of someone else**, we must see proof of identity for both you and the person to whom the card will be issued.

**U. S. CITIZENSHIP:** We can accept most documents that show you were born in the U.S. If you are a U.S. citizen born outside the U.S., show us a U.S. consular report of birth, a U.S. passport, a Certificate of Citizenship, or a Certificate of Naturalization.

**ALIEN STATUS:** We need to see an unexpired document issued to you by the U.S. Immigration and Naturalization Service (INS), such as Form I-551, I-94, I-688B, or I-766. 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 if you are lawfully here and need the number for a valid nonwork reason. (See **HOW TO COMPLETE THIS APPLICATION**, Item 3.) Your card will be marked to show you cannot work. If you do work, we will notify INS.

---

## HOW TO SUBMIT THIS APPLICATION

In most cases, you can mail this application with your evidence documents to any Social Security office. We will return your documents to you. If you do not want to mail your original documents, take them with this application to the nearest Social Security office.

**EXCEPTION:** If you are age 18 or older and have never been assigned a number before, you must apply in person.

If you have any questions about this form, or about the documents we need, please contact any Social Security office. A telephone call will help you make sure you have everything you need to apply for a card or change information on your record. You can find your nearest office in your local phone directory or on our website at [www.ssa.gov](http://www.ssa.gov).

---

## THE PAPERWORK/PRIVACY ACT AND YOUR APPLICATION

The Privacy Act of 1974 requires us to give each person the following notice when applying for a Social Security number.

Sections 205(c) and 702 of the Social Security Act allow us to collect the facts we ask for on this form.

We use the facts you provide on this form to assign you a Social Security number and to issue you a Social Security card. You do not have to give us these facts, however, without them we cannot issue you a Social Security number or a card. Without a number, you may not be able to get a job and could lose Social Security benefits in the future.

The Social Security number is also used by the Internal Revenue Service for tax administration purposes as an identifier in processing tax returns of persons who have income which is reported to the Internal Revenue Service and by persons who are claimed as dependents on someone's Federal income tax return.

We may disclose information as necessary to administer Social Security programs, including to appropriate law enforcement agencies to investigate alleged violations of Social Security law; to other government agencies for administering entitlement, health, and welfare programs such as Medicaid, Medicare, veterans benefits, military pension, and civil service annuities, black lung, housing, student loans, railroad retirement benefits, and food stamps; to the Internal Revenue Service for Federal tax administration; and to employers and former employers to properly prepare wage reports. We may also disclose information as required by Federal law; for example, to the Department of Justice, Immigration and Naturalization Service, to identify and locate aliens in the U.S.; to the Selective Service System for draft registration; and to the Department of Health and Human Services for child support enforcement purposes. We may verify Social Security numbers for State motor vehicle agencies that use the number in issuing drivers licenses, as authorized by the Social Security Act. Finally, we may disclose information to your Congressional representative if they request information to answer questions you ask him or her.

We may use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies to determine whether a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the **Paperwork Reduction Act of 1995**. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 8.5 to 9 minutes to read the instructions, gather the necessary facts, and answer the questions.



# SOCIAL SECURITY ADMINISTRATION

## Application for a Social Security Card

Form Approved  
OMB No. 0960-0066

<b>1</b>	<b>NAME</b> → <small>TO BE SHOWN ON CARD</small>	First	Full Middle Name	Last			
	<b>FULL NAME AT BIRTH</b> <small>IF OTHER THAN ABOVE</small>	First	Full Middle Name	Last			
	<b>OTHER NAMES USED</b>						
<b>2</b>	<b>MAILING ADDRESS</b> → <small>Do Not Abbreviate</small>	Street Address, Apt. No., PO Box, Rural Route No.					
		City	State	Zip Code			
<b>3</b>	<b>CITIZENSHIP</b> → <small>(Check One)</small>	<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 1)	<input type="checkbox"/> Other (See Instructions On Page 1)		
<b>4</b>	<b>SEX</b> →	<input type="checkbox"/> Male	<input type="checkbox"/> Female				
<b>5</b>	<b>RACE/ETHNIC DESCRIPTION</b> → <small>(Check One Only - Voluntary)</small>	<input type="checkbox"/> Asian, Asian-American or Pacific Islander	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Black (Not Hispanic)	<input type="checkbox"/> North American Indian or Alaskan Native	<input type="checkbox"/> White (Not Hispanic)	
<b>6</b>	<b>DATE OF BIRTH</b> → <small>Month, Day, Year</small>	<b>7</b>	<b>PLACE OF BIRTH</b> → <small>(Do Not Abbreviate)</small>	City	State or Foreign Country	FCI	
<b>8</b>	<b>A. MOTHER'S MAIDEN NAME</b> →	First	Full Middle Name	Last Name At Her Birth			
	<b>B. MOTHER'S SOCIAL SECURITY NUMBER</b> →	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
<b>9</b>	<b>A. FATHER'S NAME</b> →	First	Full Middle Name	Last			
	<b>B. FATHER'S SOCIAL SECURITY NUMBER</b> →	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
<b>10</b>	Has the applicant 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 11-13.) <input type="checkbox"/> No (If "no", go on to question 14.) <input type="checkbox"/> Don't Know (If "don't know", go on to question 14.)						
<b>11</b>	Enter the Social Security number previously assigned to the person listed in item 1. →	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
<b>12</b>	Enter the name shown on the most recent Social Security card issued for the person listed in item 1. →	First	Middle Name	Last			
<b>13</b>	Enter any different date of birth if used on an earlier application for a card. →	_____ Month, Day, Year					
<b>14</b>	<b>TODAY'S DATE</b> → <small>Month, Day, Year</small>	<b>15</b>	<b>DAYTIME PHONE NUMBER</b> ( ) _____	Area Code	Number		
<b>16</b>	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.						
<b>17</b>	<b>YOUR SIGNATURE</b> →	<b>YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</b> <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify)					
<b>DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)</b>							
NPN		DOC		NTI		CAN	ITV
PBC	EVI	EVA	EVC	PRA	NWR	DNR	UNIT
EVIDENCE SUBMITTED					SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW		
					DATE		
					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)

PLEASE PRINT LEGIBLY

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

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

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

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

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

[HTTP://CHFS.KY.GOV/DCB5/DCB5SATISFA](http://chfs.ky.gov/dcb5/dcb5satisfa)  
[CTIONSURVEY5.HTM](http://chfs.ky.gov/dcb5/dcb5satisfa)

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

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

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

270-687-7491

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

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

# Protection and Permanency Service Appeal

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

CABINET FOR HEALTH AND FAMILY SERVICES

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

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



PROTECTION AND PERMANENCY SERVICE APPEAL

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

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

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

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

Multiple horizontal lines for writing the complaint details.

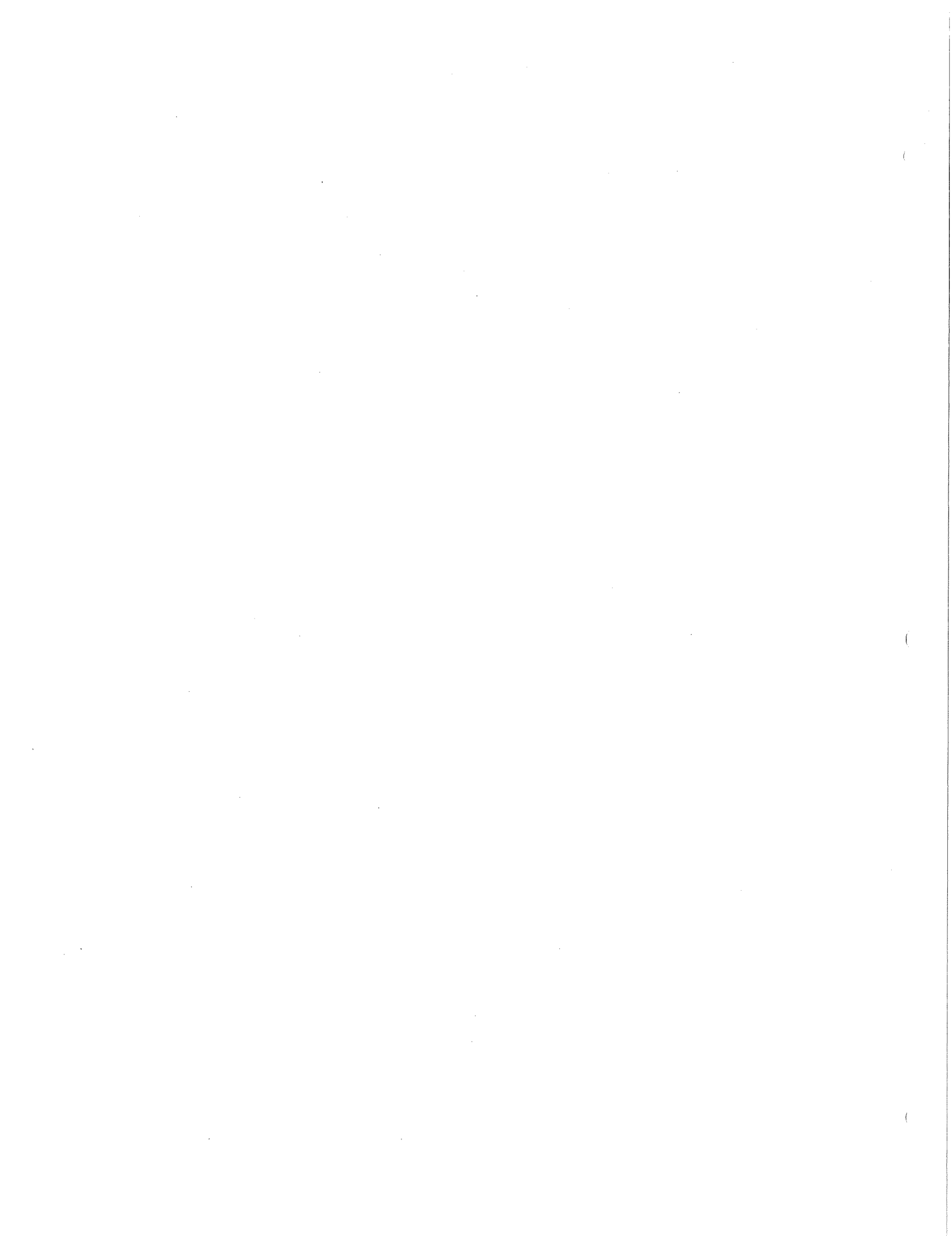
PLEASE IDENTIFY THE DATE OF THE DISPUTED CABINET ACTION: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

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

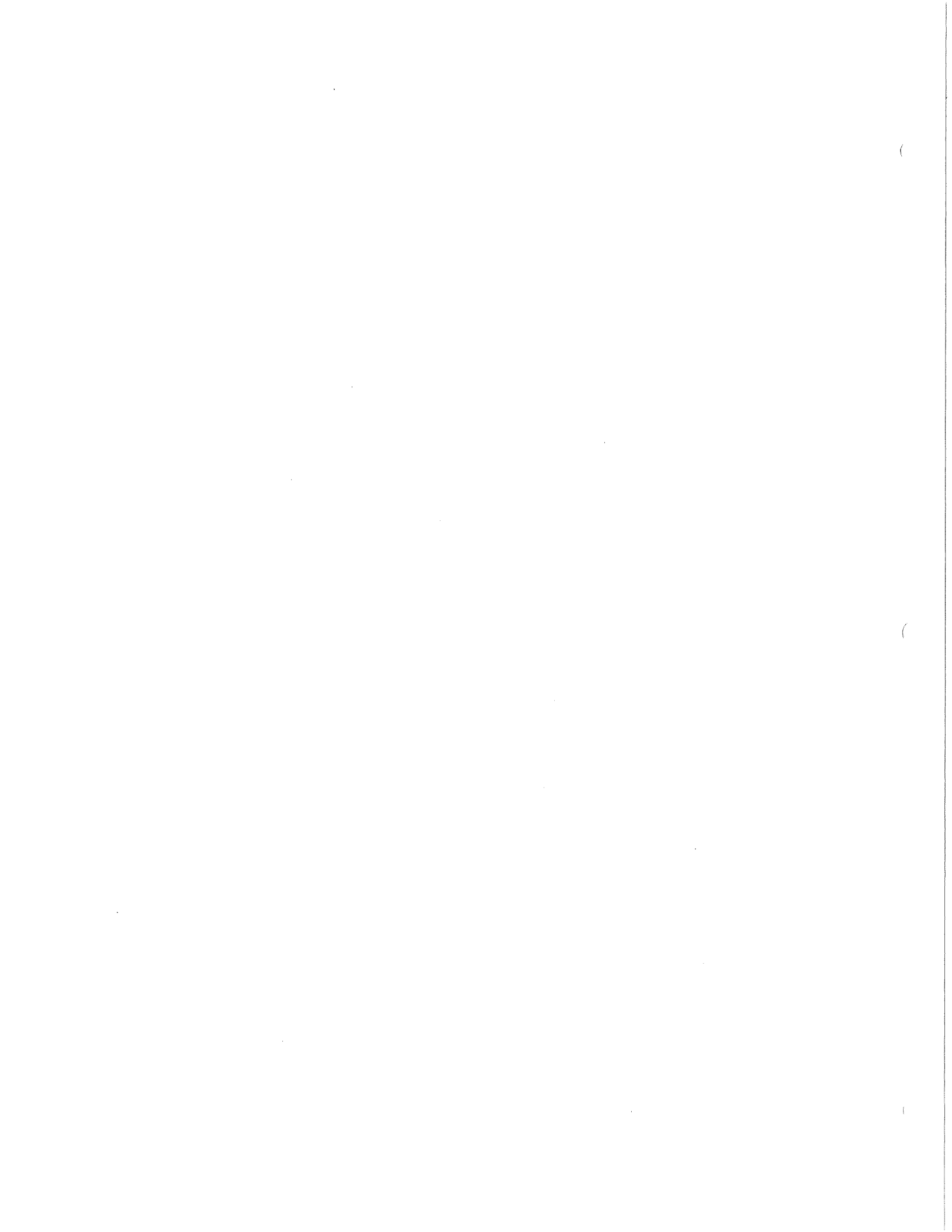
Name: \_\_\_\_\_ Title, if known: \_\_\_\_\_  
Work Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_

Name: \_\_\_\_\_ Title, if known: \_\_\_\_\_  
Work Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_

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



# Medical Information





## Adult Care

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

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

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

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

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

# Health Kentucky

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Since 1984, Health Kentucky, a statewide non-profit organization, has coordinated access to free health care for more than 300,000 citizens who do not qualify for government programs and cannot afford health insurance. Health Kentucky is not an insurance program. It coordinates a statewide network of volunteer health care providers who agree to see individuals who are eligible for the program at no charge to the patient.

## Eligibility

Criteria for eligibility:

- Kentucky resident
- Uninsured (without private insurance or public assistance through Medicaid or Medicare)
- Family income at or below 100 percent of the federal poverty guidelines
- Resource limit of \$2,000

Individuals can get additional information about Kentucky Physician's Care by calling the toll-free hot line at 1-800-633-8100 or apply by visiting the Department for Social Insurance office in the county where they reside.

Eligibility is determined on an annual basis. Once a person is determined eligible, he or she has the physician, pharmaceutical, hospital, dental, home health agency and hospice services available to them for one year from the date he or she was signed up. After the year is up, a person can reapply.

Each county's Department for Community Based Services office determines eligibility for the Kentucky Physicians Care program. Ask for the Kentucky Physicians Care PA 47 application and someone there will help you complete the application

## Signing Up for the Program

First, you need to sign up for the program at the Department for Community Based Services office in the county where you reside. Once the Department for Community Based Services office determines you're eligible for the program, call our hot line at 1-800-633-8100 for the name and phone number of a participating primary care physician in your county. When you call the physician's office, tell them you're eligible for the Kentucky Physicians Care program and that you would like to make an appointment. Show up for the appointment and if you need a prescription, the doctor will write one. Take that prescription and your copy of the eligibility form to a participating pharmacy and get the prescription filled. It's that easy!

## Medications, Physician Visits, and Specialist Referrals

Participating physicians write prescriptions from the list of available medications. You can take the prescription and your eligibility form to one of the 500 participating pharmacies across the state and have the prescription filled for free. To find a participating pharmacy in your area, call our hot line at 1-800-633-8100. As long as you're eligible for the program, you can access as many medications as a physician believes is necessary.

Once a person has been determined eligible for the program, he or she can call the Kentucky Physicians Care Hotline at 1-800-633-8100 to get a referral to a physician or a specialist. Specialist referrals are made after a patient has seen a primary care physician who provides a referral to a specialist.

# Kentucky Rx Card

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## FREE PRESCRIPTION DRUG CARD IN KENTUCKY

Kentucky Rx Card will Provide Prescription Assistance to All Residents within Kentucky. The program, which is free to all residents of the Commonwealth, will provide savings of up to 75% on prescription drugs (savings should average roughly 30%). This program has no restrictions to membership, no income requirements, no age limitations and no applications to fill out. Kentucky Rx Card is accepted at over 50,000 pharmacy locations across the country.

Kentuckians can download a "FREE" card by visiting [WWW.KENTUCKYRXCARD.COM](http://WWW.KENTUCKYRXCARD.COM).

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

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

Kentucky residents can download a free card, search drug pricing, and locate participating pharmacies at [WWW.KENTUCKYRXCARD.COM](http://WWW.KENTUCKYRXCARD.COM).

**KENTUCKY RX CARD**  
[WWW.KENTUCKYRXCARD.COM](http://WWW.KENTUCKYRXCARD.COM)

# Boyle County Health Department

P.O. Box 398  
Danville, KY 40423-0398

**Phone:** 859-236-2053

**Fax:** 859-236-2863

**Public Health Director**  
Roger Trent

**Email:** [rogerd.trent@ky.gov](mailto:rogerd.trent@ky.gov)

**Board of Health Chairman**  
David C. Liebschutz, M.D.  
520 Woodland Place  
Danville, KY 40422

# Clark County Health Department

400 Professional Avenue  
Winchester, KY 40391

**Phone:** 859-744-4482

**Fax:** 859-744-0338

**Public Health Director**  
Scott Lockard

**Email:** [anthonys.lockard@ky.gov](mailto:anthonys.lockard@ky.gov)

**Board of Health Chairman**  
Brian Andreas  
505 Shoppers Drive, Suite 1  
Winchester, KY 40391  
**Phone:** 859-744-1358

**Environmental**  
859-745-4644

## Estill County Health Department

365 River Drive  
P.O. Box 115  
Irvine, KY 40336

**Phone:** 606-723-5181

**Fax:** 606-723-5254

**Public Health Administrator**  
Tim Gould

**Email:** [haroldt.gould@ky.gov](mailto:haroldt.gould@ky.gov)

**Board of Health Chairman**  
Wallace Taylor, Judge Executive  
103 Main Street  
Irvine, KY 40336

# Lexington-Fayette County Health Department

650 Newtown Pike  
Lexington, KY 40508

**Phone:** 859-252-2371  
859-288-2486 (Commissioner's Office)

**Fax:** 859-288-2359

## **Commissioner**

Melinda Rowe, MD, MBA/MPH

**Email:** [MelindaG.Rowe@ky.gov](mailto:MelindaG.Rowe@ky.gov)

**Website:** [www.lexingtonhealthdepartment.org](http://www.lexingtonhealthdepartment.org)

## **Board of Health Chair**

John Riley, MD  
177 Burt Road  
Lexington, KY 40503

Primary Care Center  
650 Newtown Pike  
Lexington, KY 40508  
859-288-2425

Public Health Clinic North  
805 Newtown Circle  
Lexington, KY 40511  
859-288-2483

Public Health Clinic South  
2433 Regency Road  
Lexington, KY 40503  
859-899-5201

Public Health Annex  
805 Newtown Circle, Suite B  
Lexington, KY 40511  
859-288-2333

Environmental Health and Protection  
804 Newtown Circle, Suite A  
Lexington, KY 40511  
859-231-9791

# Garrard County Health Department

89 Farra Drive  
Lancaster, KY 40444

**Phone:** 859-792-2153

**Fax:** 859-792-4719

**Public Health Director**  
Marcia Hodge

**Email:** [marciaa.hodge@ky.gov](mailto:marciaa.hodge@ky.gov)

**Board of Health Chairman**  
John Wilson  
County Judge Executive  
Garrard County Courthouse  
Lancaster, KY 40444

**Environmental**  
859-792-6461



# Jessamine County Health Department

215 East Maple Street  
Nicholasville, KY 40356

**Phone:** 859-885-4149

**Fax:** 859-885-1863

## **Public Health Director**

Nancy M. Crewe

**Email:** [nancym.crewe@ky.gov](mailto:nancym.crewe@ky.gov)

## **Board of Health Chairman**

William C. McCaw, D.V.M.  
501 North Main  
Nicholasville, KY 40356

## **Environmental**

859-885-2310

# Lincoln County Health Department

44 Health Way  
P.O. Box 165  
Stanford, KY 40484

**Phone:** 606-365-3106

**Fax:** 606-365-1640

## **Public Health Administrator**

Diane Miller

**Email:** [diane.miller@ky.gov](mailto:diane.miller@ky.gov)

## **Board of Health Chairman**

Rodney K. Bates, M.D.  
563 Springview Drive  
Stanford, KY 40484

# Madison County Health Department

P.O. Box 1208  
Richmond, KY 40476-1208

**Phone:** 859-626-4241

**Fax:** 859-623-5910

## **Public Health Director**

James L. Rousey

**Email:** [jamesl.rousey@ky.gov](mailto:jamesl.rousey@ky.gov)

## **Board of Health Chairman**

Stuart Tobin, M.D.

PAC Annex, Suite 14

789 EKU ByPass

Richmond, KY 40475

---

## Local Office and Centers

### Richmond Campus

#### **Richmond Clinic**

214 Boggs Lane

Richmond, KY 40475

**Phone:** 859-623-7312

**Fax:** 859-626-4298

#### **Administration**

216 Boggs Lane

Richmond, KY 40475

**Phone:** 859-626-4241

**Fax:** 859-623-5910

#### **Environmental**

216 Boggs Lane

**Phone:** 859-623-4249

**Fax:** 859-626-4277

### Martha Pride Community Health Center

Berea Clinic

1001 Ace Drive

Berea, KY 40402

**Phone:** 859-986-1192

**Fax:** 859-986-1027

### MEPCO Home Health Agency

#### **Richmond MEPCO**

216 Boggs Lane (PO Box 1208)

Richmond, KY 40476-1208

**Phone:** 859-623-3441

**Fax:** 859-626-1024

#### **Berea MEPCO Home Health**

1001 Ace Drive (PO Box 1047)

Berea, KY 40403

**Phone:** 859-986-8479

**Fax:** 859-986-3089

#### **Estill Co. MEPCO Home Health**

920 Richmond Road (PO Box 8)

Irvine, KY 40336

**Phone:** 606-723-5873

**Fax:** 606-723-9425

#### **Powell Co. MEPCO Home Health**

103 Ewen Road (PO Box 1093)

Stanton, KY 40380

**Phone:** 606-663-9096

**Fax:** 606-663-6934

# Mercer County Health Department

900 College Street  
Harrodsburg, KY 40330

**Phone:** 859-734-4522

**Fax:** 859-734-0568

**Public Health Director (interim)**  
Kathy Crown-Weber

**Email:** [kathlyn.crown-weber@ky.gov](mailto:kathlyn.crown-weber@ky.gov)

**Board of Health Chairman**  
Sandra DeFoor, RN  
815 Southgate Drive  
Harrodsburg, KY 40330

# Powell County Health Department

376 North Main Street  
Stanton, KY 40380

**Phone:** 606-663-4360

**Fax:** 606-663-9790

## **Public Health Administrator**

Kathy Neal

**Email:** [Kathy.neal@ky.gov](mailto:Kathy.neal@ky.gov)

## **Board of Health Chairman**

Charles G. Noss, MD  
P.O. Box 188  
Stanton, KY 40380

## **Health Officer**

Linda Fagan, M.D.

# **The Refuge Medical Clinic Is NOW scheduling new patients!**

**Call: 859-225-HEAL (4325)**  
**Patients seen by appointment only!**

## **Hours of Operation:**

9 a.m.—4 p.m.

Monday—Thursday

## **Location\*:**

525 Corral St.

\*Entrance located at the back of building on  
2nd St.

## **Eligibility:**

1. Must be a 1st District resident
2. Must be uninsured

*Dental services will be available the 4th week of March.*

# University of Kentucky College of Dentistry

## Saturday Morning Clinics

### Free Children's Dental Clinic

The UK Dental School provides free dental services to the children 12 and under.

October 25, 2008

November 22, 2008

January 24, 2009

February 21, 2009

March 21, 2009

Located on the 2<sup>nd</sup> floor of the University of Kentucky College of Dentistry (signs should be posted at the school the morning of the clinic). The clinic officially starts at 9:00 a.m. Arrive early; patients are seen in the order they arrive.

**St. Joseph Free Health Clinic**  
**1590 Harrodsburg Rd.**  
**Lexington, KY**  
**859-313-4555**

**Must be a Fayette County Resident**  
**200% below poverty level**  
**No insurance, Medicaid or Medicare**

**Clients may call to find out when the next available walk-in day is. Walk-ins are accepted once a month. Clients must arrive no earlier than 12noon and no later than 12:30pm. Clients are considered new clients regardless of being seen at other St. Joseph Facilities.**

**Services Offered:**

- Primary Care
- Long Term Care of chronic conditions such as Diabetes, Heart Disease
- Yearly PAP Testing
- Mental Health counselor( Psych Nurse Practitioner) on site once a month to assess and manage medication
- Onsite Social Worker ( Carol Williams) provides resources for other needs

**Clinic is open after 12noon and clients may leave a voice message, someone will contact them within 24 hours.**



# St. Joseph Free Health Clinic

	Clinic Hours
Mondays _____	2:00 - 8:00
Tuesdays _____	12:00-6:00
Wednesdays _____	12:00-4:00
Thursdays _____	12:00-5:00
Fridays _____	12:00-5:00

## Address

1590 Harrodsburg Road  
Lexington, KY 40504  
(Same location as Baby Health Clinic)

*Must be without health insurance or medical card*

After hours, call 313-4157 and leave a message  
In an emergency call 911 or go to an emergency room of  
your choice

For Medication Refill (only) call 313-3455  
If you do not have an appointment and need to be seen,  
please call 313-4157.

**New Permanent Location for St. Joe Mobile Health Clinic**

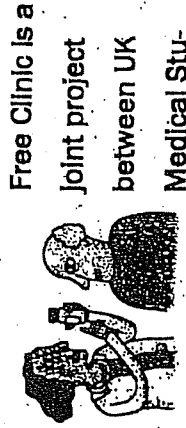
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[Personnel may be busy and voice mail may be on.]

# Clinic

Tuesday 5:30-8:30 p.m.

Thursday 5:30-8:30 p.m.

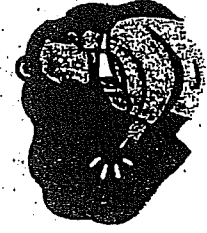
The Salvation Army Student-Run



Free Clinic is a  
Joint project  
between UK  
Medical Stu-

dents and the Salvation Army of Lexington. The Clinic was founded in 1985 and was designed to meet the healthcare needs of the under served population in the Lexington-Fayette area. Over the years, the clinic has grown both in the number of patients being treated and in the services offered to those patients. Our goal is to provide clinically oriented educational experiences to the healthcare students of UK, while also giving students the opportunity to help meet the needs of our community.

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## Making An Appointment

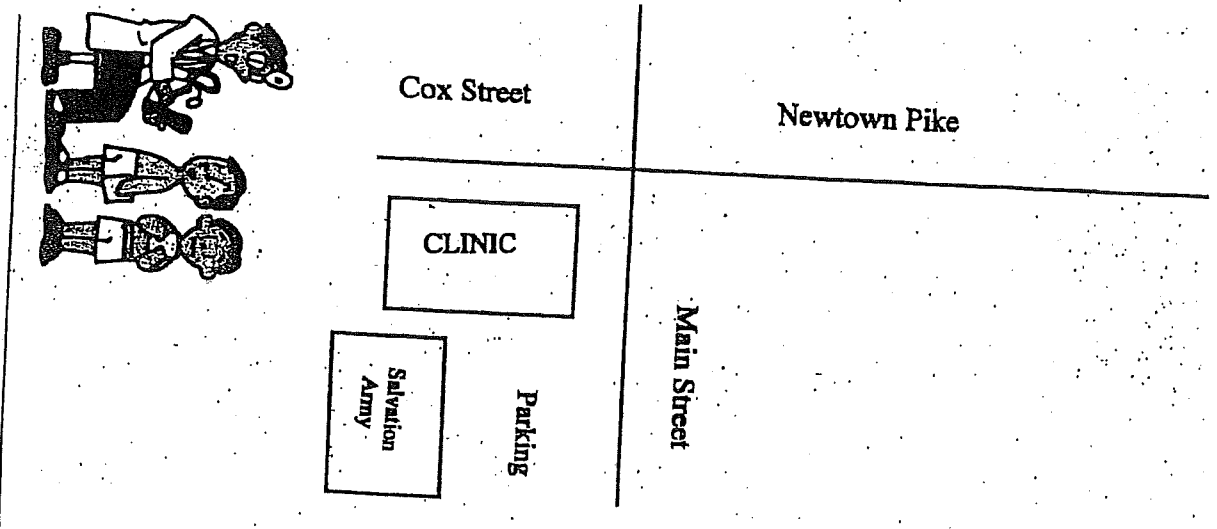
To make an appointment call 252-7706 Monday-Friday 8:00 a.m.-9:00 p.m. Although appointments are encouraged, walk-in's are accepted. Those people who have signed up prior to clinic by making an appointment are given priority over walk-in's.

When arriving at the clinic, sign in at the front desk. Everyone must sign in at the desk, even those who have made an appointment. After signing in, wait in the front lobby for your name to be called.

- Services Offered
- School/Sport Physicals
- Medications
- Physical Therapy (Thurs.)
- Medical Exams

Salvation Army  
Student-Run Free Clinic  
738 West Main St.  
Lexington, KY 40507  
Appointment Phone: 859-282-7706  
Phone: 859-243-0208  
Fax: 859-243-0208

# Directions



Salvation Army  
Lexington, KY

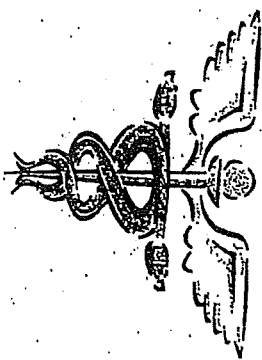
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Student-Run  
Free Clinic

Student-Run Free Clinic

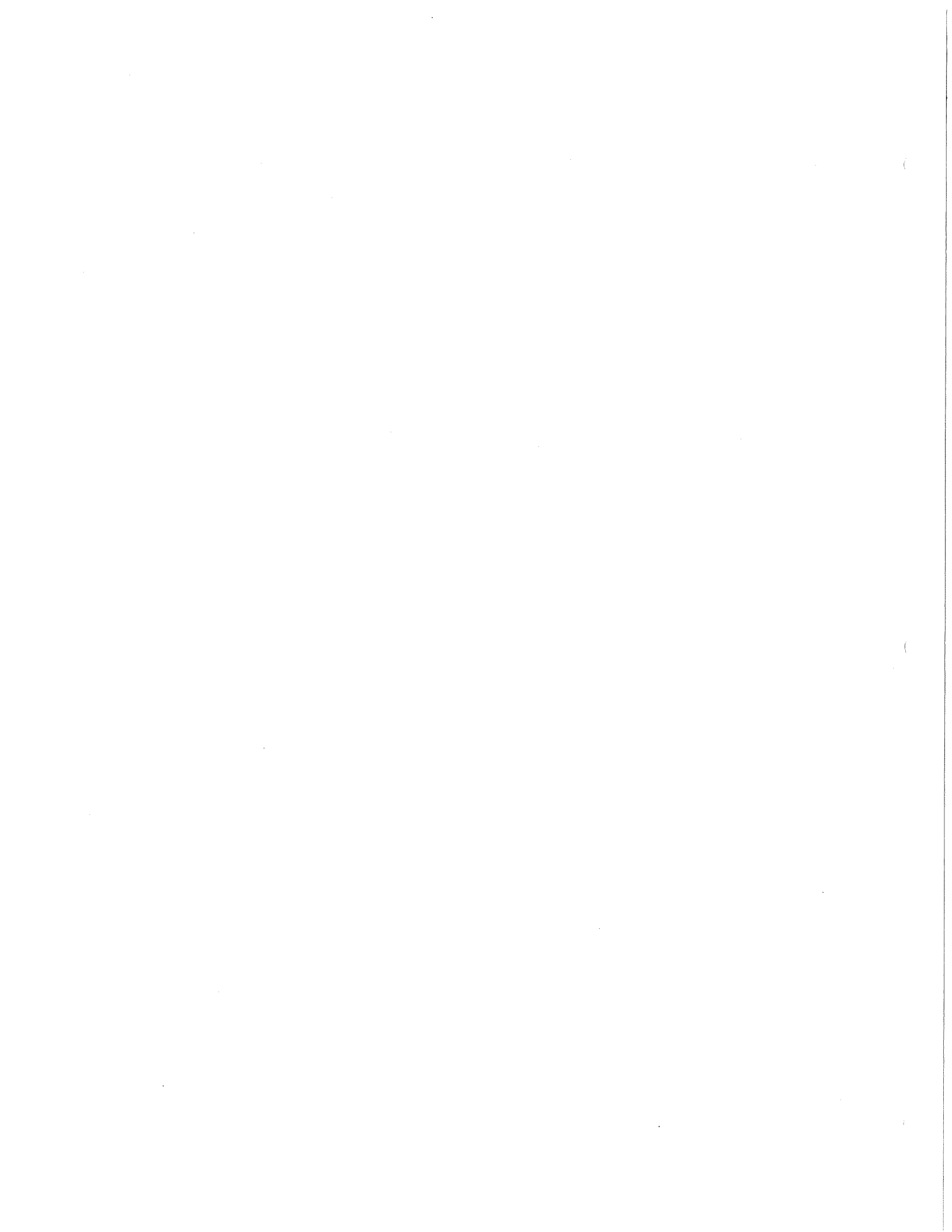


Salvation Army  
Lexington, KY



Serving Lexington since  
1985.

Salvation Army  
Student-Run Free Clinic  
736 West Main St.  
Lexington, KY 40507  
Appointment Phone: 859-252-7706  
Phone: 859-243-0206  
Fax: 859-243-0206



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# St. Joseph Free Health Clinic

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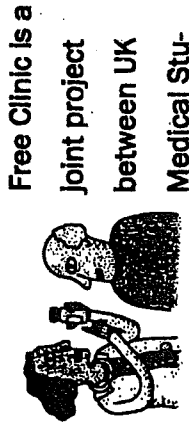
**New Permanent Location for St. Joe Mobile Health Clinic**

**Phone number during clinic hours: 313-4555**  
[Personnel may be busy and voice mail may be on.]



# Student-Run Free Clinic

The Salvation Army Student-Run



Free Clinic is a joint project between UK Medical Stu-

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## Hours of operation

Tuesday 5:30-8:30 p.m.

Thursday 5:30-8:30 p.m.

## Making An Appointment

To make an appointment call 252-7706 Monday-Friday 8:00 a.m.-9:00 p.m. Although appointments are encouraged, walk-in's are accepted. Those people who have signed up prior to clinic by making an appointment are given priority over walk-in's.

When arriving at the clinic, sign in at the front desk. Everyone must sign in at the desk, even those who have made an appointment. After signing in, wait in the front lobby for your name to be called.

Although the clinic attempts to see everyone



who has signed in each night, some nights

not all patients can be seen. Those patients are placed on the schedule for the next clinic night and are seen first.

## Services Offered

School/Sport Physicals

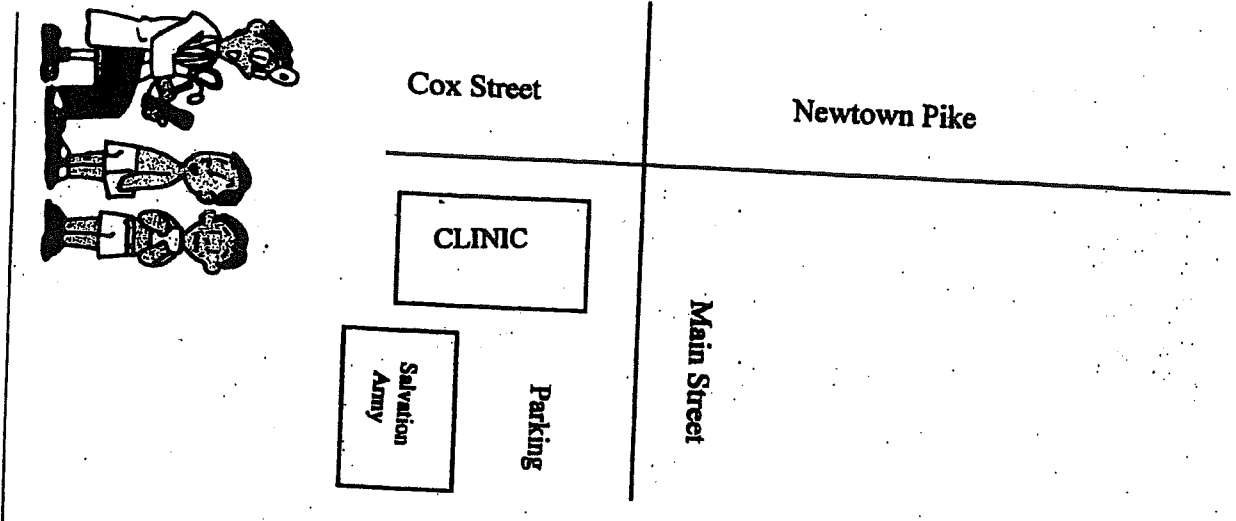
Medications

Physical Therapy (Thurs.)

Medical Exams

Salvation Army  
Student-Run Free Clinic  
736 West Main St.  
Lexington, KY 40507  
Appointment Phone: 859-252-7706  
Phone: 859-243-0206  
Fax: 859-243-0206

# Directions



  
**Student-Run Free Clinic**

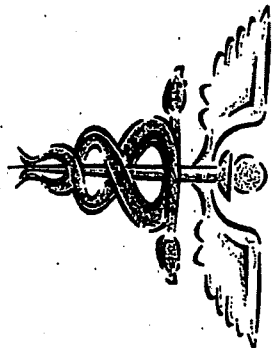
*Salvation Army*  
*Lexington, KY*

Salvation Army  
Student-Run Free Clinic  
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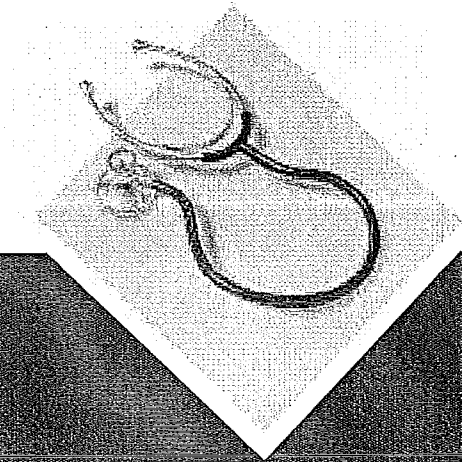


*Salvation Army*  
*Lexington, KY*

*Student-Run*  
*Free Clinic*

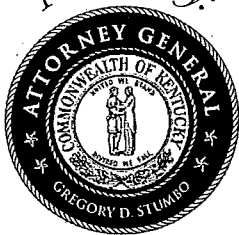


*Serving Lexington since*  
*1985.*



# 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:**

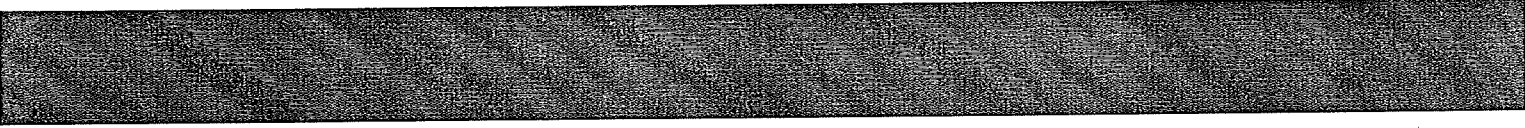
- **Designate a Health Care Surrogate**
- **Refuse or request life prolonging treatment**
- **Refuse or request artificial feeding or hydration (tube feeding)**
- **Express your wishes regarding organ donation**

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



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

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

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

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

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

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

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

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

Copies printed with state funds.

## 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

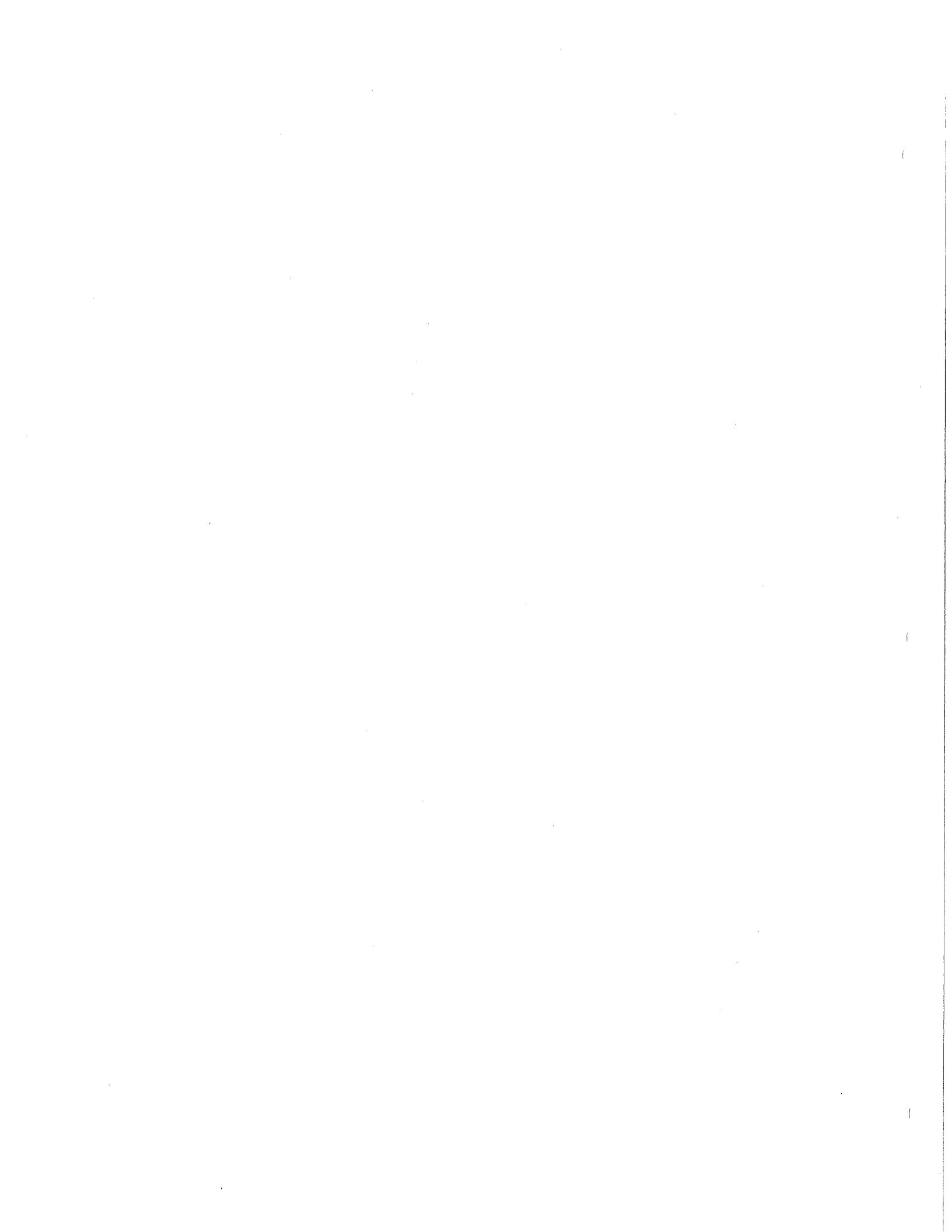
\*None of the following shall be a witness to or serve as a notary public or other person authorized to administer oaths in regard to any advance directive made under this section:

- (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



**Chafee Independence Program  
Room & Board Referral**

**Kentucky Housing Corporation**

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

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

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

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

County \_\_\_\_\_

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

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

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

Sex:  Male     Female

Race:  American Indian or Alaska Native

Asian     African American

Employed:  Yes     No

Native Hawaiian or Other Pacific Islander

Hispanic/Latino     Caucasian

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

Does the youth have a mentor?     Yes     No

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

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

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

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

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

## **Chafee Independence Program**

### **Room and Board**

## **Kentucky Housing Corporation**

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

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

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

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

or

### **Kentucky Housing Corporation Representative**

Keli Reynolds

Self-Sufficiency Manager

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

1231 Louisville Road

Frankfort, KY 40601-6191

(502) 564-7630 ext. 376

(502) 564-9963 (fax)

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

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

## **Rights and Responsibilities of Landlords**

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

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

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

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

## **Rights and Responsibilities of Tenants**

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

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

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

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

# Helpful Hints to Rental Housing

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## The Lease

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

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

## The security deposit

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

## Tenant responsibilities

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

## Right to entry

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

## Moving

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

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

## Eviction

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

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



### Guidelines to avoid problems

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

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

### Discrimination

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

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

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

## What housing is covered?

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

## Who must obey the law?

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

## Are there exemptions to these laws?

Yes. Exemptions include: a) single rooming houses; b) owner-occupied duplexes or one room private homes; the sale of property without help from a real estate agent; c) advertising in public advertising media for the sale of owner-occupied housing; d) advertising in public advertising media for the sale of property with a preference to those of the majority.

## Report Discrimination

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

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

**Kentucky Commission on Human Rights**  
332 W. Broadway, Ste. 700  
Louisville, KY 40202  
(800) 292-3566  
TDD (502) 595-4084  
[www.kchr.ky.gov](http://www.kchr.ky.gov)

**U.S. Department of Housing and Urban Development**  
601 W. Broadway, Room 410  
Louisville, KY 40202  
(502) 592-6163  
TTY (800) 972-9275  
[www.hud.gov](http://www.hud.gov)

**Kentucky**  
UNBIDDABLE SPIRIT

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

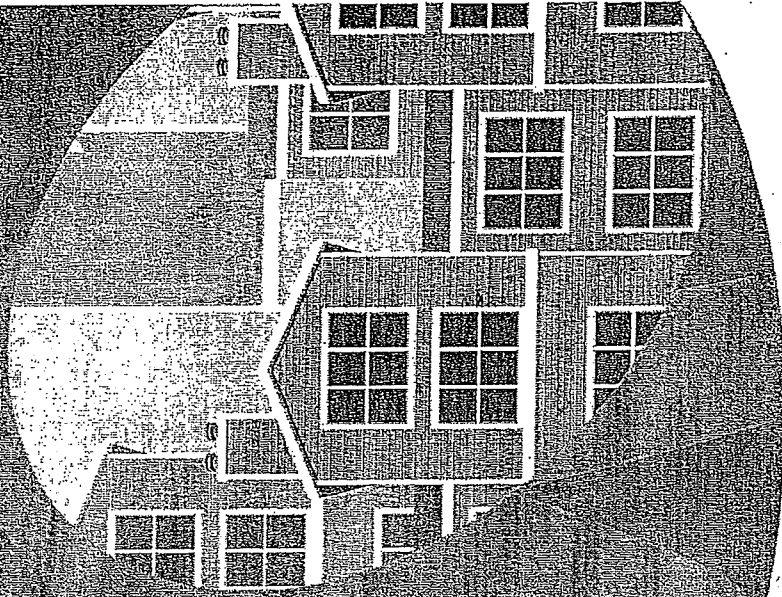
### CONTACT:



For more information on the Kentucky Unbiddable Spirit Act, please contact the Kentucky Housing Corporation at (502) 564-7630 or the Kentucky Commission on Human Rights at (800) 633-8896. For more information on the Americans with Disabilities Act, please contact the U.S. Department of Housing and Urban Development at (800) 972-9275.

The State funds work used to produce this document.

## Fair Housing



**Kentucky Housing Corporation**  
Leading the way home...

# Fair Housing

## Understand the facts and know your rights!

### Kentucky Housing and our fair housing mission

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

Kentucky Housing partners with...

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

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

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

### The Fair Housing Act

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

### Who is protected?

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

### What is housing discrimination?

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

- Refuse to rent or sell to someone based on status if protected.
- Provide different services or facilities based on status if protected.
- Refuse to accept mortgage loan applications based on status if protected.
- Refuse to provide loan information based on status if protected.
- Give people different terms/conditions on a loan based on a status if protected.
- Discriminate in the appraisal of property based on a status, if protected.

### It is illegal for lending institutions to:

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

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

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

Heyburn Building, Suite 700  
332 West Broadway  
Louisville, KY 40202  
(502) 595-4024  
Fax: (502) 595-4801

Email: [kchr.mail@mail.state.ky.us](mailto:kchr.mail@mail.state.ky.us)

Website: [www.state.ky.us/agencies2/kchr](http://www.state.ky.us/agencies2/kchr)

Toll Free Statewide  
In Kentucky  
(800) 292-5566

TDD Lines  
(502) 595-4084

Kentucky Relay Service  
(800) 648-6056 (tty/ldd)

Field Office  
Northern Kentucky Field Office  
City Building, Suite 401  
636 Madison  
Covington, KY 41011  
(859) 292-2935  
Fax: (859) 292-2938

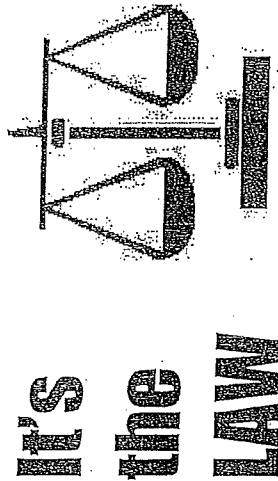


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Printed with state funds 04/01

# Disability and Fair Housing in

KENTUCKY



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

Commission on Human Rights

## The Law

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

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

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

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

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

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

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

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

## Frequently Asked Questions:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Kentucky Civil Rights Act

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

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

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

# Disability and Fair Housing





KY Agencies KY Services

 Search

# JACK CONWAY

## OFFICE OF THE ATTORNEY GENERAL

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## Rental housing

- [The lease](#)
- [The security deposit](#)
- [Guidelines to avoid problems](#)
- [Tenant responsibilities](#)
- [Moving](#)
- [Eviction](#)
- [Right of entry](#)
- [Subletting](#)
- [Discrimination](#)

### The lease

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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, it's 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.

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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
- when the refund will be made.

## **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.
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- 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.

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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.

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---

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.

## Right to entry

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Your landlord has the right to enter your apartment/house for several reasons. They are:

- to make repairs
- to provide maintenance
- 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.

## Subletting

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Many leases forbid you from subletting. To sublet is to allow someone else to occupy your apartment and pay rent while you are bound by the terms of a lease. If you are able to sublet and wish to, you may be responsible if the person you sublet to doesn't pay the rent or damages the property.

## Discrimination

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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.

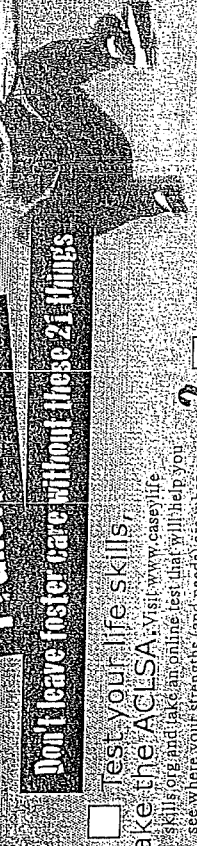
The U.S. Office of Housing and Urban Development (HUD) offers the following signs of possible discrimination:

- 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.



# TRANSITION TIME

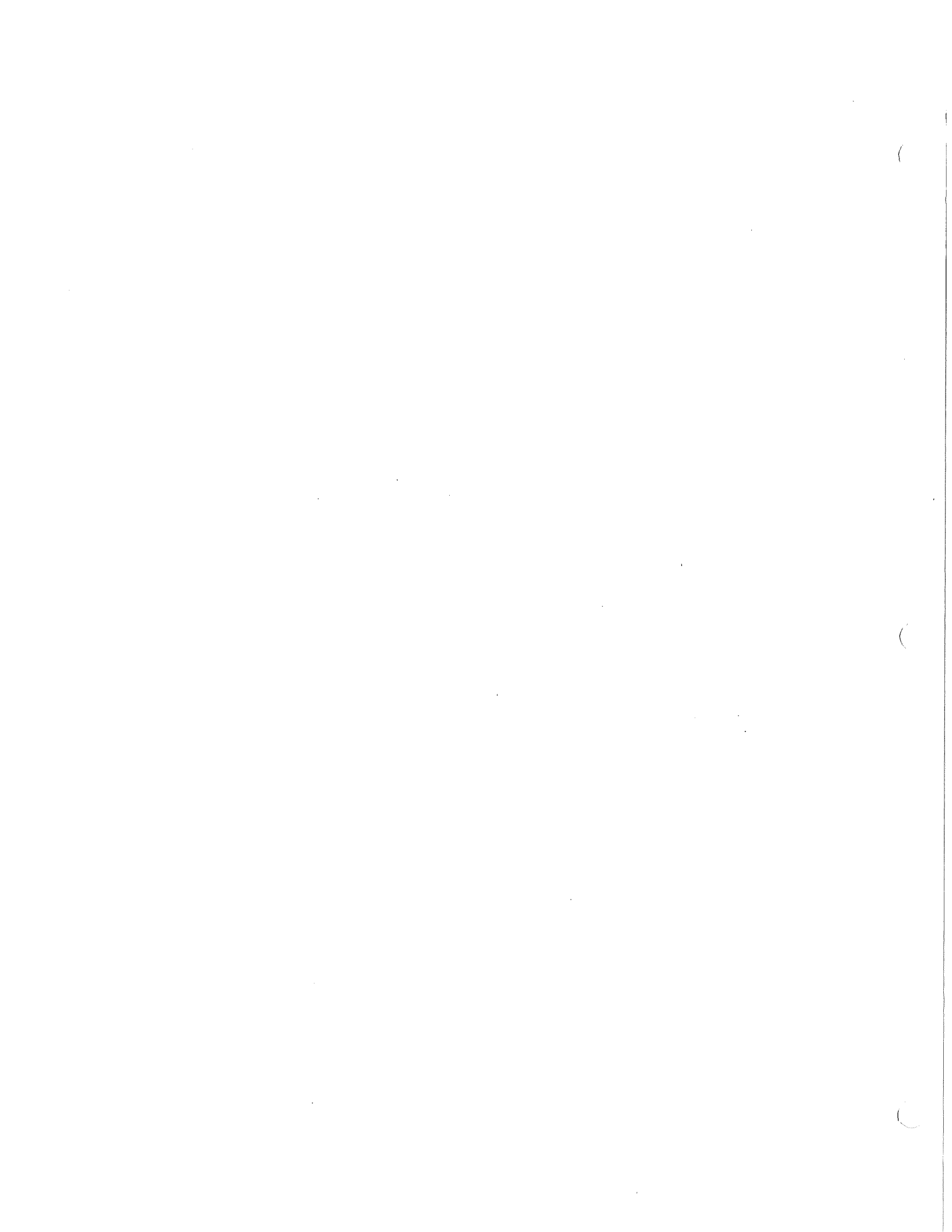


Don't leave foster care without these 21 things

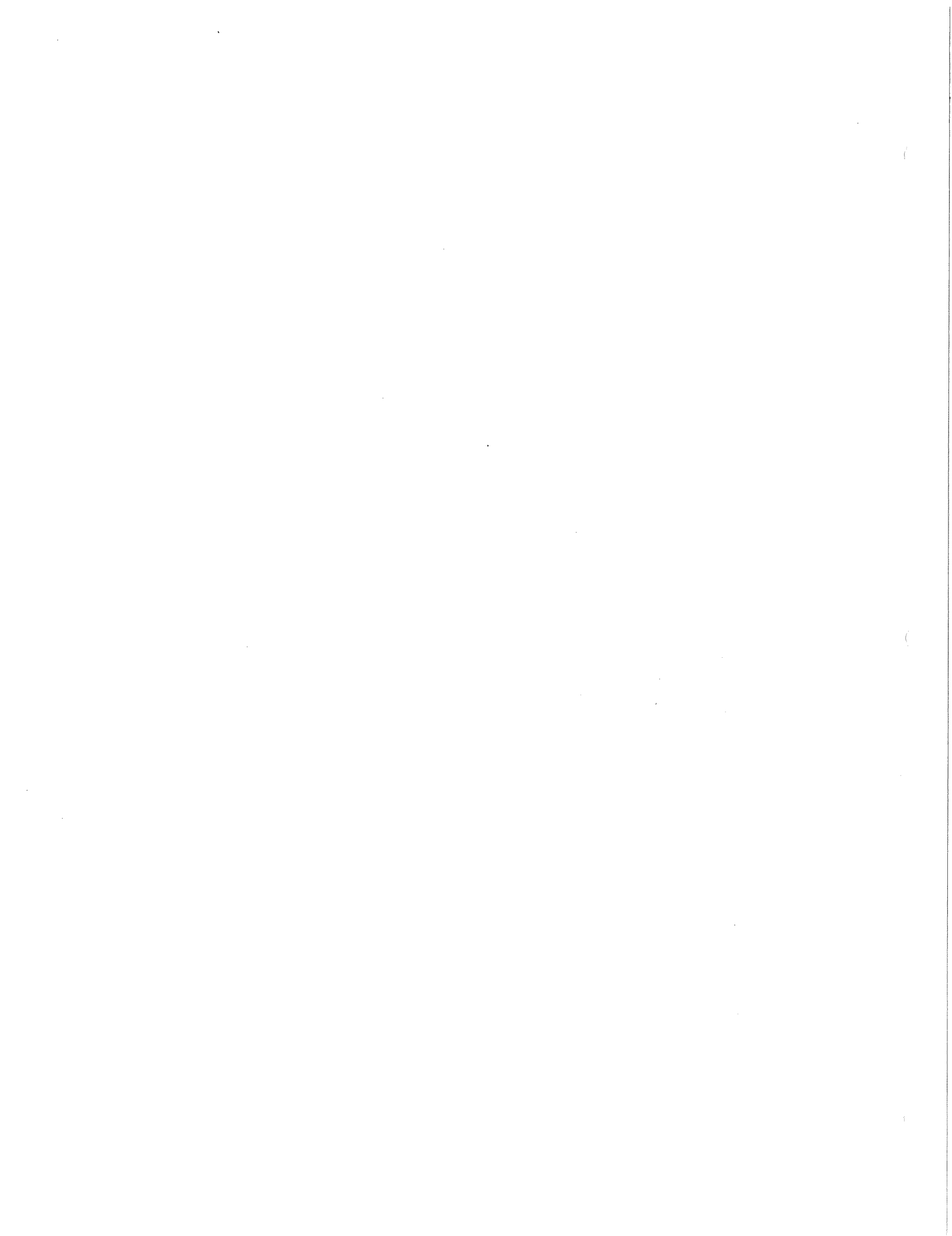
- 1  **Test your life skills, take the ACLSA.** Visit [www.caseylife.org](http://www.caseylife.org) and take an online test that will help you see where your strengths (and needs) are when it comes to skills for living on your own.
- 2  **Join the Independent Living Program.** Want FREE help applying for college, finding financial aid, getting scholarships, landing a job, and learning skills for life after foster care? How about some MONEY for renting your first apartment? Then the Independent Living Program (ILP) is for you! It's designed to help youth prepare for life on their own after foster care. To find an ILP near you, check out [www.fosterclub.com](http://www.fosterclub.com) and search for your state listings.
- 3  **Build a Transition Plan.** It's T time! Put together a team of supportive adults in your life and build a transition plan. Check out [www.fosterclub.com](http://www.fosterclub.com) for more info.
- 4  **Get solid: understand what permanence is all about...** and get it if you can. You may have heard the word "permanence," but do you know what it is? Can you list the five types of permanency? Talk to your caseworker and find out what your permanency plan is (every youth should have one), or visit [www.fosterclub.com](http://www.fosterclub.com).
- 5  **Surround yourself with a safety net.** Make a PACT with supportive adults. Youth that are successful when they transition out of foster care have one thing in common: they have supportive adults in their lives that they can count on. Talk to a supportive adult in your life about a PACT. Learn more at [www.fosterclub.com](http://www.fosterclub.com).
- 6  **Find out about Chafee.** You may be eligible for assistance for paying for rent or other costs associated with living on your own. Talk to your caseworker, Independent Living Program or Chafee worker to find out how to apply.
- 7  **Get a rental reference from your foster home.** Consider creating a rental agreement with your foster home or group home for the last few months you're in foster care. If you are a good tenant, they could provide a reference for your first apartment. A reference can provide information about on-time rent payments, cleanliness and respect for the property and other tenants.
- 8  **Secure a place to live, have a backup plan.** Transitioning out of foster care to homelessness is never a good idea. Homelessness includes living in your car, camping, and even sleeping out on a couch at a friend's house. There's plenty of help in locating housing, but you have to do some of the legwork. Talk to your caseworker, Independent Living Program or Chafee worker.
- 9  **Get your social security card and birth certificate.** These personal documents can be particularly hard to get if you wait... have your caseworker get your own copies of these items before you leave care.
- 10  **Get state-issued photo ID.** You'll need photo ID for lots of things when you are living on your own: to rent an apartment, get a job, travel on an airplane, and much more. Even if you don't have a driver's license, make sure you get DMV or state-issued identification.
- 11  **Get a copy of court docs that prove you were in care.** Pay attention to the court records that prove you were in foster care. Get a copy of the court records that prove you were in foster care. Get a copy of the court records that prove you were in foster care. Get a copy of the court records that prove you were in foster care.
- 12  **Open a bank account (and savings, too).** It's important to have a bank account. It's important to have a bank account. It's important to have a bank account. It's important to have a bank account.
- 13  **Save money.** Most young adults are taken by surprise by the cost of living on their own. Have an adult help you work out a monthly budget for life after foster care. Try to save enough money to cover three months of the budget, plus the move-in costs for your first apartment.
- 14  **Get a High School diploma or GED.** Once you're on your own, it can become very difficult to concentrate on school, because you'll be busy making money to pay your way. Try to finish getting your GED or high school diploma while you're still in foster care before you pile on all the extra worries of supporting yourself.
- 15  **Find out about money for higher education.** The Federal Government has handed down millions of dollars for Scholarships and Educational Training Vouchers for foster youth! Best of all, in most cases this money can help pay for a Trade or Vocational school, housing transportation, books, fees and other costs related to education. Find out how to access this money in your state at [www.fosterclub.com](http://www.fosterclub.com).
- 16  **Get a job.** This one's a no-brainer: of course you need a job before you set out on your own! And getting a job can be tougher than you think. Even if you are receiving funds from other government sources, no one is really self-sufficient until they earn their own living. It's best if you can gain work experience while you are still in care.
- 17  **Get medical coverage.** See a doctor. In some states, youth transitioning from foster care may be eligible for health coverage. Be sure to ask about this BEFORE you leave foster care — it may be too late if you wait! If you will be losing your health coverage, make sure you see the doctor for a check-up before you leave care. Make sure all your shots are up to date and that you are in the best health you can be in.
- 18  **Get mental health coverage.** See a therapist before you leave care. Youth transitioning from foster care may be eligible for mental health coverage. If you will be losing your mental health coverage, you may want to see a counselor before you leave care and get help coping with the stress and anxiety most youth have when transitioning out of foster care. And hey, if therapy is good enough for all those stars in Hollywood, then there's got to be something to it, right?
- 19  **Take daily living skills classes.** Get set for adulthood by learning skills for life after foster care! Ask your Independent Living Program (ILP) or caseworker about classes offered. Check out classes at your local Community College. Or ask your foster parent to work with you on life skills (they can download an entire book of ideas called Ready, Set, Fly at [www.caseylife.org](http://www.caseylife.org)).
- 20  **Build an Independent Living Portfolio.** Keep a professional portfolio containing the following: completed sample job application and apartment rental application, resume, education records, awards and achievements, and copies of personal documents. For ideas, check out the FYI Binder at [www.fosterclub.com](http://www.fosterclub.com).
- 21  **Find out if you can stay in care until you're 21.** You may have a lot to gain. What have you really got to lose? You may want to make a list of the pros and cons of staying in care or leaving. If you take a close look, you may just find out that there are many advantages to staying in care. If you prove your maturity and responsibility, you may even be able to live on your own while you are in foster care — talk to your caseworker or judge.

## How many things can you check off the list?

- 17  Get medical coverage. See a doctor. In some states, youth transitioning from foster care may be eligible for health coverage. Be sure to ask about this BEFORE you leave foster care — it may be too late if you wait! If you will be losing your health coverage, make sure you see the doctor for a check-up before you leave care. Make sure all your shots are up to date and that you are in the best health you can be in.
- 18  Get mental health coverage. See a therapist before you leave care. Youth transitioning from foster care may be eligible for mental health coverage. If you will be losing your mental health coverage, you may want to see a counselor before you leave care and get help coping with the stress and anxiety most youth have when transitioning out of foster care. And hey, if therapy is good enough for all those stars in Hollywood, then there's got to be something to it, right?
- 19  Take daily living skills classes. Get set for adulthood by learning skills for life after foster care! Ask your Independent Living Program (ILP) or caseworker about classes offered. Check out classes at your local Community College. Or ask your foster parent to work with you on life skills (they can download an entire book of ideas called Ready, Set, Fly at [www.caseylife.org](http://www.caseylife.org)).
- 20  Build an Independent Living Portfolio. Keep a professional portfolio containing the following: completed sample job application and apartment rental application, resume, education records, awards and achievements, and copies of personal documents. For ideas, check out the FYI Binder at [www.fosterclub.com](http://www.fosterclub.com).
- 21  Find out if you can stay in care until you're 21. You may have a lot to gain. What have you really got to lose? You may want to make a list of the pros and cons of staying in care or leaving. If you take a close look, you may just find out that there are many advantages to staying in care. If you prove your maturity and responsibility, you may even be able to live on your own while you are in foster care — talk to your caseworker or judge.



# Education



# Helpful Hints on Funding Education

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

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

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

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

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

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

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

## Different Types of Financial Aid

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

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

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

### Applying for financial aid

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

#### Things That Determine Financial Aid Eligibility

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

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

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

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

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

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

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

MCHB Healthy and Ready To Work Projects

## Student Financial Assistance



## Financial Aid Resources

- **Free Application for Federal Student Aid (FAFSA)**  
[www.fafsa.ed.gov/](http://www.fafsa.ed.gov/)  
 Complete the FAFSA online. Be sure to mail in the signature page after completing the FAFSA, if you did not sign electronically with your PIN.
- **Federal Student Aid**  
[studentloans.gov](http://studentloans.gov)
- **KHEAA Online**  
[www.kheaa.com/online.html](http://www.kheaa.com/online.html)  
 View your KHEAA loans online.
- **National Student Loan Data System (NSLDS)**  
[www.nsls.ed.gov](http://www.nsls.ed.gov)  
 Check your Financial Aid history online. You will need your PIN to access your account.
- **Selective Service**  
[www.sss.gov](http://www.sss.gov)  
 Register or verify registration status.
- **Scholarship Search**  
[www.fastweb.com](http://www.fastweb.com)  
 The internet's largest free scholarship search engine.
- **Student Guide**  
[http://studentaid.ed.gov/students/publications/student\\_guide/index.html](http://studentaid.ed.gov/students/publications/student_guide/index.html)  
 A guide on student financial aid provided by the U.S. Department of Education.
- **U.S. Department of Education Ombudsman Office**  
[Ombudsman.ed.gov](http://ombudsman.ed.gov) (web address)  
[fsoombudsmanoffice@ed.gov](mailto:fsoombudsmanoffice@ed.gov) (email address)  
 877-557-2575 (toll-free)  
 202-275-0549 (fax)

**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:

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:

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:

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 Keith Jones in Frankfort

Maintain 2.0 GPA & youth must submit

monthly verification form to Frankfort

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

Contact:

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:

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:

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



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

## **INSTRUCTIONS FOR COMPLETING THE TUITION WAIVER FOR FOSTER AND ADOPTIVE CHILDREN**

### **Section 1:**

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

Please include all information as follows:

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

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

### **Section 2:**

**Completed by public post-secondary institution.**

### **Section 3:**

**Completed by the Cabinet for Health and Family Services.**

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

# 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 (18<sup>th</sup>) birthday.

Has applicant previously applied and received a Tuition Waiver for Foster and Adopted Children?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes", when? \_\_\_\_\_

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

I agree to provide the Cabinet for 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: KEITH JONES OR SHELLEY BROWN  
 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)

\_\_\_\_\_ **ELIGIBLE** \_\_\_\_\_ **INELIGIBLE**

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

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED CABINET PERSONNEL DATE 69

## **INSTRUCTIONS FOR COMPLETING THE REQUEST FOR EDUCATIONAL AND TRAINING VOUCHER FUNDS**

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

Please include all information as follows:

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

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

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

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

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

- Complete expenses and income;
- Calculate transportation expenses in the table provided;
- Sign and date the form and obtain signature and date of Independent Living Coordinator. The Independent Living Coordinator may be located by contacting the local office or by contacting Fawn Conley at 800-232-5437, ext. 4497.

# REQUEST FOR EDUCATIONAL AND TRAINING VOUCHER FUNDS

## SECTION 1 — APPLICANT INFORMATION

FULL NAME: <i>(please print)</i>			
MAILING ADDRESS:	CITY:	STATE:	ZIP:
E-MAIL ADDRESS:	COUNTY:		
PHONE NUMBER (include area code):	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	
NAME OF SCHOOL/JOB TRAINING PROGRAM ATTENDING:			
COURSE OF STUDY/JOB TRAINING:			
STUDENT'S SCHOOL ADDRESS:			
STUDENT'S SCHOOL PHONE:			
STUDENT'S SCHOOL CLASSIFICATION:	Freshman	Sophomore	Junior Senior
TIME PERIOD FOR WHICH FUNDING IS REQUESTED:			

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

- Adopted from Kentucky foster care system at or after the age of 16  
 Full names of adoptive parents \_\_\_\_\_
- Left the legal custody of the Cabinet for Families and Children on or after his/her eighteenth (18<sup>th</sup>) birthday  
 Date of exit from Kentucky foster care system: \_\_\_\_\_

Has applicant previously applied for and received Education/Training Voucher funds? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If "Yes", when? \_\_\_\_\_

- I agree to provide the Cabinet for Families and Children the date of my graduation/completion of training program.

\_\_\_\_\_  
 STUDENT OR GUARDIAN SIGNATURE DATE

**Mail or fax to:**

CABINET FOR FAMILIES AND CHILDREN  
 ATTN: Keith Jones or Shelley Brown, Chafee Independence Program  
 Education/Training Voucher Funds  
 275 East Main Street Mail Drop 3 E-D  
 Frankfort, KY 40621  
 502-564-2147 or 800-232-5437 phone; 502-564-5995 fax  
*Keith.jones@ky.gov / Shelley.brown@ky.gov*

\*\*\*\*\*

## SECTION 2 – EDUCATION/TRAINING VOUCHER FUNDS VERIFICATION – agency use only

Date of adoption:
Date of exit from Kentucky foster care system:

\_\_\_\_\_ ELIGIBLE                      \_\_\_\_\_ INELIGIBLE

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

\_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSONNEL DATE

## REQUEST FOR EDUCATIONAL AND TRAINING VOUCHER FUNDS

### SECTION 3 – APPLICANT EXPENSES AND INCOME

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

**Requested Funds \$** \_\_\_\_\_

**Restrictions:**

**Comments:**

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

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

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

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

# Education Training Voucher (ETV) Guidelines

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

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

## Student Account Information:

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

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

\_\_\_\_\_

Date

Client

\_\_\_\_\_

Date

ILC

## INSTRUCTIONS TO THE STUDENT

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

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

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

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

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

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

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



## MONTHLY ACADEMIC STANDING AND ENROLLMENT VERIFICATION

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

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

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

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

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

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

\_\_\_\_\_  
Date

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

**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

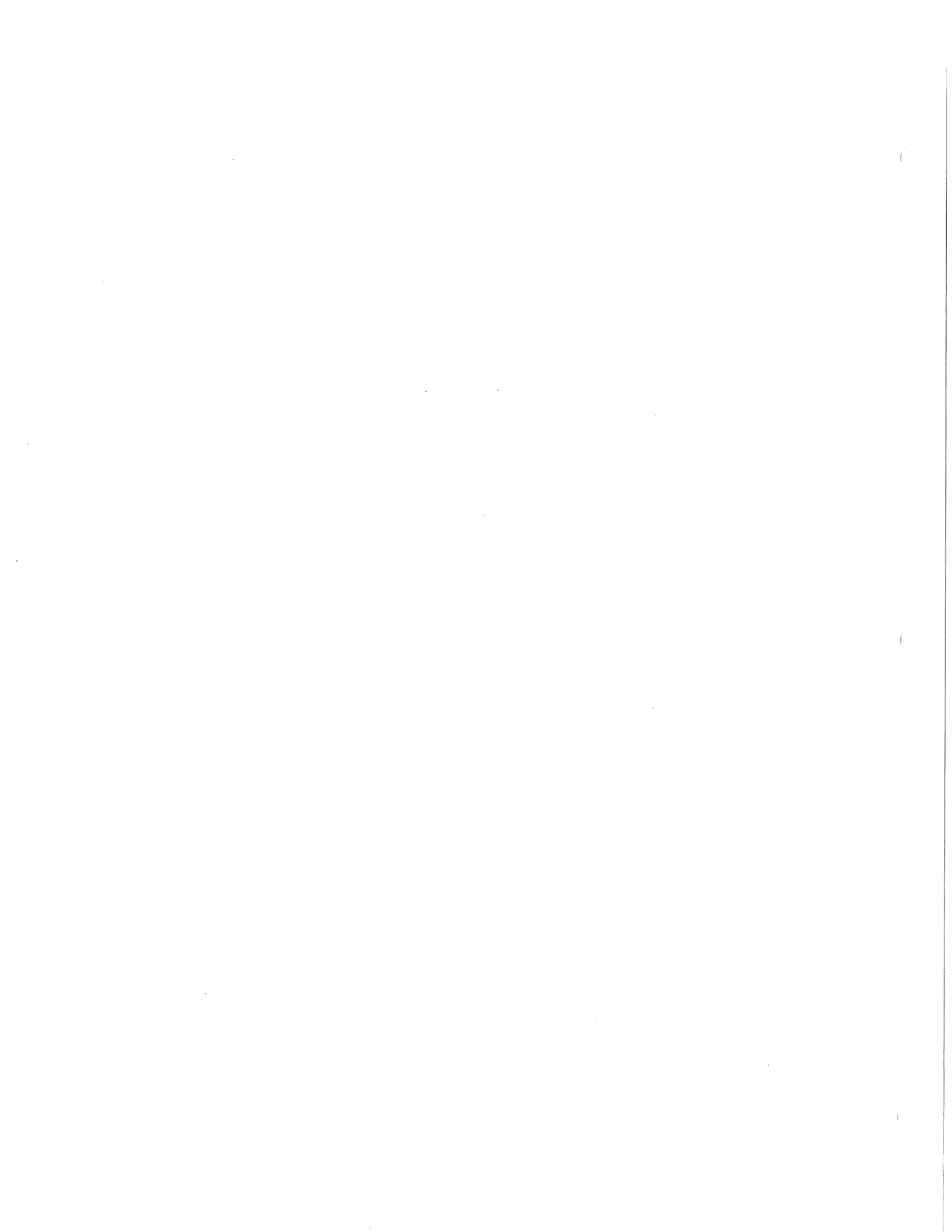
I, the undersigned, hereby cancel the authorization for the Commonwealth of Kentucky to originate electronic deposit entries into my checking/savings account. The cancellation is effective as soon as the State of Kentucky has reasonable opportunity to act upon it.

\_\_\_\_\_  
Signature Date

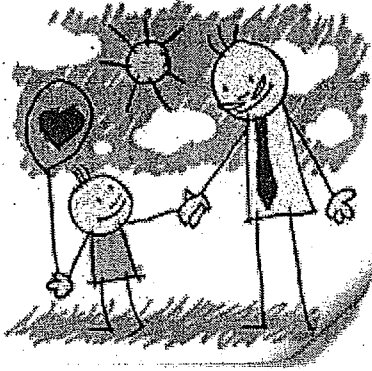
\_\_\_\_\_  
Name Printed

For WIS Use	
Received By: _____	Date: _____
Entered By: _____	Date: _____

# 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.

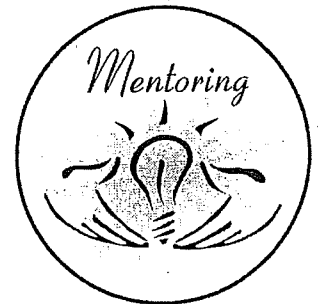
### What Do Mentors Do?

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.

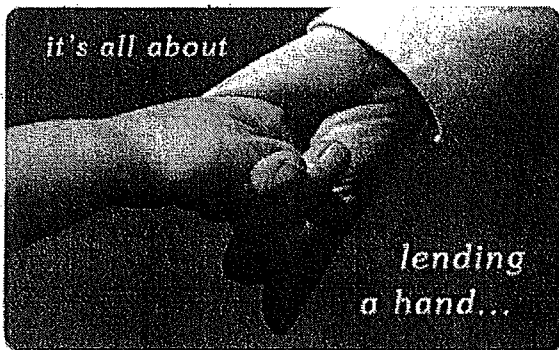
They help youth build upon their individual strengths and accomplish personal goals. They teach the youth to become more responsible.



### 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

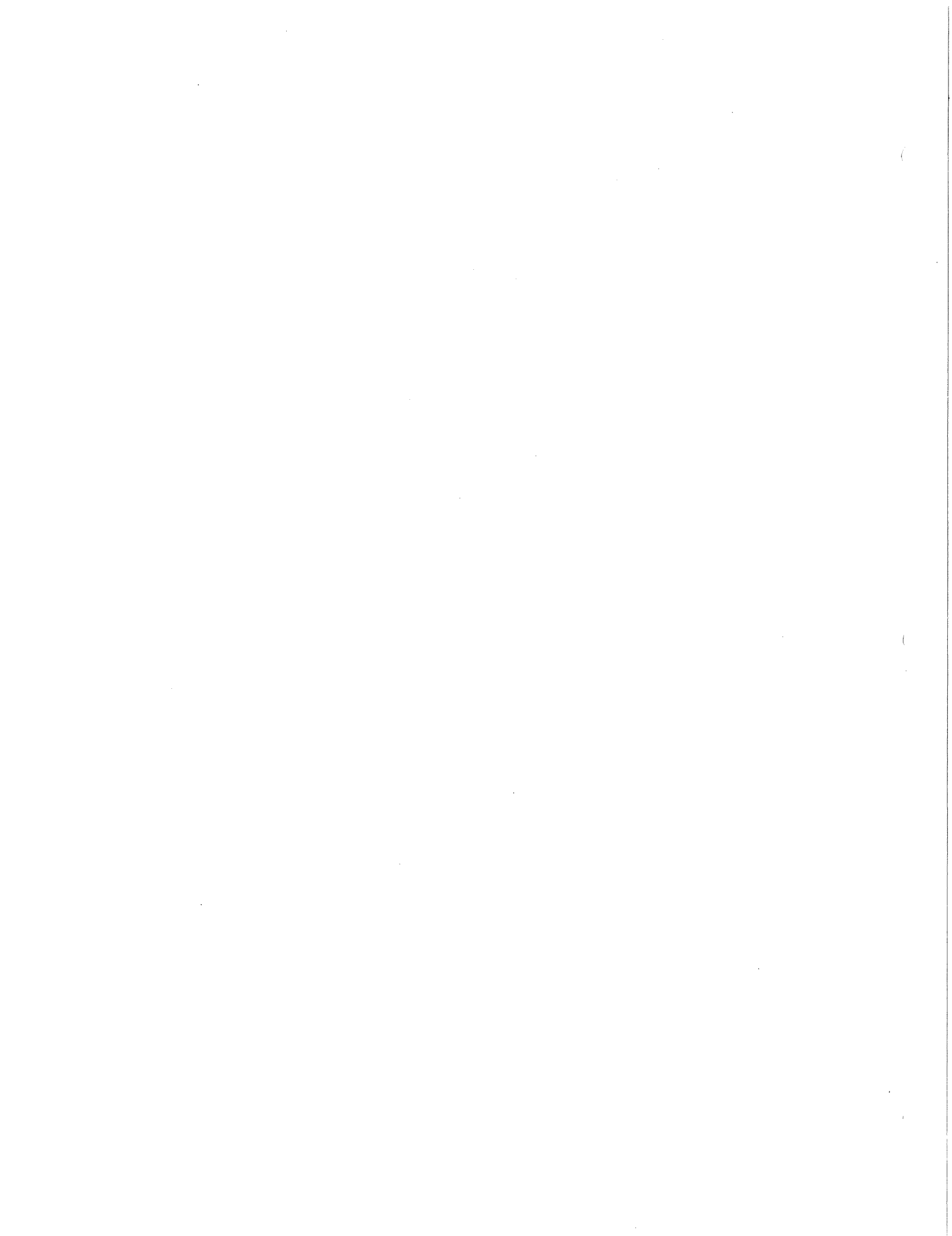
Lauren Carson

Toll Free: 1-877-994-9970

[lauren.carson@murraystate.edu](mailto: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

- 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

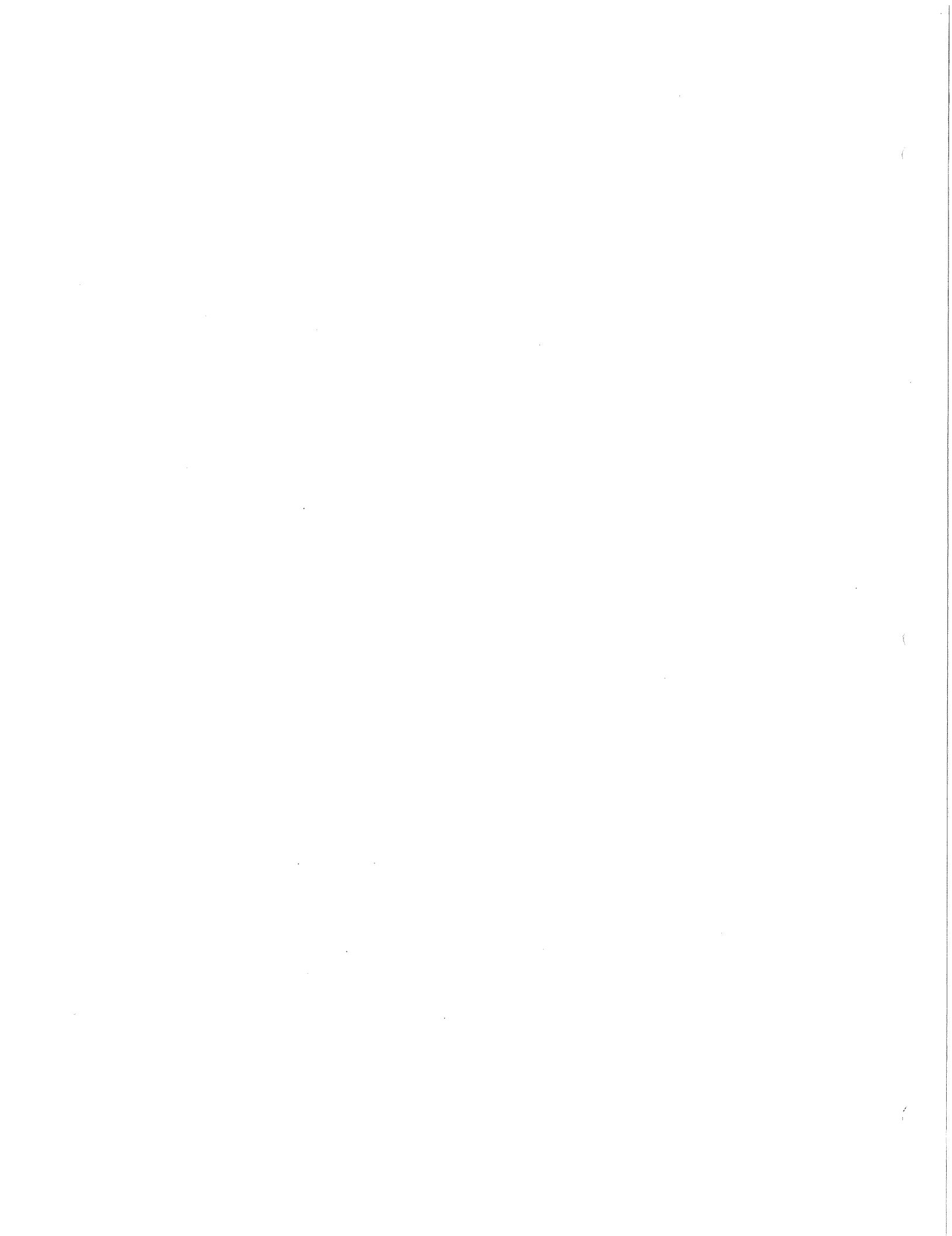
Last Updated 8/17/2

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# HELP NUMBERS

- Abuse Hotline ..... 1-800-752-6200  
 Adoption Hotline ..... 1-800-432-9346  
 Adult Children of Alcoholics ..... (859) 313-5465  
 Adult Day Health Program, Woodford County ..... (859) 873-6871  
 Adult Protective Services of the Commonwealth ..... (859) 245-5414  
 AIDS Info - CDC National HIV/AIDS Hotline ..... 1-800-342-2437  
 AIDS Testing (anonymous) ..... (859) 288-2437  
 ANOL (AIDS Volunteers of Lexington) ..... (859) 225-3000  
 AIDS Hotline ..... 1-800-342-2437  
 Al-Anon ..... (859) 277-1877  
 Alcoholics Anonymous ..... (859) 225-1212  
 ALS Association, Kentucky chapter ..... 1-800-467-8019  
 ALS Association, Kentucky chapter ..... (859) 294-0223, 1-800-406-7702  
 Alzheimer's Association ..... 1-800-272-3900  
 American Assn. for Retired Persons ..... 1-800-424-3410  
 American Cancer Society ..... (859) 276-3223  
 American Civil Liberties Union of Ky ..... 1-800-227-2345  
 American Diabetes Assoc. ..... (502) 581-1181  
 American Diabetes Assoc. ..... 1-800-232-3472  
 American Heart Association ..... (859) 278-1632  
 Amnesty International ..... (859) 873-7933  
 American Lung Association ..... 1-800-266-3789  
 American Red Cross ..... (859) 276-4344  
 A-O-K Helpline ..... 1-800-200-3633  
 ARC of the Bluegrass ..... (859) 233-1483  
 Arson Hotline ..... 1-800-272-7765  
 Ask-Adoption Support of Kentucky ..... (859) 278-4991  
 Asn. for Children for Enforcement of Support ..... (859) 255-2374  
 Autism Society of the Bluegrass ..... (859) 278-4991  
 Better Business Bureau (859) 259-1008  
 Big Brothers/Big Sisters ..... (859) 231-8181  
 Birthright ..... (859) 277-2635  
 Bluegrass Animal Welfare League ..... (859) 494-6728  
 Bluegrass Center for Gift Education ..... (859) 277-2700  
 ..... 1-800-876-6005, Ext. 401
- Bluegrass Council of the Blind ..... (859) 259-1834  
 Bluegrass First Steps ..... (859) 271-9448  
 Bluegrass Literacy ..... 1-800-454-2764  
 Bluegrass Parents of Twins and Multiples Club ..... (859) 299-9982  
 Bluegrass Shih-tzu Rescue ..... (859) 223-3008  
 Bluegrass Technology Center ..... (859) 806-6111  
 Bluegrass Technology Center ..... (859) 294-4343  
 Brain Injury Association of Ky ..... 1-800-592-1117, (859) 254-5701, Ext. 5305  
 Breastfeeding Questions ..... (859) 288-2348  
 Brenda D. Cowan Coalition for Kentucky Inc. ..... (859) 276-4457  
 National Cancer Institute's Cancer Information Service ..... 1-800-422-6237  
 Cancer Support Network ..... (859) 278-2734  
 Catholic Social Service ..... (859) 253-1993  
 Center for Creative Living, Senior Day Health Care ..... (859) 277-3855  
 ..... (859) 278-6072, Ext. 318  
 Center for Women, Children and Families ..... (859) 259-1974  
 Central Baptist Lifeline ..... (859) 260-6217  
 ..... 1-800-891-7475  
 Central Ky. Boer Rescue Inc. ..... (859) 319-1531  
 Central Ky. Cancer Program ..... (859) 239-2527  
 Central Ky. Lawyer Referral Service ..... (859) 225-8644  
 Central Ky. Legal Services ..... (859) 233-4556  
 Central Ky. Radio Eye ..... (859) 257-2702  
 Child Abuse Hotline ..... (859) 246-2282  
 Child Care Council ..... 1-800-809-7076  
 Children's Advocacy Center ..... (859) 225-5457  
 Christian Library and Resource Center of Lexington ..... (859) 277-0779  
 Chronic Fatigue Syndrome Support Group ..... (859) 313-5465  
 Chrysalis House ..... (859) 255-0500  
 Citizens' Advocate ..... (859) 258-3230  
 CityLife Youth Foundation ..... (859) 226-9600  
 Cocaine Hotline ..... 1-800-262-2463  
 Commission for Children With Special Health Care Needs ..... (859) 252-3170  
 ..... 1-800-817-8374  
 Community Action Council ..... (859) 233-4600  
 Community Action Council's Internal Volunteer Program ..... (859) 233-4600, Ext. 1223
- Community Health Charities of Kentucky ..... (859) 276-0068  
 Compassionate Friends ..... (859) 797-2188  
 Consumer Credit Counseling Service ..... (859) 259-9999  
 Consumer Protection Hotline ..... 1-888-432-9257  
 Cooperative Extension Service ..... (859) 257-5582  
 Counseling Psychology Services ..... (859) 257-4159  
 Court-Appointed Special Advocate ..... (859) 253-1551, Ext. 330  
 CPR Training ..... (859) 253-1331  
 Crime Stoppers ..... (859) 253-2020  
 Crisis Intervention ..... (859) 233-0444  
 Democracy Resource Center ..... 1-800-647-0060  
 Depressed Anonymous ..... (606) 892-0204  
 Depression and Bipolar Support Alliance, Southland chapter ..... (859) 219-9451  
 Diabetes Hotline ..... 1-800-342-2383  
 Directions Disability Link ..... (859) 313-5455  
 Divorce Recovery Center at Immanuel Baptist Church ..... (859) 266-3174  
 Domestic Violence Helpline ..... (859) 233-4357  
 Domestic Violence Safety Planning and Court Monitoring ..... (859) 252-1771  
 Dream Factory ..... (859) 254-9474  
 Drug Information Service of Ky ..... 1-800-432-9337  
 Dumpster Hotline ..... (859) 263-2255  
 Emotions Anonymous ..... (859) 245-4633  
 Fair Housing Council ..... (859) 971-8067  
 Families Anonymous ..... (859) 265-2325  
 Family Center ..... (859) 257-7755  
 Family Counseling Service ..... (859) 233-0033  
 Find Kentucky Child Care ..... 1-877-316-3552  
 Florence Crittenton Home ..... (859) 252-8636  
 Foster Grandparent Program ..... (859) 233-4600, Ext. 1411  
 Foundation for Affordable Housing ..... (859) 228-3234  
 Fraternal Order of Firefighters ..... (859) 243-0351  
 Gamblers Anonymous ..... (859) 277-8236  
 Gay and Lesbian Service Organization ..... (859) 253-3233  
 Harris Psychological Services Center ..... (859) 252-2371  
 Health Dept. ..... (859) 252-2371  
 Herpes Support Group ..... (859) 255-0385  
 Homes for Greyhounds ..... (859) 623-6045  
 Hope Center ..... (859) 252-7891  
 Hope Hill Children's Home Foster Care Program ..... (859) 498-6230  
 Hospital of the Bluegrass ..... (859) 276-5344  
 Hospital Hospitality House ..... (859) 254-4998  
 Humane Society ..... (859) 233-0044  
 Human Rights Commission ..... (859) 252-4931  
 Huntington's Disease Society ..... (859) 278-5180  
 Independence Place ..... (859) 266-2807  
 Interfaith Samaritan Counseling ..... (859) 258-2060  
 International Hospitality Program ..... (859) 257-4067, Ext. 237  
 Ky. CPAs ..... 1-800-292-1754  
 Ky. Commission of Deal and Hard of Hearing ..... 1-800-372-2907  
 Ky. Department for the Blind ..... 1-877-592-5463  
 Ky. Division of Forestry ..... (502) 535-7741  
 Ky. Foster Care Collaborative ..... 1-888-798-9278  
 Ky. Home Health Association ..... (859) 268-2974  
 Ky. Housing Corp. ..... 1-800-633-8896  
 Ky. Learning Disabilities Association ..... (502) 473-1256  
 Ky. One Church One Child Adoption Agency ..... 1-800-248-8671  
 Ky. Oregon Donor Affiliates ..... (859) 278-3492  
 Ky. Physicians ..... 1-800-523-5456  
 Ky. Physicians Care ..... 1-800-633-8100  
 Ky. Relay Services for Deaf and Hearing Impaired ..... 1-800-648-6056 TDD  
 Kidney Foundation of Central Kentucky ..... (859) 271-8259  
 La Leche League, Lexington ..... (859) 523-2141  
 La Leche League, Georgetown ..... (502) 853-7481  
 La Leche League, Berea ..... (859) 965-2549  
 La Leche League, London ..... (506) 862-8158  
 Lawyer referral service ..... (859) 228-8644  
 League of Women Voters ..... (859) 335-8633  
 Legal Helpline for Older Kentuckians ..... 1-800-200-3633  
 Lex-Call ..... (859) 425-2255  
 Lexington Gan-Anon ..... (859) 277-8236  
 Lexington Habitat for Humanity ..... (859) 252-2224  
 Lexington Hearing & Speech Center ..... (859) 266-4545  
 Lexington Humane Society ..... (859) 233-0044  
 Lexington Rescue Mission ..... (859) 381-9600  
 Lexington Senior Citizens Center ..... (859) 278-6072
- Lupus Foundation of Kentuckiana ..... 1-800-558-0121  
 Man-to-Man (Prostate Cancer) ..... 1-800-227-2245  
 Meals on Wheels of Lexington Inc. ..... (859) 276-5391  
 Meditation Center of Ky. ..... (859) 246-2664  
 Mended Hearts ..... (859) 873-8796  
 Men's Network of the Bluegrass ..... (859) 276-1136  
 Metro Group Homes ..... (859) 252-3126  
 Morton Center ..... (859) 373-0077  
 Mothers of Preschoolers (MOPS) ..... (859) 272-3441  
 Multiple Sclerosis Support Group ..... 1-800-873-6367  
 Muscular Dystrophy Association ..... (859) 299-6760  
 Narcotics Anonymous ..... (859) 253-4673  
 Narconon ..... 1-800-556-8885  
 National Alliance on Mental Illness - Lexington ..... (859) 272-7891  
 National Kidney Foundation of Kentucky ..... 1-800-737-5433  
 New Beginnings, Bluegrass Inc. ..... (859) 245-2400  
 Nurse-Midwifery Locator ..... 1-888-643-9433  
 Nursing Home Ombudsman ..... (859) 277-9215  
 Operation Head ..... (859) 254-9964  
 Opportunities for Life ..... 1-800-822-5824  
 Osteogenesis Imperfecta Support Group ..... (859) 744-3679, 1-800-981-2663  
 Overeaters Anonymous ..... (859) 271-4655  
 Parents and Friends of Lesbians and Gays ..... (859) 266-3934  
 Parents Helpline ..... 1-800-244-5373  
 Parents Without Partners ..... (859) 278-4606  
 Parkinson's Support Group ..... (859) 278-2193, (859) 269-2446  
 Physicians referral service ..... 1-800-633-8100  
 Planned Parenthood ..... (859) 252-8494  
 Poison Control ..... 1-800-722-5725  
 Prevent Child Abuse Kentucky ..... (859) 225-8879  
 Primate Rescue Center ..... (859) 888-4866  
 Pregnancy Help Center ..... (859) 278-8469  
 Prevent Blindness America Ky. Division Pro Bone Program Inc. ..... (859) 255-7244  
 Prostate Cancer Support Group: Man to Man ..... (859) 276-3223, 1-800-227-2345  
 Rape Crisis Center ..... (859) 253-2511  
 REACH Inc. ..... (859) 258-3535  
 Renew: Center for Personal Recovery ..... (859) 986-7878  
 Renovation Station ..... (859) 254-6724
- Retired and Senior Volunteer Program ..... (859) 233-4600, Ext. 148  
 Right to Life of Central Kentucky ..... (859) 272-3922  
 Runaway Hotline ..... (859) 254-2501, 1-800-621-4000  
 SAFE KIDS Coalition ..... (859) 323-115  
 Safe Place ..... (859) 254-251  
 Salvation Army ..... (859) 252-770  
 SCORE (Service Corps of Retired Executives) ..... (859) 231-990  
 Senior Citizens Center, Jessamine ..... (859) 885-910  
 Senior Community Service Employment ..... (859) 277-397  
 Senior Companion Program ..... 1-800-456-665  
 Senior Winter Watch/Staff's Office ..... (859) 252-177  
 Sex Addicts Anonymous ..... (859) 576-635  
 Sharing and Caring Association for Sickle Cell Anemia ..... (859) 294-929  
 Social Security Administration ..... 1-800-772-1212  
 Special Olympics Kentucky ..... 1-800-633-740  
 Spouse Abuse Crisis Line ..... (859) 251-9808  
 Street Outreach Services ..... (859) 251-1051  
 Survivors of Suicide ..... (859) 276-5344, Ext. 25  
 Tenant Services ..... (859) 258-396  
 Time of Day ..... (859) 259-233  
 Tourette Syndrome Association Inc. ..... (859) 313-546  
 U.K. Legal Clinic ..... (859) 257-469  
 U.S. Secret Service ..... (859) 233-245  
 United Way of the Bluegrass ..... (859) 233-446  
 United Way 2-1-1 ..... (859) 313-546  
 Utility customer hotline ..... 1-800-777-4636  
 Veterans Outreach Center ..... (859) 251-0717  
 Vocational rehabilitation ..... (859) 241-2185  
 Volunteer Center ..... (859) 313-546  
 Volunteers of America ..... (859) 254-346  
 Wilmore-High Bridge Community Service Center ..... (859) 858-281

If you want your organization included in the Help Numbers, or if it's already listed and you need to correct the name or telephone number, send it to Mary Sondergard, 100 Midland Avenue, Lexington, Ky. 40508.



# Fayette County



## Resource Directory

Updated November 2007

## Abuse

### Lexington Fayette Urban County Government

(859) 258-3690

Department of Police-Family Abuse Section/Crimes against Children Team  
150 E. Main St.  
Lexington, KY 40507  
Hours: 8AM-PM

Services: crisis intervention & social services, abuse reports, cases involving runaway and missing children.

### Lexington Rape Crisis Center

(859) 253-2511

P.O. Box 1603  
Lexington, KY 40588

Services: 24-hour crisis line; crisis counseling; legal, medical & law enforcement info; support groups for women/men recovering from rape or child abuse; educational programs.

Fees: None

### Prevent Child Abuse Kentucky

(859) 225-8879

489 E. Main St. 3<sup>rd</sup> Floor  
Lexington, KY 40507

1-800-432-9251

Services: child abuse prevention, support groups, parenting classes, resource library advocacy, public education.

### Y.W.C.A Spouse Abuse Center

(859) 255-9808

P.O. Box 8028  
Lexington, KY 40533-8028

1-800-544-2022

Services: support to victims of domestic violence, shelter.

## Adoption

### Catholic Social Service Bureau

1310 W. Main St.  
Lexington, KY 40508

### Counseling

(859) 253-1993

### Emergency Services

(859) 253-3339

### Website

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

Hours: M-F 8:30-4:30pm & evening hours

Emergency Service Department: M,T& 9:30am-Noon & 1:00pm-4:00pm (Appointments only, No walk-ins)

Contact: Laurie Hainley and Nelda Jackson

Services: financial assistance with rent/utilities; toiletries, diapers, God's Pantry referrals, furniture referrals; pregnancy counseling program, support groups, adoption program; individual, couple, children, teen & family counseling.

Fees: Must meet eligibility requirements for financial assistance, sliding scale fee for counseling.

### Bluegrass Christian Adoption Services, INC.

(859) 276-2222

Doctors Park Suite 405  
1517 Nicholasville, Rd.  
Lexington, KY  
Hours: M-F 9-5pm

Services: Adoption, foster care, birth mother counseling.

Fees: None

**AIDS**

**AIDS Volunteer**  
263 N. Limestone Road  
Lexington, KY 40507  
Hours: M-F 9AM-5PM

(859) 225-3000

Services: services to people with HIV/AIDS, educational materials, legal referrals, training classes, support groups, transitional house assistance, preventative services.

**Clothing**

**First Baptist Church**  
548 W. Short St.  
Lexington, KY  
Hours: Sat. 1-2

(859) 252-4808

Services: free clothing bank, bilingual.

**Manchester Center**  
1026 Manchester St.  
Lexington, KY 40508  
Hours: M-F 10-2

(859) 255-1047

Services: **clothing bank**, preschool program, youth programs, community enrichment activities, God's Pantry referrals, diapers, case management.

**Salvation Army**  
736 W. Main St.  
Lexington, KY  
Contact: Cindi Kubar  
M-F 9-11, 1-3 (clothing bank)

(859) 252-7706

Services: Free **clothing bank** (eligible once per month), Food, shelter, daycare center, community recreation.

**Southland Christian Church**  
5001 Harrodsburg Rd  
Nicholasville, KY 40356  
Hours: Sat. 9-11

(859) 296-2620 Must call for appt.

Services: free clothing bank

**St. Peter Claver Church**  
410 Jefferson St.  
Lexington, KY  
Hours: Sat 7:30-1

(859) 252-4111

Services: clothing bank

**The Clothing Room**  
Elkhorn Baptist Church  
544 S. Upper Street  
Lexington, KY

(859) 254-7747

Monday & Wednesdays

Contact: Jerry Wikes & Sandra Williams

Services: clothing bank (eligible once every two months)

## **Counseling**

**Bluegrass Prevention Center**  
Division of Substance Abuse  
P.O. Box 13670  
Lexington, KY 40583

(859) 225-3296

Services: prevention & educational programs for all age groups related to alcohol, stress management, smoking & assertiveness.

**Bluegrass Regional Mental Health**  
1351 Newtown Pike  
Lexington, KY 40508

(859) 253-1686

Services: Assistance to individuals & families to support their emotional, mental & physical well-being by providing mental health & substance abuse services.

Fees: Varies

**Catholic Social Service Bureau**  
1310 W. Main St.  
Lexington, KY 40508  
Hours: M-F 8:30-4:30pm & evening hours  
Contact: Barbara Mulligan

**Counseling** (859) 253-1993  
**Emergency Services** (859) 253-3339  
**Website** [www.cdlex.org](http://www.cdlex.org)

Services: Financial assistance with rent/utilities, toiletries, dlapers, God's Pantry referrals, furniture referrals, **Pregnancy counseling program, parent and support groups, Adoption program and Individual, couple, children, teens and family counseling.**

Fees: Must meet eligibility requirements for financial assistance, **sliding scale fee for counseling.**

**Connections**  
3479 Buckhorn Dr. Suite #8  
Lexington, KY 40515

(859) 271-3812

Services: case management, residential program, adult day rehab, respite, rehab.

**Ridge Behavioral Health**  
3050 Rio Dosa Drive  
Lexington, KY 40509

(859) 269-2325

Services: 24-hours needs assessment & referral; in-and out-patient care; child & adolescent psychiatric help, addiction counseling, adult psychiatric programs; Outreach & other education programs.

**Center for Women, Children and Families**  
530 North Limestone  
Lexington, KY 40508  
Hours: M-F 7:30-6:00p.m.  
Director: Christine Nusser

(859) 259-1974

Services: The Nest; crisis & career counseling, workshops, information & referral, Family Work Ability & parenting classes.

**Consumer Credit Counseling Services**  
1011 S. Broadway  
Lexington, KY 40508  
Hours: 8:15AM-4:45PM

(859) 259-9999

Web: [www.cccservices.com](http://www.cccservices.com)

Services: teach children to follow budgets; Debt management program; Seminars are provided on budgeting solutions to credit problems



**Jesse Harris Jr. Psychology Services Center**

**(859) 257-6853**

644 Maxwellton Ct.  
Lexington, KY 40508  
Hours: 10-9pm

Services: Therapy services and testing

**Jewish Family Services**

**(859) 269-8244**

340 Romany Rd.  
Lexington, KY 40502  
Contact: Fran Morris

Services: Counseling, case management, information and referral; Family life education; Community outreach services; Assessment and evaluation services for the elderly, disabled and homebound.

Fees: Free

**Family Counseling Services**

**(859) 233-0033**

535 West Second St. Suite 205  
Lexington, KY 40508

Services: Counseling to individuals, families, and couples

Fees: Sliding Scale

**Hospice of Bluegrass**

**(859) 276-5344**

2312 Alexandria Drive  
Lexington, KY 40504  
Hours: 8:30AM-5PM & evening hours

Services: Counseling, home care for terminally ill patients.

**Marlowe Counseling Services**

**(502) 863-0105**

145 Greenwing Ct  
Georgetown, KY 40524

Services: Counseling for personal and critical issues; workshops; seminars, newsletters.

**University of Kentucky Counseling Psychology Services**

**(859) 323-6102**

251 Dickey Hall  
Lexington, KY 40509

**(859) 323-5901** emergency #

Services: Individual, Adult, children and group counseling

Fees: Sliding Scale

**The Family Classroom-Deborah Keys**

**(859) 263-0661**

728 Maple Ridge Lane  
Lexington, KY 40509

Services: Family and adolescent therapy; Parent/teen classes and groups

Fees: Sliding Scale

**University of Kentucky Family Center**

**(859) 257-7755**

316 Funkhouser Building  
Lexington, KY 40506-0054

Services: Marriage and family therapy

Fees: Sliding Scale

**Comprehensive Care Center**

**(859) 225-7147**

Services: Counseling Hotline

**Disaster**

**American Red Cross**

**(859) 253-1331**

1450 Newtown Pike  
Lexington, KY 40511

Services: Disaster Services; CPR classes; Health/Safety; First Aid; HIV/AIDS; Wheels; Carrier Alert; Hello Daily; Armed Forces Emergency Services and Veterans  
Fees: Varies

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**Salvation Army**  
736 W. Main St.  
Lexington, KY  
Contact: Cindi Kubar

(859) 252-7706

Services: Free; clothing bank, food, diapers, shelter, travel assistance, daycare center, community recreation, **Disaster Services**, Emergency Travel Assistance, Seasonal assistance, Case management and referral.

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**EDUCATION/EMPLOYMENT**

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**Bluegrass Career Services**  
1165 Centre Pkwy Suite 120  
Lexington, KY 40517

(859) 272-4855

Services: Helps people who have job barriers to obtain suitable employment.

**Central Kentucky Technical College**  
308 Vo-Tech Road  
Lexington, KY 40511  
Hours: 8am.-10p.m.

(859) 246-2400

Services: ABE/GED testing site, Post-secondary education, Courses offered in Building and Trades, Business and Office, Health and Personal Services, Home Economics, Industrial Trades and Distributive Education & Evening program.

Fees: Varies

**Employment Solutions**  
1165 Centre Pkwy  
Lexington, KY 40517  
Director: Aaron Cox

(859) 971-1306

Services: Evaluation; assessment/job placement; Bluegrass Career Services; Vocational Rehab Center; Fresh Approach; Sheltered Workshops

**Goodwill Temporary Services, Inc**  
577 West Main St.  
Lexington, KY 40507  
Hours: 8AM-5PM

(859) 225-6575

Services: Employment agency, professional placement and temporary employment.

**Mayor's Training Center**  
1055 Industry Rd.  
Lexington, KY 40507

(859) 258-3140

Services: Teen partnership program and Part/full-time employment.

**Operation Read**  
251 W. Second St.  
Lexington, KY 40507  
Hours: M-F 9AM-5PM  
Director: Virginia Graves

(859) 254-9964

Services: Assist illiterate or semi-literate adults in acquiring reading/writing skills, ESL program; workshops and tutoring.

**Opportunity Workshop of Lexington, Inc. (OWL)**  
650 Kennedy Road  
Lexington, KY 40511  
Hours: 8AM-4:30PM

(859) 254-0576

Services: Job placement assistance; Vocational Evaluation and work conditioning

## Financial Assistance

### Adult Services

(859) 258-3810

130 N. Broadway  
Lexington, KY 40507

Contact: Mareth Birmingham

Services: Financial assistance with rent/utilities, burial, sewer and sidewalk replacement, Information/Referral, Protective Services, Short-term counseling, Liaison and Advocacy

Fees: Call for eligibility requirements.

### Black Church Coalition of the Bluegrass

(859) 254-9252

961 Saint Martin Ave.  
Lexington, KY 40511

Fax: (859) 254-2343

Contact: William Smith

Services: Financial assistance with rent/utilities, housing, medication and transportation

Fees: None, *but referral must be made by a Social Worker*

### Catholic Social Service Bureau

1310 W. Main St.  
Lexington, KY 40508

Hours: M-F 8:30-4:30pm & evening hours

### Counseling

(859) 253-1993

Emergency Services  
Website

(859) 253-3339

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

*Out of Funding*

Services: Financial assistance with rent/utilities, toiletries, diapers, God's Pantry referrals, furniture referrals, Pregnancy counseling program, parent and support groups, Adoption program, Individual, couple, children, teens and family counseling

Fees: Must meet eligibility requirements for financial assistance, sliding scale fee for counseling

### Christians in Community Service

(859) 269-6772

299 Colony Blvd.  
Lexington, KY 40502-2322  
Contact: Debbie Goonan

Services: Financial assistance with rent/utilities, phone, bus tickets, medication, Furniture, Food vouchers, Holiday sponsors for Christmas and Thanksgiving.

Fees: None, *but must be referred by a Social Worker*

### Community Action Council

859) 233-4600

913 Georgetown St.  
Lexington, KY 40511  
Hours: M-F 8:30am-6:00pm

Services: Financial assistance with rent/utilities, God's Pantry referrals, clothing, housing, case management, education, training and employment, weatherization, transportation services, special services for Head Start Eligible children.

### Cross Ministries-Outreach Program

(859) 254-4497

Christ Church Cathedral  
166 Market St.  
Lexington, KY 40508  
Hours: Monday and Thursday 10:00am-Noon

Services: Emergency assistance with rent/utilities.

Fees: None

*Maxwell Street Church  
233-0723*

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**Southland Christian Church**

Helping Through Him

5001 Harrodsburg Rd., Nicholasville, KY 40356

Hours: Monday-Friday 10:00am-2:00pm, Saturday 9:00am-11:30am by appointment only.

Services: Financial assistance with rent/utilities, clothing, furniture, appliances, household items, linens, God's Pantry referrals

**(859) 296-2620****(859) 224-1658**

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**Tenant Services**

258 Clark St.

Lexington, KY 40507

Contact: Shirlyne Mosley

**(859) 258-3960****Services:**

- Rent/utility assistance
- Housing counseling
- Service Referrals

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**Food****Consolidated Baptist Church**

1625 Russell Cave Road

Lexington, KY 40505

859-299-8559

**Services:**

- Free Lunch on Wednesday from 11:00am-1:00pm

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**God's Pantry**

1685 Jaggie Fox Way

Lexington, KY 40511-1084

Director: Marian Blanchard

**Services:**

- Emergency food pantry, Must have a referral from agency

Fees: None

**Phone (859) 255-6592****Fax: (859) 254-6330****Web: [www.godspantry.org](http://www.godspantry.org)**

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**Main Street Baptist Church**

582 W. Main St.

Lexington, KY

859-252-3838

**Services:**

- Free meals served on Tuesday/Friday from 10:30am-12:30pm

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**St. Paul Catholic Church**

501 W. Short St.

Lexington, KY

Contact: Maryann

**Services:**

- Free sandwiches Monday-Friday 12-12:30p.m.

**(859) 252-0738**

## Furniture

### Christians in Community Service

(859) 269-6772

299 Colony Blvd.  
Lexington, KY 40502-2322  
Contact: Jeane Thornhill

#### Services:

- Financial assistance with rent/utilities, phone, bus tickets, medication
- Furniture
- Food vouchers
- Holiday sponsors for Christmas and Thanksgiving

Fees: None, but must be referred by a Social Worker

### Goodwill Industries

(859) 223-4550

3130 Clays Mill Rd.  
Lexington, KY  
Hours: M-Th 9-8pm, F-S 9-9pm, Sun. 12-6pm

#### Services:

- Clothing, shoes, furniture, books, toys, etc..

### Southland Christian Church

(859) 296-2620

Helping Through Him

(859) 224-1658

5001 Harrodsburg Rd., Nicholasville, KY 40356

Hours: Monday-Friday 10:00am-2:00pm, Saturday 9:00am-11:30am by appointment only.

#### Services:

- Financial assistance with rent/utilities
- clothing
- furniture
- appliances
- household items
- linens
- God's Pantry referrals

## Health

### Faith Pharmacy

(859) 255-1074

180 East Maxwell St.

Fax: (859) 243-0887

Lexington, KY

Web: [www.faithpharmacy.com](http://www.faithpharmacy.com)

Hours: Saturday 9:00a.m.-Noon

Director: Clif Cason

#### Services:

- Short term medical assistance program
- Medications (No narcotics or controlled substance available)

Fees: None, but patients must not be on a prescription plan or have health insurance. They must have a referral from a professional

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**Lexington Fayette Co. Health Department****(859) 252-2371**

650 Newtown Pike

Lexington, KY 40508

Hours: M-F 8:00-4:30, W 12:30-7:00

## Services:

- Health and medical care
- Immunizations
- STD and AIDS counseling
- TB
- Dental
- Car Maternity WIC
- Lead Nutrition
- Lion's Club Health Education Program
- School Health Planning
- Rabies control program

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**Nathaniel United Mission Health Clinic****(859) 255-0062**

616 DeRoode Street

P.O. Box 31

Lexington, KY 40508

## Services:

- Health care
- Immunizations and checkups for children
- Counseling and referral for pregnancy
- Follow-up care for chronic diseases-diabetes, hypertension, WIC

Fees: Call, Residents for Davistown, Irishtown, Davis Bottom and Eagle Heights

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**YMCA Central Kentucky****(859) 254-9622**

239 East High St.

Lexington, KY 40507

## Services:

- Full residency, transient and permanent
- Health enhancement facility
- Swimming, Basketball, Racquetball
- Swimming Lesson and fitness classes

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**Housing****Catholic Action Center**400 E. 5<sup>th</sup> St.

Lexington, KY 40588

Hours 9:00am-5:00pm

## Services:

- Housing
- Assistance
- Food
- Clothing/Laundry
- Mass/Discussion
- Brown Bag Theology
- Narcotics Anonymous
- Service Opportunities

Fees: None

Fax (859) 255-0301

Fax (859) 254-3201

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**Chrysalis House****(859) 255-0500**

120 Bassett Ct.

Lexington, KY 40508

Director: Ginny Vicini

## Services:

- Life skills training
- Vocational rehabilitation
- Group and individual counseling
- Six to nine month long treatment program

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**Lexington-Fayette Urban County Housing Authority**  
300 W. New Circle Rd.  
Lexington, KY 40505  
Hours: M-F 8:00-4:30pm, Wednesday 8:00-6:00pm

**Fax: (859) 281-5060**  
**(859) 281-5055**

Services:

- Section 8 housing
- Public Housing
- Home Ownership
- List of low/moderate income rental properties

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**Lexington Habitat for Humanity**  
1260 Industry Road  
Lexington, KY 40505  
Contact: Jenny Dobbs

**(859) 252-2224**

Services:

- Build homes in partnership, based on income and need.

**Maxwell Street Presbyterian Church**  
180 East Maxwell Street  
Lexington, KY 40508  
Contact: Shelli Johnson Gregory

**(859) 255-1074**

Services:

- Housing Ministries
- Urban Work Camp
- Nursery School and Early Care Center
- STAIR Tutoring Program
- Rehab Ministry
- ESL
- Toiletries
- Maxwell Street Legal Clinic

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**Shepherd's House**  
154 Bonnie Brae  
Lexington, KY 40508

**(859) 252-1939**

Services:

- 24 Hour halfway house for chemically dependent men
- Individual group and family counseling
- Life skills education

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**Volunteers of America**  
1400 N. Forbes Rd. Suite D  
Lexington, KY 40511

**(859) 254-3469**

Hours: M-F 8:30am-5:00pm

Director: Claudia Blaylock/Jeff Roback

Services:

- Emergency and transitional housing programs

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**Virginia Place**  
1156 Horseman's Ln.  
Lexington, KY 40504

**(859) 252-4828**

Services:

- Single parents with children enrolled in a post secondary education program
- Health and mental health services
- Child care
- Skill development workshops

## Information/Referral

### First Link of the Bluegrass

(859) 313-5465

2480 Fortune Dr.  
Lexington, KY 40503  
Hours: 8:30am-4:30pm

#### Services:

- Information and Referral service that links people to social services
- Volunteer Center/Volunteer Leadership Development Program
- Directions Disability Link-disability resource referrals
- Fayette County holiday coordination
- Newsletter
- Food Referrals

Fees: None

### Kentucky Resource Directory

(502) 564-1864

The Carriage House at Berry Hill  
700 Louisville Road  
Frankfort, KY 40601

<http://resourcedirectory.state.ky.us>

#### Services:

- Quick and easy internet access to health, human, employment, and other needed services
- Informational pages for services providers, small towns, elected officials and others
- E-mail and Web addresses for easy appointment, referral and resource information
- Service fees and hours of operation of providers
- Detailed description of services and facilities that are handicap accessible
- User may view and print maps to the resource location.

### Resource Office for Social Ministries

(859) 245-7765

1165 Centre Pkwy Suite 180  
Lexington, KY 40508  
Hours: M-F 8:30-4:30pm  
Contact: Jan Sparrow

E-mail [rosmlady@aol.com](mailto:rosmlady@aol.com)

#### Services:

- Updates and records assistance given to clients by churches/agencies
- Links religious organizations together to meet larger needs that few churches can handle alone
- Provides an accurate profile of assistance and minimizes duplication of services in community

Fees: None

### Catholic Social Service Bureau

1310 W. Main St.  
Lexington, KY 40508

Hours: M-F 8:30-4:30pm & evening hours

Emergency Service Department: M,T& 9:30am-Noon & 1:00pm-4:00pm (Appointments only, No walk-ins)

Contact: Laurie Hainley and Nelda Jackson

Services: financial assistance with rent/utilities; toiletries, diapers, God's Pantry referrals, furniture referrals; pregnancy counseling program, support groups, adoption program; individual, couple, children, teen & family counseling.

### Counseling

Emergency Services  
Website

(859) 253-1993

(859) 253-3339

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

Fees: Must meet eligibility requirements for financial assistance, sliding scale fee for counseling.



## Legal Advocacy

Better Business Bureau of Central & Eastern Kentucky, Inc.

(859) 259-1008

Services:

- Automotive arbitration auto line
- Free education and information for consumers, businesses, charities
- Advertising review
- Business reliability report and complaint conciliation

Central Kentucky Legal Services Inc.

(859) 233-4556

498 Georgetown St./P.O. Box 12947

Lexington, KY 40583

Services:

- Free legal services on civil matters to people who cannot afford a private lawyer.

Maxwell Street Legal Clinic

(859) 233-3840

## Pregnancy/Parenting

AA Pregnancy Help Center

(859) 278-8469

1517 Nicholasville Rd.

Lexington, KY

Hours: M-F 9am-5pm, Sat. 9am-1pm

Services:

- Free pregnancy test
- Pre/post-natal guidance/education
- Abortion alternatives
- Child birth classes
- Maternity/baby clothes, baby equipment

Fees: None

Baby Health Service

(859) 278-1781

1590 Harrodsburg Rd.

Lexington, KY 40504

Hours: 8-3:30pm

Services:

- Sick and well baby clinic
- Immunizations for children under 13 years of age
- Follow-up visits

Birthright of Lexington

(859) 277-2635

2134 Nicholasville Rd. Suite 6

(800) 848-LOVE

Lexington, KY 40503

Hours: M-F 10-4pm, changes weekly

Services:

- Pregnancy assistance and support program
- Free pregnancy test
- Maternity and baby clothing
- Crisis hotline 8am-8pm

Fees: None

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**Catholic Social Service Bureau**

1310 W. Main St.  
Lexington, KY 40508

Hours: M-F 8:30-4:30pm & evening hours

Emergency Service Department: Monday, Tuesday and Thursday 9:30am-Noon and 1:00pm-4:00pm,

Appointments only, No walk-ins.

Contact: Laurie Hainley and Nelda Jackson

Services:

- Financial assistance with rent/utilities
- Toiletries, diapers, God's Pantry referrals, furniture referrals
- Pregnancy counseling program, parent and support groups
- Adoption program
- Individual, couple, children, teens and family counseling

Fees: Must meet eligibility requirements for financial assistance, sliding scale fee for counseling

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**Center for Women, Children and Families**

(859) 259-1974

530 North Limestone

Lexington, KY 40508

Hours: M-F 7:30-6:00p.m.

Services:

- The Nest
- Crisis and career counseling
- Workshops
- Information and referral
- Family Work Ability and Parenting classes

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**Child Care Council of Kentucky, Inc.**

(859) 254-9176

1460 Newtown Pike Suite 101

Lexington, KY 40504

Services:

- Child care resources and referral information
- Child care training for providers
- Service agent for the state child care assistance program

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**Family Care Center**

(859) 288-4053

1135 Red Mile Place

Lexington, KY 40504

Services:

- Adult education for mothers ages 16-24 with child care on site
- Pediatric health clinic
- Child care ages 6 weeks-kindergarten

Fees: None

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**Florence Crittenton Home**

(859) 252-8636

519 West 4<sup>th</sup> St.

Email: [flocrit@hotmail.com](mailto:flocrit@hotmail.com)

Lexington, KY 40508

Services:

- Shelter for women/pregnant
- Maternity education
- Mother Baby
- Non-Residential School Program

Fees: None

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**Home Network**  
1135 Red Mile Place  
Lexington, KY 40504  
Services:

(859) 288-4040

- Reaches out to all families prenatal or at the time of birth and offer services based on strengths and needs.

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**Lexington Planned Parenthood**  
508 W. 2<sup>nd</sup> St.  
Lexington, KY 40508  
Services:

(859) 252-8494

- Pregnancy test, counseling, education, exams, information
- Fees: Based on income

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**PRIDE Program for Women**  
869 Sparta Ct.  
Lexington, KY  
Services:

(859) 425-1210

- Out patient substance abuse treatment/education for pregnant women case management, group therapy and parenting skills.
  - Children up to 2 years of age
- Fees: Sliding Scale

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**Resource Mothers Program**  
Health Department  
650 Newtown Pike  
Lexington, KY 40508  
Services:

(859) 252-2371

- Comprehensive program to provide innovative ways to meet needs of pregnant and parenting teens.

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**Step by Step**  
550 Georgetown St.  
Lexington, KY 40508  
Services:

(859) 258-7837

- Support
- and guidance to unwed women
- Monthly activities
- Workshops
- Child care and transportation provided

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**Virginia Place**  
1156 Horseman Ln.  
Lexington, KY 40504

(859) 252-4828

Services:

- Educational programs to make one-parent families become self-sufficient
- Housing
- Child care
- Health
- Counseling

## Shelter

**Hope Center**  
360 West Loudon Ave.  
Lexington, KY 40508  
Hours: 24 hours/7days  
Director: Cecil Dunn

(859) 252-7881

Services:

- Emergency shelter for men
- Meals
- Detoxification unit
- Health clinic
- Recovery program
- Hope Mobile
- Hispanic services
- Employment counseling
- Social services
- Mental health unit

**Florence Crittenton Home**  
519 West 4<sup>th</sup> St.  
Lexington, KY 40508

(859) 252-8636

Email: [flocrit@hotmail.com](mailto:flocrit@hotmail.com)

Services:

- Shelter for pregnant women
- Maternity education
- Mother Baby
- Non-Residential School Program

**Mash Drop in**  
536 W. 3<sup>rd</sup> St.  
Lexington, KY 40508

(859) 254-2501

Services:

- Temporary shelter for children ages 11-17 who are experiencing family problems such as abuse, neglect, etc.
- Individual, family and group counseling
- 24 hour hot line, telephone counseling
- Youth advocacy and teen education
- Recreational activities
- Daily Transportation to school and appointments

Fees: None

**Salvation Army**  
736 W. Main St.  
Lexington, KY  
Contact: Cindi Kubar

(859) 252-7706

Services:

- Free clothing bank, (eligible once per month) M-F 9-11, 1-3
- Food
- Shelter
- Travel Assistance
- Daycare center
- Community recreation

## Social Services

**Bluegrass Impact Program**  
570 East Main St.  
Lexington, KY 40508

(859) 254-3106

Services:

- Case Management for families/children
- Assessments
- School Support
- Crisis outreach
- In-home services

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**Commonwealth of Kentucky- Cabinet for Families and Children (859) 246-2085**

**Department of Community Based Services**

2050 Creative Dr.  
Lexington, KY 40505  
Hours: M-F 8AM-4:30PM

**Services:**

- Department of Social Insurance
  - Department of Social Services
  - Child Support Enforcement
- 

**Department of Social Insurance**

**(859) 246-2516**

- K-TAP, child care assistance, car repair, relocation
  - Food stamps
  - Kentucky Works Program
  - Medicaid
- 

**Thrift Stores**

**Goodwill Industries**

1441 Leestown Rd.                      3130 Clays Mill Rd  
Lexington, KY 40508                      Lexington, KY

**(859) 233-0222 Leestown  
(859) 223-4550 Clays Mill**

Hours: M-S 9:00am-8:00pm, Sunday 12:00pm-6:00pm

Services: clothing, shoes, furniture, books, toys. Etc.

---

**Once Upon a Child**

**(859)**

Zandale Shopping Center  
Lexington, KY

Hours: M-S 10-8pm, Sun. 1-5pm

Services: baby & children's clothing, furniture and will purchase gently used items.

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**Salvation Army Thrift Store**

**(859) 255-5791**

228 New Circle Rd., NE  
Lexington, KY

Hours: M-S 9-9pm

Services: clothing, beds, appliances, toys, furniture, shoes, etc.

---

**Unique Shop**

**(859) 233-3410**

1020 Industry Rd. Suite 38  
Lexington, KY

Hours: Mon-Sat 10-5pm

Services: consignment clothing

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**The Helping Hand**

**(859) 389-8480**

1301 Winchester Rd.  
Lexington, KY

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**Renovation Station**

**(859) 254-6724**

1260 Industry Rd.  
Lexington, KY

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**Encore Shop**

**(859) 259-0767**

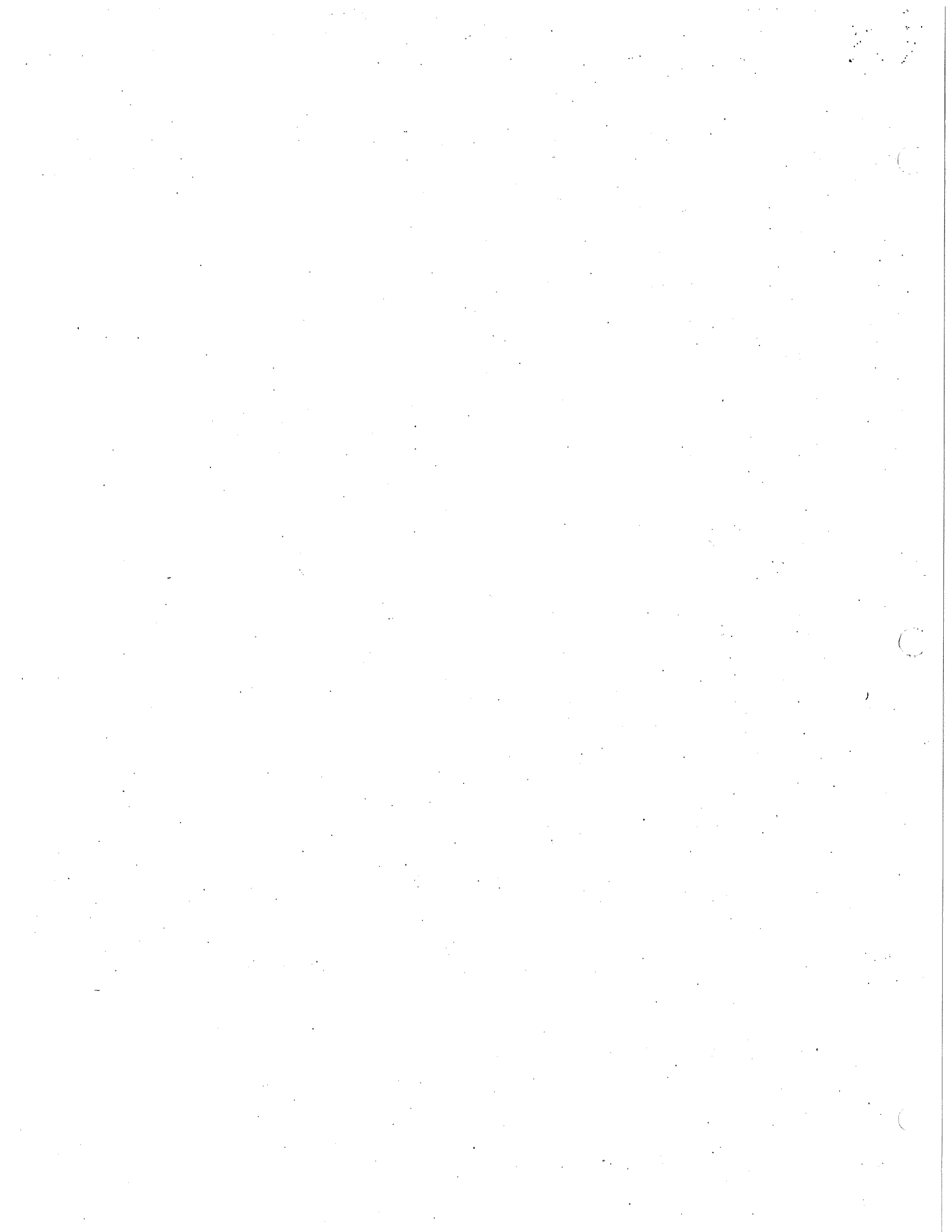
1234 Versailles Rd.  
Lexington, KY

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**Transportation**

Federated Transportation of the Bluegrass

859-258-2772 Assist with non-emergency medical transportation for Medicaid recipients.



# HOW TO RIDE LEXTRAN



lextranonthe move.org

**LEXTRAN**  
on the **move**  
to improve

CALL:  
859-253-INFO

lextranonthe move.org

**KNOW THE FARE** — the basic LexTran fare is \$1 per ride (transfers are no charge) and you can use \$1 tokens instead of cash if you wish.

HOWEVER, there are a number of discounts and passes available that can bring the cost down to just a few cents per ride. Students, seniors, persons with disabilities, and children all qualify for lower fares, and there are a number of passes that are very economical:

- 30-day unlimited pass (adults) \$30.00
- Seniors/Persons w/Disabilities, 30-day unlimited pass \$1.5 (must have LexTran ID card or Medicare card)
- 20-day punch pass \$1.5
- Youth, 30-day Pass \$20
- Class Pass (Proof of enrollment required - \$50 term or \$75/school year)

Passes require an ID, so have one with you to purchase the pass and to ride.

Passes and tokens may be purchased during business hours at the Transit Center on Vine Street between Limestone & Rose or at LexTran's offices at 109 W. Loudon Ave.







Riding a **LEXTRAN** bus may seem like a simple thing to do, and the fact is, it IS a simple thing to do.

After all, thousands and thousands of people do it every day, and you certainly can do it, too.

**SO...** if you have never done it (and want to know how!), just follow the very easy step-by-step directions that follow. If you already know how to ride **LEXTRAN**, we appreciate your business (and you can stop reading now).



**GET A MAP** – the LexTran Ride Guide (route map) is easy to understand, and will tell you about all the routes through Lexington. Ride Guides are available at all of the following locations:

- Downtown Transit Center, on Vine Street between Limestone & Rose
- LexTran Offices, 109 West Loudon Avenue
- Any Public Library branch, and at many other locations around the city (call 253-1INFO for one near you)
- Online at [www.lextranonthemove.org](http://www.lextranonthemove.org)



**FIND WHERE YOU ARE** – Use the Ride Guide to find the LexTran stop nearest to where you are, and what time to expect a LexTran bus.

**Note:** LexTran buses can only pick up passengers at official bus stops. When you see a bus, determine if it is the correct one by reading its route number and destination on the front or beside the door.



**FIND WHERE YOU WANT TO GO** – Trace the route on your LexTran Ride Guide from where you are to where you want to go. If you have to transfer (change from one route to another), tell the driver as you board the first bus. About two blocks before your destination, pull the bell cord above the window or press the rubber strip between the windows to signal the driver. Allow the bus to come to a complete stop before you stand to exit – and always exit through the rear door.



**BICYCLES & WHEELCHAIRS** – Both are always welcome on LexTran. There is a bicycle rack on the front of each bus, just stow the bike & come aboard. LexTran buses are wheelchair accessible, and wheelchairs will be secured by the driver before the bus rolls.



**BASIC ETIQUETTE** – When you ride LexTran, you are a part of a commuter community, and every passenger can affect the experience of that whole group, so keep a few basic courtesies in mind:

- Have correct change or a token, or a pass; drivers cannot make change
- Seats near the front should be available for seniors and riders with disabilities
- Fold & stow strollers
- No smoking, eating or drinking
- No alcohol
- No pets (service animals are welcome)
- No radios except with headphones
- Always exit via the rear door



**PARATRANSIT SERVICE** – The American Red Cross® Wheels program provides all paratransit services for LexTran. Please call 233-3433 for an application and details.





Additional information regarding federal and state financial aid opportunities can be found on these websites.

- ◆ [www.fafsa.ed.gov](http://www.fafsa.ed.gov)
- ◆ [www.studentaid.ed.gov](http://www.studentaid.ed.gov)
- ◆ [www.gohigherky.org](http://www.gohigherky.org)
- ◆ [www.ftc.gov/bcp/online/edcams/scholarship](http://www.ftc.gov/bcp/online/edcams/scholarship)

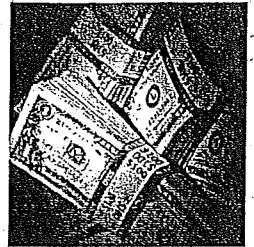
Use the information provided to help you locate scholarship opportunities.

- ◆ [www.bluegrass.kctcs.edu](http://www.bluegrass.kctcs.edu)
- ◆ [www.kheaa.com](http://www.kheaa.com)
- ◆ [www.fastweb.com](http://www.fastweb.com)
- ◆ [www.collegeboard.com](http://www.collegeboard.com)

Check out your local community including churches, banks and credit unions, companies and even your high school!

### THINGS TO REMEMBER

- ◆ Apply early
- ◆ You must reapply for financial aid each year.
- ◆ Keep copies of all documents you submit.
- ◆ Respond promptly to all requests for more information.
- ◆ Avoid common mistakes that can delay your awards; such as providing incomplete or inaccurate information or not submitting all required documents.



## Financial Aid Office

### Office Locations:

- Cooper Campus: 121 Oswald Bldg
- Leestown Campus: One Stop Bldg C
- Danville Campus:\* Room 103D
- Lawrenceburg Campus:\* Room 108
- Winchester Campus:\* Room 204 A

\*Limited office hours

### Mailing Address:

Financial Aid Office  
164 Opportunity Way / 112 C  
Lexington, KY 40511

Phone: 859-246-6300

Fax: 859-246-6783

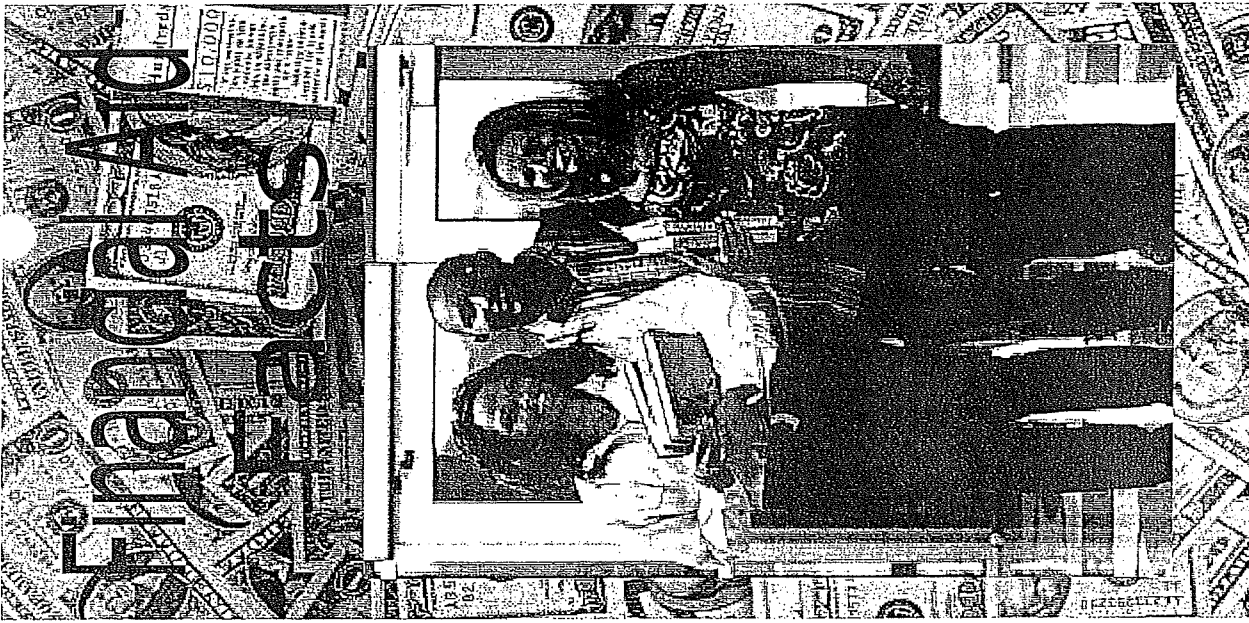
[www.bluegrass.kctcs.edu/sa/financialaid/](http://www.bluegrass.kctcs.edu/sa/financialaid/)



**Bluegrass**  
Community & Technical College  
HIGHER EDUCATION BEGINS HERE

**College Accreditation**  
Bluegrass Community and Technical College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia 30033-4097; telephone 404-679-4501) to award associate degrees.

BCTC is an equal opportunity institution.



**Bluegrass**

Community & Technical College  
HIGHER EDUCATION BEGINS HERE

KENTUCKY COMMUNITY & TECHNICAL COLLEGE SYSTEM

Students attending Bluegrass Community & Technical College have a variety of grant, loan and scholarship options. If you need help with funding your education, assistance may be available through a variety of federal and state government programs as well as private agencies. Eligibility for financial aid is based on federal, state and institutional requirements. Students wanting to apply for financial aid must complete the Free Application for Federal Student Aid (FAFSA). You may complete the FAFSA online at [www.FAFSA.ed.gov](http://www.FAFSA.ed.gov). For additional information you may speak with a Financial Aid Representative.

## WHAT ARE THE ELIGIBILITY REQUIREMENTS? Federal and State Requirements

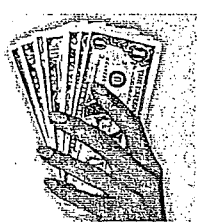
- ◆ Have a financial need
- ◆ Have a high school diploma or GED
- ◆ Be enrolled at least half-time in an eligible program
- ◆ Be a U.S. citizen or eligible non-citizen
- ◆ Registered with Selective Service (if required)
- ◆ Have a Social Security Number

## Institutional Requirements

### Satisfactory Academic Progress (SAP)

- Students are required to make measurable progress towards the completion of an eligible program in order to receive financial aid.
- (1) Students are required to complete 67% of the credit hours attempted.
  - (2) Students will be expected to maintain the minimum 2.0 grade point average
  - (3) Students are expected to complete their program within a Maximum Time Frame (MTF) of 150% of the required number of credit hours to graduate.

**Return of Title IV (R2T4)**  
Federal regulations regarding repayment of Federal Financial Aid determine the formula for calculating the amount of aid a student and school may retain when a student totally withdraws from classes. Students who withdraw from all their classes prior to completing more than 60% of the semester will have their financial aid recalculated.



## WHAT FINANCIAL AID PROGRAMS ARE AVAILABLE AT BCTC?

The following programs are available:  
**Grant Programs**—Grants are a form of “gift aid” and typically do not have to be repaid. Grants offered at BCTC are federal and state funded.

- ◆ Federal Pell award amount up to \$4,731
- ◆ Federal SEOG award amount up to \$400
- ◆ Academic Competitiveness Grant (ACG) 1st year students \$750, 2nd year students \$1,300
- ◆ College Access Program Grant (CAP) award amount up to \$1,900

**Loan programs**—Loans are a form of “self help” aid and must be repaid. Loan programs offered at BCTC are federally funded.

Award amounts are as follows:

Freshman	\$3,500 plus \$2,000 unsubsidized*
Sophomore	\$4,500 plus \$2,000 unsubsidized*

\*Independent students may borrow up to an additional \$4,000 in unsubsidized loans.

**Federal PLUS Loan** is a non need based loan borrowed by the parent on behalf of the student. The yearly loan limit is equal to the Cost of Attendance less any other financial aid. PLUS Loan pre-approvals may be completed online at [www.kheaa.com](http://www.kheaa.com).

*Please note that all award amounts are subject to change.*

**Federal Work Study Program** is based on financial need. Students work on the BCTC campuses. Federal

Work Study is a great source for networking and training. Students receive a paycheck on the 15<sup>th</sup> and 30<sup>th</sup> of each month.

## WHAT TYPES OF SCHOLARSHIPS ARE AVAILABLE AT BCTC?

**BCTC Institutional Scholarships** The BCTC Scholarship Application is available online at [www.bluegrass.kctcs.edu/sa/financialaid/scholarship\\_application/](http://www.bluegrass.kctcs.edu/sa/financialaid/scholarship_application/) or in the Financial Aid Office.

**Kentucky Educational Excellence Scholarship (KEES)** Is administered by the Kentucky Higher Education Assistance Authority (KHEAA). Eligible students will receive official notification of the amount of their award from KHEAA or on-line at [www.kheaa.com](http://www.kheaa.com).

## HOW WILL I KNOW WHAT I HAVE BEEN AWARDED?

After the BCTC Financial Aid Office has processed your file, an email will be sent to your KCTCS email account instructing on how to accept/reject your aid, how to complete your Electronic Master Promissory Note (MPN) and how to complete Entrance Loan Counseling (if you choose to process a loan). Visit the KCTCS PeopleSoft Self-Service online system to view and accept or decline your awards at <https://students.kctcs.edu>. This is a secure process.

## HOW CAN I CHARGE MY BOOKS?

Barnes & Nobles campus bookstore locations will allow students to purchase books and supplies on credit, if you have enough “anticipated” aid for the semester. This is for a limited time. In order to charge your books you...

- ◆ must have more anticipated aid than the cost of tuition and fees for the term.
- ◆ must sign a Financial Aid Release.
- ◆ the amount you charge at the bookstore is placed on your student account as a bookstore charge.

God's Pantry Food Bank  
1685 Jaggie Fox Way  
Lexington, KY 40511  
255-6592

## DIRECTIONS TO PANTRY SITES

**Broadway Christian:**  
(187 N. Broadway)  
6pm-7:30pm

On North Broadway between Short St. and Second St. It is located on the corner of Broadway and Second St., next to Milward's Funeral Home. Pantry is in building on the left of the parking lot.

**Central Christian:**  
Watkins Bldg.  
(219 E. Short St.)  
2-4pm

On East Short St. between N. Martin Luther King Blvd. and Deweese St. The Watkins Bldg. is on the east side (to the right) of Central Christian Church. The pantry is located inside the Watkins Bldg. straight through the foyer to the central hall, first door on the left.

**Gardenside Baptist:**  
1667 Alexandria Dr.  
(Pantry is in building  
behind the church.)  
6pm-7:30pm

Take Alexandria Dr. from Versailles Rd. (Turn right if coming from New Circle Rd. or left if coming from downtown Lexington.) Go past Gardenside Baptist Church on the right (about 2-3 blocks) Turn right on the first street past the church - Cross Keys Rd. Turn right at the third driveway on the right. (There is a sign for God's Pantry at the driveway.) The pantry is located in the third brick building on the left. The entrance is around the corner to the left -- first door on the left (there is also a sign on the door).

**Nathaniel Mission:**  
(616 DeRoode St.)  
1-3pm  
on South Broadway (no turn lane and dangerous). Pantry door is on left side on front of building. (\*see below)

Maxwell St. (one way east), right on Merino St. to DeRoode St.; or, South Broadway (only if heading south) right on DeRoode. I do not recommend turning left on DeRoode St. while going north

**Pilgrim Baptist:**  
(541 Jefferson St.)  
1-3pm

On the left side of Jefferson St. north of Fifth St. (located between Fifth and Sixth Streets). Pantry door faces south and faces house on the left of church building (south end of church building).

**St. Luke UMC:**  
(2351 Alumni Dr.)  
2-4pm

Located in the St. Luke United Methodist Church on Alumni Dr. between New Circle Rd. and Man-O-War Blvd. If approaching from New Circle Rd., the building is on the left (corner of Alumni and Perimeter Dr.). The outside door leading to the pantry is on the left front of the building.

\*Alternative directions to Nathaniel Mission:

Take New Circle Rd. to Leestown Rd. exit, turn toward downtown Lexington. Turn right at 3<sup>rd</sup> traffic light onto S. Forbes Rd. At next traffic light turn left onto Manchester St. From Manchester, you will turn right onto Perry St. At the stop sign you will turn right onto Valley Ave., and then turn left onto DeRoode St. Nathaniel Mission will be on the right.

## WIC Sites in Lexington

WIC services are offered at these locations. Please call for an appointment.

### Winburn WIC Clinic

1169 Winburn Dr.  
299-2120  
8:30 am - 3:30 pm Monday, Tues, Thurs, Friday  
8:30 am - 6:00 pm Wed

### Downtown WIC Clinic

234 E. Third Street  
225-8567  
8:30 am - 6:00 pm Monday  
8:30 am - 4:00 pm Tuesday - Thursday  
8:30 am - 2:00 pm Friday

### Newtown Circle WIC Clinic

805 Newtown Circle  
288-2402  
8:00 am - 4:30 pm Monday, Wednesday, Thursday  
8:00 am - 7:00 pm Tuesday  
8:00 am - 12:30 pm Friday

### Public Health Clinic South WIC Clinic

(formerly Centre Parkway WIC Clinic)  
2433 Regency Road  
899-5260  
8:00 am - 4:30 pm Monday, Tuesday, Thursday  
9:30 am - 7:00 pm Wednesday  
8:00 am - 1:00 pm Friday

### Family Care Center

1135 Red Mile Place  
255-8195  
8:30 am - 4:30 pm Monday - Thursday  
8:30 am - 2:00 pm Friday

## WIC Income Guidelines

### WIC Income Guidelines

(good until April, 2009)

Family Size	Weekly	Annually
1	\$370	\$19,240
2	\$499	\$25,900
3	\$627	\$32,560
4	\$755	\$39,220

For each additional family member add:

\$129      \$6,660

## Foster Care Facts

25,000 youth "age out" of our country's foster care system every year

50 % of youth who age out of the child welfare system have spent at least 5 or more years in the system

50% have graduated high school (13% go on to college or vocational training)

52% are unemployed

25% are homeless for one or more nights

42% have become parents (19% have one or more children in foster care)

44% have trouble accessing healthcare due to lack of health insurance

46% of males that age out of the child welfare system become incarcerated by the age of 20

Adolescent males that age out of the child welfare system have an increased risk of becoming homeless

Adolescent females that age out of the child welfare system face an increased risk of becoming pregnant before age 19

80% of prison inmates have been in foster care

If you are interested in making a donation toward any of the programs or if you want to learn more about other ways that you can help foster youth in your community, please call Jeff Culver, Director, at 502.741.9527 or Earl Washington, President, at 859.509.4307 or e-mail us at: [fosteringgoodwill@yahoo.com](mailto:fosteringgoodwill@yahoo.com)

# Fostering Goodwill

A 501(c)3 Non-Profit Organization

Mission Statement:  
"Helping Foster Youth  
Transition to  
Independence"

502.741.9527

859.509.4307

[fosteringgoodwill@yahoo.com](mailto:fosteringgoodwill@yahoo.com)

P.O. Box 54561  
Lexington, KY 40555

## About Fostering Goodwill

Every year in our country there are thousands of adolescents who age out of the child welfare system. Many of these youth age out with no parental or family support. Some of these adolescents have become dependent on the child welfare system for survival as they have spent most of their lives relying on the resources of the system. According to research, this population is among societies most vulnerable in regards to becoming incarcerated, homeless, pregnant, and developing substance abuse issues.

Fostering Goodwill is a 501(c)3 non-profit organization that assists older youth in the child welfare system to enhance their potential of self determination. This organization has pledged its commitment to fostering a sense of empowerment to motivated individuals in the foster care system within our community. These adolescents need specific resources that can increase the chances they become independent and productive members of society. Unfortunately, some of these resources are not provided to them. "Fostering Goodwill" challenges individuals and businesses to help these foster youth reach their full potential and in turn help our community reach its full potential as well through the following programs.

## CARE

### Communities Acquiring Resources for Education



Some foster youth are able to overcome many obstacles in their lives and continue their education beyond high school. The CARE program provides the youth with necessities to help them in their transition to post secondary education by providing them with packages as they become more independent. Some of the items included in the packages are school supplies, towels, hygiene products, laundry materials and much more.

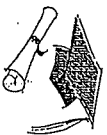
## HOME

### Helping Out Mothers Expecting



Youth who are in the foster care system are more likely to have children at an earlier age than the average person. The HOME program aims to assist these youth as they prepare for the life changing event of the birth of a child. The youth are given packages that include necessary baby items such as bottles, diapers, baby powder, soap and much more.

## Achievements for Life



Most foster youth go through more adversity before they are 21 than a lot of people experience their entire lives. Some of these youth are able to overcome obstacles they face and make educational achievements in life that may go unnoticed due to the lack of support in their lives. The Achievements for Life program aims to recognize accomplishments of these youth by rewarding them with gift certificates to celebrate their life achievements.

## Christmas Wishes

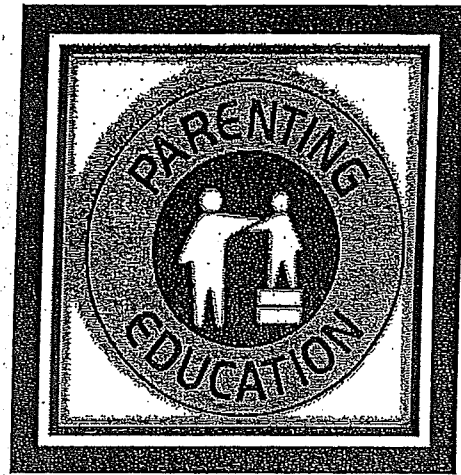


Fostering Goodwill collects gift cards to give out to older youth who are in foster care for Christmas. We work jointly with social services to identify youth who have the most need for these gifts of charity. In past years, we have been able to distribute gift cards to over 100 different foster children throughout the state thanks to the generosity of individuals and businesses within the community.

*Helping Foster Youth Transition to Independence*

## Parent Education Classes

Brenda Cowan Center  
1364 Devonport Drive  
Lexington, Kentucky 40504



Parents with children ages 5 – 11 who do not currently  
have primary custody

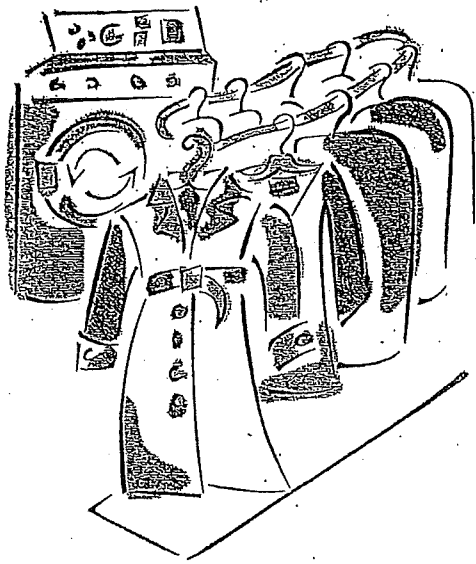
**FREE** Parent Education Classes using the  
Nurturing Parent Curriculum

March 2, 2009 – May 18, 2009  
(2.5 hours once a week for 12 weeks)  
Mondays 5:30 p.m. – 8:00 p.m.

Referrals and assessments will be scheduled beginning January 15, 2009

Contact: Christina Wagers  
859- 276- 4457 ext. 234

"This project is funded, in part, under a contract with the Cabinet for Health and Family Services  
through Prevent Child Abuse Kentucky using state funds allocated by the Kentucky General  
Assembly"



## Free Laundry, Clothing and Household Goods

God's Quarters: **FREE LAUNDRY!**

614 E. 7<sup>th</sup> Street

Families/Individuals can drop clothes off (two loads) between 10-12 and pick up before 2:00 Mon-Sat

God's Garments:

614 E 7<sup>th</sup> Street

Free Clothing and Household Goods  
10-12 Mon-Sat (7 items per visit)



## HOUSEHOLD ITEMS

### **Project Safe Seat**

Fire Department Program

219 E. 3rd St.

7:30-4:30

Fax: 859-231-5606

Phone: 859-254-1120

No longer provide free car seats but schedule car seat installments and proper use

### **Safe Kids Coalition**

Kentucky Children's Hospital

859-323-1153

Contact: Sheri Hannan

Car seats available, counseling on car seat safety, needs assessment of family. Will negotiate a price for the seats

### **Salvation Army**

736 West Main Street

252-7706

### **Monthie Mechanical**

Jeff 255-8081

Will donate mechanical help for clients (Appliances fixed and utility help.)

### **Southland Service**

403 Southland Dr.

859-277-5892

Car Repair

### **Christ the King**

Furniture referral

269-6772 ext.2

For Social Workers Only

## Cell Phones

### **Sheriff's Dept.**

Cell phone donation

Courthouse 2<sup>nd</sup> Floor

Domestic violence/EPO

Dial 911 or call sheriff's dept.

# Legal Aid Network of Kentucky

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

## CONTENTS

<a href="#">Guide Home</a>
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<a href="#">Renting Laws</a>
<a href="#">Apartment Life</a>
<a href="#">FAQ</a>
<a href="#">Legal Help</a>
<a href="#">Appendix</a>
<a href="#">Links</a>
<a href="#">Legal Aid Network Home Page</a>

This website provides information on renting for residency in Lexington, Kentucky. Renting laws change from city to city, and from state to state. You should NOT assume any of the information provided in this website applies to an area outside of Lexington.

> [Renting Laws](#) > Eviction

## EVICTIION

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

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

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

# 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 ID

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

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

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

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

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

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

