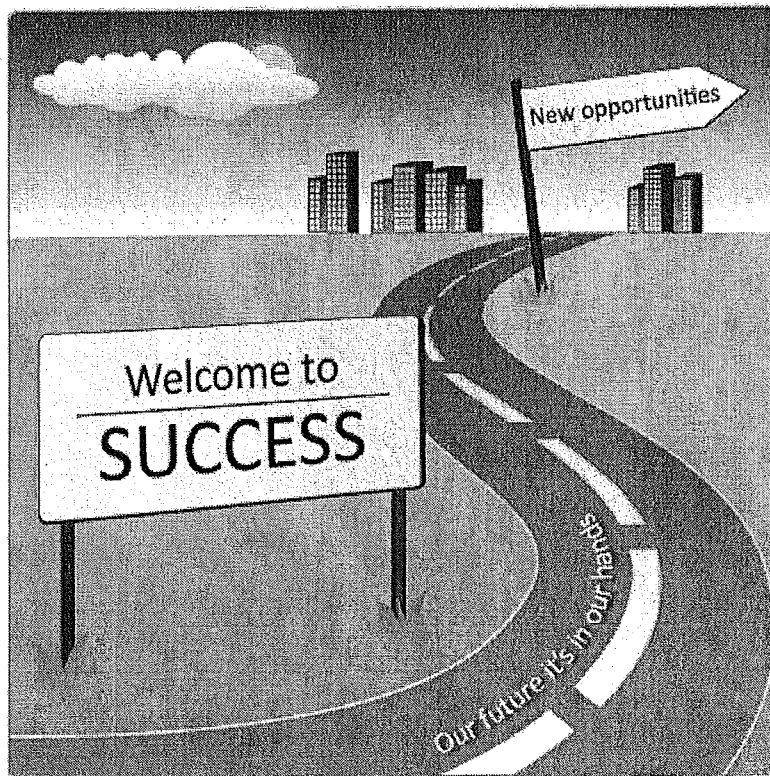


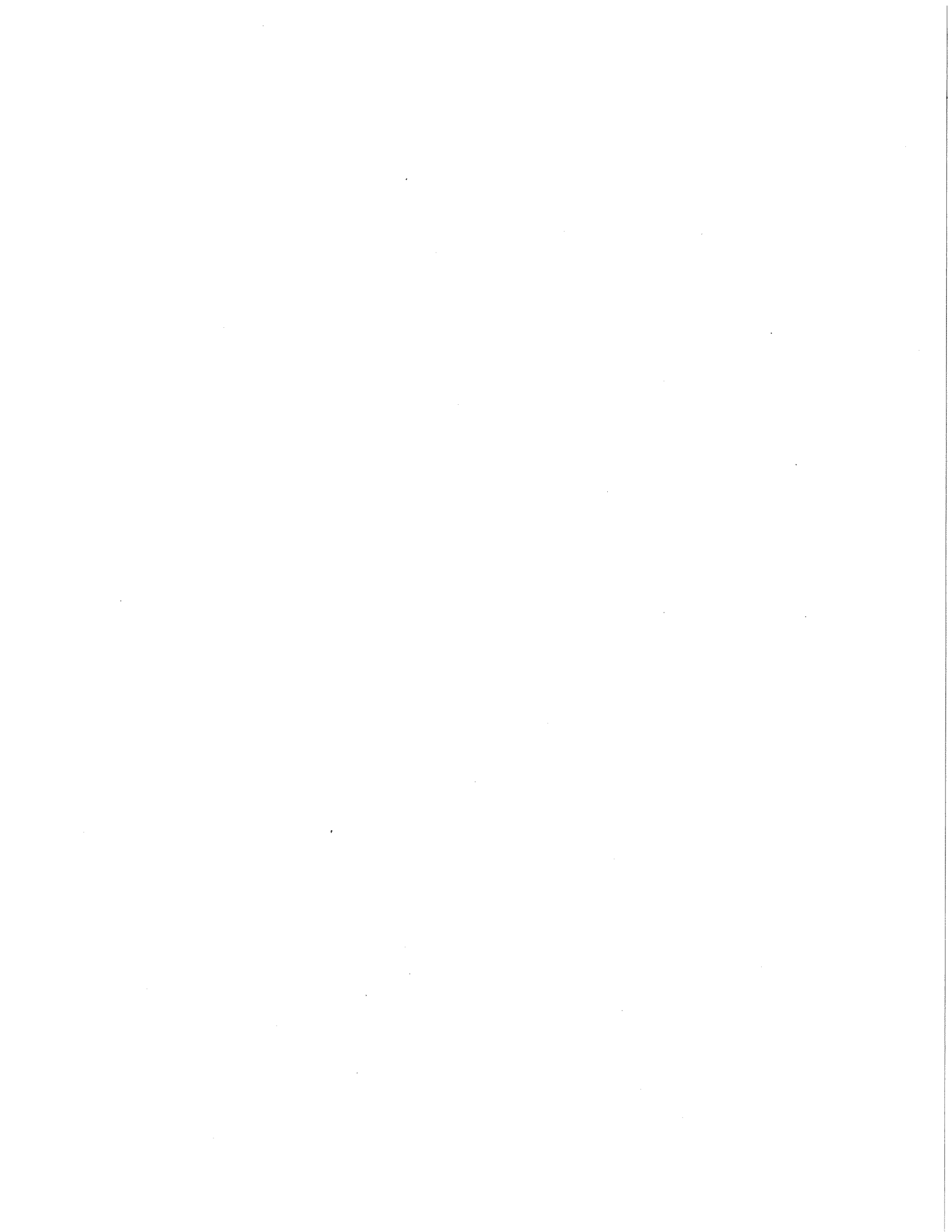
Resource Guide for Youth Exit Packet



The Lakes 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

The Lakes Region

Exit Packet

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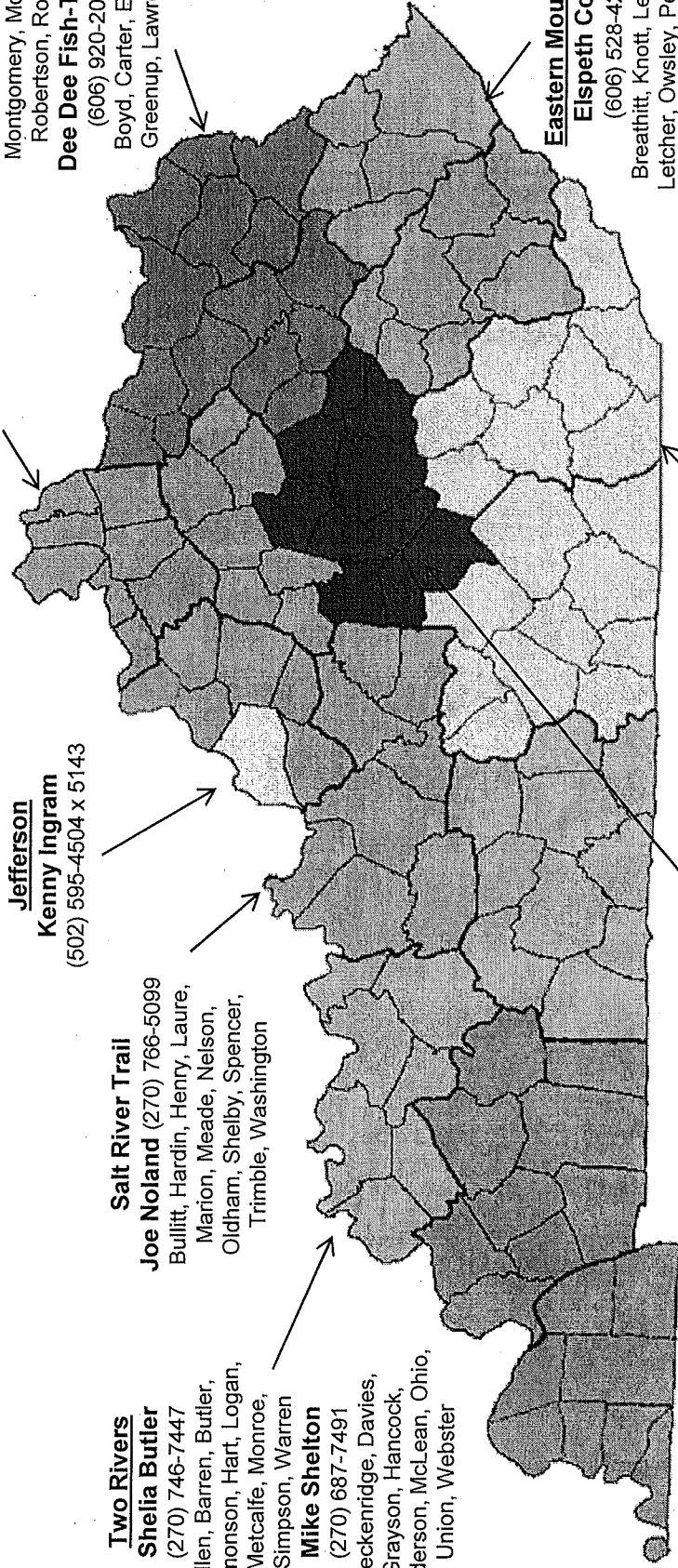
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Independent Living Program – Regional Coordinators

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

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

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



Jefferson
Kenny Ingram
 (502) 595-4504 x 5143

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

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

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

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

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

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

State Wide DCBS Offices

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

<https://apps.chfs.ky.gov/Office Phone/index.aspx>

West
Protection & Permanency and Family Support Offices

BALLARD COUNTY – P&P
DCBS
117 North 4th Street
P. O. Box 68
Wickliffe, KY 42087
Phone – 270-335-5173
Fax = 270-335-5373

BALLARD COUNTY – FAMILY SUPPORT
DCBS
115 North 4th Street
P. O. Box 68
Wickliffe, KY 42087
Phone = 270-335-5518
FAX = 270-335-5523

CALLOWAY COUNTY – P & P
DCBS
205 South 6th Street
P. O. Box 5
Murray KY 42071
Phone = 270-753-5362/9951
Fax = 270-759-3084

CALLOWAY COUNTY - FAMILY SUPPORT
DCBS
203 South 6th Street
P. O. Box 865
Murray, KY 42071-0865
Phone = 270-753-1871
FAX = 270-753-1817

CARLISLE COUNTY – P & P
DCBS
327 Elm Street
P. O. Box 342
Bardwell KY 42023
Phone = 270-628-3434
Fax = 270-628-5438

CARLISLE COUNTY – FAMILY SUPPORT
DCBS
140 Front Street
P. O. Box 368
Bardwell, KY 42023
Phone = (270) 628-5442
Fax = (270) 628-0161

FULTON COUNTY – P & P
DCBS
510 Mears Street
P. O. Box 1266
Fulton KY 42041
Phone = 270-472-1850
Fax = 270-472-2160

FULTON COUNTY – FAMILY SUPPORT
DCBS
510 Mears Street
P O Box 1198
Fulton, KY 42041-1198
Phone = 270-472-1638
FAX = 270-472-6804

GRAVES COUNTY - P & P
DCBS
333 Charles Drive
Mayfield KY 42066
Phone = 270-247-4711
Fax = 270-251-9177

GRAVES COUNTY – FAMILY SUPPORT
DCBS
333 Charles Drive
Mayfield, KY 42066
Phone = 270-247-2862
FAX = 270-247-2007

HICKMAN COUNTY - P & P
DCBS
343 Moss Drive
P. O. Box 180
Clinton KY 42031
Phone = 270-653-4335
Fax = 270-653-2179

HICKMAN COUNTY – FAMILY SUPPORT
DCBS
343 Moss Drive
P. O. Box 180
Clinton, KY 42031
Phone = 270-653-4338
FAX = 270-653-2179

MARSHALL COUNTY –P & P
DCBS
211 East 7th Street
P. O. Box 491
Benton KY 42025-0491
Phone = 270-527-1354
Fax = 270-527-2777

MARSHALL COUNTY – FAMILY SUPPORT
DCBS
211 East 7th Street
P O Box 491
Benton, KY 42025-0491
Phone = 270-527-1395
FAX = 270-527-2777

McCRACKEN COUNTY- P & P
DCBS
206 North 8th Street
P. O. Box 1040
Paducah KY 42002-1040
Phone = 270-575-7110
Fax = 270-575-7015

McCRACKEN COUNTY – FAMILY SUPPORT
DCBS
Hipp Building, Suite #1 (2855 Jackson St.)
P O Box 8349
Paducah, KY 42002-8349
Phone = 270-575-7050
FAX = 270-575-7049

East

Protection & Permanency and Family Support Offices

CALDWELL COUNTY – P & P
DCBS
300 Micbeth Drive
P. O. Box 685
Princeton, KY 42445-0685
Phone = 270-365-7275
FAX = 270-365-7469

CHRISTIAN COUNTY – P & P
110 Riverfront Drive
P. O. Box 3
Hopkinsville, KY 42241-0003
Phone = 270-889-6503
FAX = 270-889-6098

CRITTENDEN COUNTY- P & P
DCBS
P. O. Box 433
815 South Main
Marion, KY 42064-0433
Phone = 270-965-5246
FAX = 270-965-2424

HOPKINS COUNTY –P & P
DCBS
1084 Thornberry Drive
Madisonville, KY 42431
Phone = 270-824-7566
FAX = 270-824-7302

LIVINGSTON COUNTY- P & P
DCBS
108 W Adair Street
P O Box 95
Smithland, KY 42081-0095
Phone = 270-928-2158
FAX = 270-928-3120

LYON COUNTY PAGE – P & P
DCBS
P. O. Box 557
620 West Dale Avenue
Eddyville, KY 42038-0557
Phone = 270- 388-2146
FAX = 270-388-0852

CALDWELL COUNTY – FAMILY SUPPORT
DCBS
300 MicBeth Drive
P. O. Box 646
Princeton, KY 42445-0646
Phone = 270-365-5524
FAX = 270-365-7469

CHRISTIAN COUNTY – FAMILY SUPPORT
DCBS
644 North Drive, Brickyard Plaza
Hopkinsville, KY 42240
Phone = 270-889-6512
FAX = 270-889-6027

CRITTENDEN COUNTY - FAMILY SUPPORT
DCBS
815 South Main
P O Box 435
Marion, KY 42064
Phone = 270-965-2254
FAX = 270-965-2424

HOPKINS COUNTY – FAMILY SUPPORT
DCBS
1086 Thornberry Drive
Madisonville, KY 42431
Phone = 270-824-7555
FAX = 270-824-7588

LIVINGSTON COUNTY – FAMILY SUPPORT
DCBS
104 Adair Street
P. O. Box 227
Smithland, KY 42081-0227
Phone = 270-928-2102
FAX = 270-928-3120

LYON COUNTY – FAMILY SUPPORT
DCBS
620 West Dale Avenue
P O Box 557
Eddyville, KY 42038-0557
Phone = 270-388-2206
FAX = 270-388-0852

MUHLENBERG COUNTY- P & P
DCBS
210 Boggess Avenue
P. O. Box 549
Greenville, KY 42345
Phone = 270-338-3072
FAX = 270-338-4311

MUHLENBERG COUNTY – FAMILY SUPPORT
DCBS
518 Hopkinsville Street
P O Box 369
Greenville, KY 42345-0369
Phone = 270-338-2330
FAX = 270-338-3729

TODD COUNTY – P & P
DCBS
Williams Lane
P. O. Box 217
Elkton, KY 42220-0217
Phone = 270-265-2543
FAX = 270-265-3543

TODD COUNTY – FAMILY SUPPORT
DCBS
102 N. Williams Lane
P O Box 279
Elkton, KY 42220-0279
Phone = 270-265-2596
FAX = 270-265-4283

TRIGG COUNTY – P & P
DCBS
277 Commerce Street
P. O. Box 32
Cadiz, KY 42211-0032
Phone = 270-522-3451
FAX = 270-522-0131

TRIGG COUNTY – FAMILY SUPPORT
DCBS
277 Commerce Street
P O Box 644
Cadiz, KY 42211-0644
Phone = 270-522-6671
FAX = 270-522-0131

Personal Information

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

Transition Plan
Youth's Demographic Information

Name _____ Age _____ DOB _____
 Address _____
 Phone _____ Email _____

How long at this residence? _____

Does the youth have any children? Yes No

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

Where and with whom do the children reside? _____

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

Personal Documents and Identification

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

- Birth Certificate Yes No
- Social Security Card Yes No
- State issued ID Yes No
- Medicaid Card Yes No
- Lifbook /Medical Passport Yes No
- Registration to Vote Yes No

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

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

Youth's Self-Stated Vision

Can you tell us why we are here today? _____

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

Youth's Self-Stated Assets and Needs

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

Assets

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

Needs

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

Youth's Independent Living Life Skills

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

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

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

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

Needs? _____

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

Life Skills Development Plan

Goal: _____

Objective 1: _____

How Measured: _____

Objective 2: _____

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

Housing

Current Living Situation:

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

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

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

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

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

Housing Plan

Goal: _____

Objective 1: _____

How Measured: _____

Objective 2: _____

How Measured: _____

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

Education

- High School G.E.D. Technical School College
 Other (Describe) _____

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

Is the youth making appropriate educational progress? Yes No

Comments: _____

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

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

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

What specific educational strengths or needs does the youth have?

Strengths

Needs

1. _____

2. _____

3. _____

What educational options has the youth considered after graduation? _____

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

Comments: _____

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

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

Please describe desired/necessary services: _____

Education Plan

Goal: _____

Objective 1: _____

How Measured: _____

Objective 2: _____

How Measured: _____

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

Employment

Does the youth currently have a job? Yes No

Current Employer: _____

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

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

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

Yes No

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

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

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

Amount saved: _____

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

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

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

Comments: _____

Employment Plan

Goal: _____

Objective 1: _____

How Measured: _____

Objective 2: _____

How Measured: _____

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

Emotional/Physical Needs

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

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

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

If yes, who is the insurance carrier? _____

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

Yes No

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

Plan for Youth's Emotional/Physical Needs

Goal: _____

Objective 1: _____

How Measured: _____

Objective 2: _____

How Measured: _____

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

Teen Activities

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

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

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

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

Teen Activities Plan:

Goal: _____

Objective 1: _____

How Measured: _____

Objective 2: _____

How Measured: _____

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

Transportation

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

Transportation Plan

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

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

Ancillary Information

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

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

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

Ancillary Service Plan

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

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

Additional Comments

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

Plan Review Dates

This plan will be reviewed no later than: _____

Independent Living Program Information

My Independent Living Coordinator is: _____

I can reach my IL Coordinator at: _____

Attendance List

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

Name	Affiliation/Organization	Address	Phone

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

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

Medical Information

Name: _____ Date: _____

Date of Birth: _____ Social Security #: _____

Insurance: _____

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

FAMILY HISTORY OF ILLNESS/CONDITIONS: _____

HOSPITALIZATION/ OPERATIONS: _____

ALLERGIES: _____

MEDICATIONS: _____

IMMUNIZATION CERTIFICATE: No Yes= EXPIRES ON: _____

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

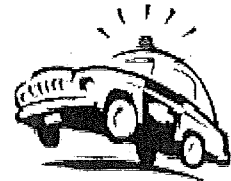
TB SKIN TEST (current w/in 1yr.): No Yes= DATE: _____ RESULT: _____

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

VISION EXAM: No Yes= DATE: _____

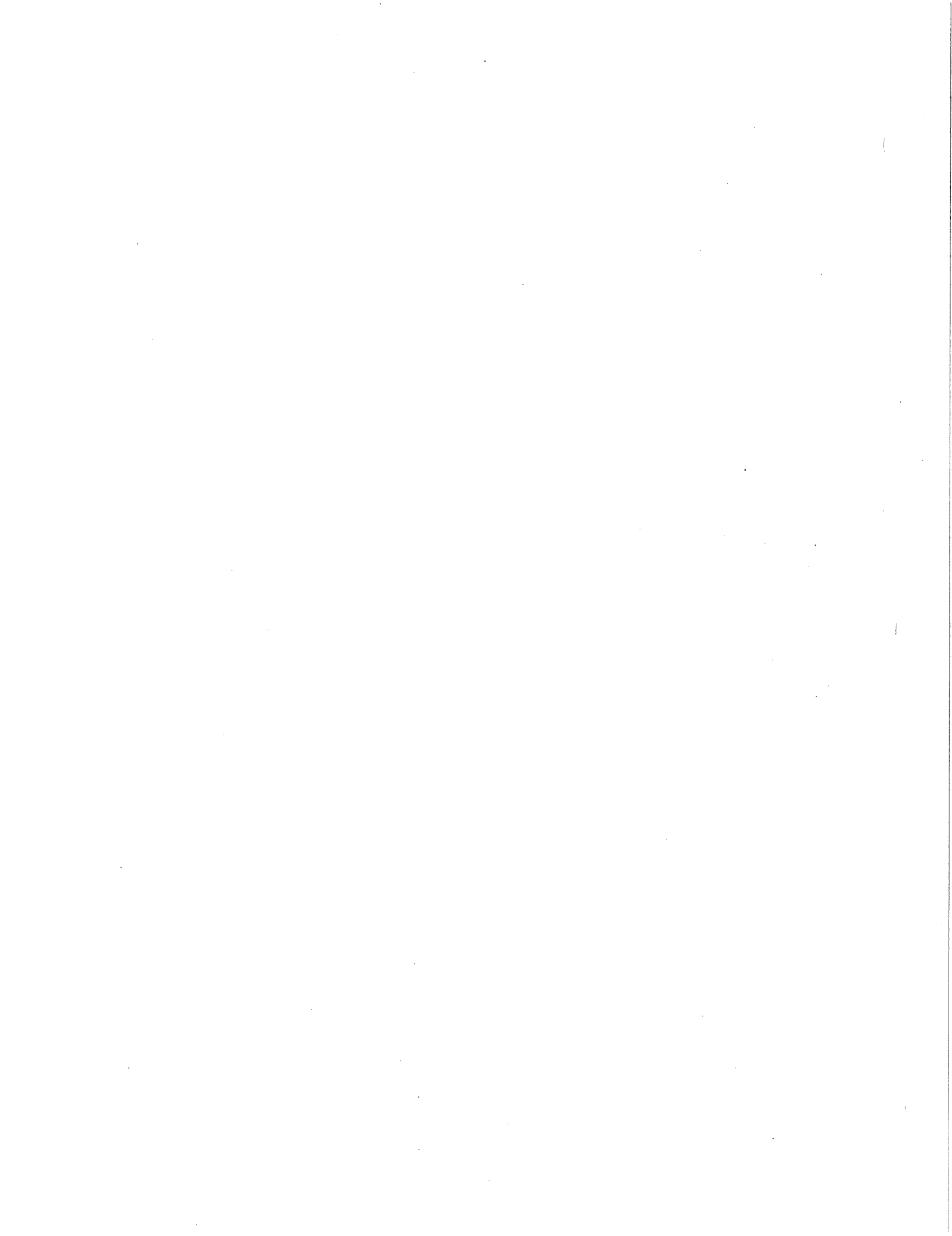
GENERAL INFORMATION

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



Emergency Contact List

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



Applications And Requests

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

OPEN RECORDS REQUEST

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

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

INFORMATION REQUESTED

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

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

I hereby certify that I am the Requestor identified above.

SIGNATURE

DATE

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

ATTORNEYS ONLY

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

ATTORNEY INFORMATION:

NAME	
ADDRESS	
CITY, STATE, ZIP	
PHONE NUMBER	

PLEASE COMPLETE AND SUBMIT FORM CHFS-305 WITH THIS DOCUMENT

COMMONWEALTH OF KENTUCKY
STATE REGISTRAR OF VITAL STATISTICS



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

Please Print or Type All Information Required On This Form

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

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

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

Signature and telephone number of the person requesting this certificate:

_____ Signature _____ Telephone

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

Certificates may also be ordered by the following methods:

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

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

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

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

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

THIS SECTION MUST BE COMPLETE FOR ALL ORDERS

REQUESTORS INFORMATION:

NAME
MAILING ADDRESS
CITY, STATE, ZIP CODE

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Applying for a Social Security Card is free!

USE THIS APPLICATION TO:

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

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

Original Social Security Card

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

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

Replacement Social Security Card

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

Changing Information on Your Social Security Record

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

LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS

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

IF YOU HAVE ANY QUESTIONS

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

EVIDENCE DOCUMENTS

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

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

Evidence of Age

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

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

Evidence of Identity

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

As proof of your identity, you must provide a:

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

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

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

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

Evidence of U.S. Citizenship

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

Evidence of Immigration Status

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

HOW TO COMPLETE THIS APPLICATION

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

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

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

HOW TO SUBMIT THIS APPLICATION

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

PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

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

PRIVACY ACT STATEMENT Collection and Use of Personal Information

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

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

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

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

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

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

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

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Form Approved
OMB No. 0960-0066

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

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

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

5 CITIZENSHIP → (Check One)

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

6	ETHNICITY	7	RACE
	Are You Hispanic or Latino? (Your Response Is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No		Select One or More (Your Response Is Voluntary) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian

8 SEX → Male Female

9 A. MOTHER'S NAME AT HER BIRTH →

First Full Middle Name Last Name At Her Birth

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

Unknown

10 A. FATHER'S NAME →

First Full Middle Name Last

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

Unknown

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

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

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

First Full Middle Name Last Name

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

MM/DD/YYYY

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

Area Code Number

16 MAILING ADDRESS → (Do Not Abbreviate)

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

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

Self Natural Or Adoptive Parent Legal Guardian Other (Specify)

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

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

CFC-305
(5/28/2003)

PLEASE PRINT LEGIBLY



CABINET FOR FAMILIES AND CHILDREN COMMONWEALTH OF KENTUCKY



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

PROTECTION AND PERMANENCY

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

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

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

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

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

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

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

Please read carefully.

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

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

CFC-305
(5/28/2003)

Authorization for Release, Use or Disclosure of PHI

PLEASE PRINT LEGIBLY

Date Received	Authorization has been	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
---------------	------------------------	-----------------------------------	---------------------------------

Note: All request for review on denial of authorization should be directed to the Cabinet for Families and Children, Ombudsman Office (HIPAA Compliance Officer) at (502) 564-5497 or by mail at 275 East Main St. (1E-B), Frankfort, Kentucky 40621

Date Sent to Office of Records Management	Name of staff processing request
---	----------------------------------

Signature of Compliance Officer or designee	Date
---	------

Date Received	Date written denial sent to client	Date the disclosure sent to client
---------------	------------------------------------	------------------------------------

Date entered in client's accounting of disclosure record for PHI

Name of staff processing request	Title
----------------------------------	-------

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

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

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

PLEASE COMPLETE A CUSTOMER SATISFACTION SURVEY THROUGH THE FOLLOWING WEB-SITE:
[HTTP://CHFS.KY.GOV/DCB5/DCB55A1TSFA](http://chfs.ky.gov/dcb5/dcb55a1tsfa)
[CTIONSURVEYS.HTM](http://chfs.ky.gov/dcb5/dcb55a1tsfa)

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

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

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

270-687-7491

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

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

Protection and Permanency Service Appeal

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

CABINET FOR HEALTH
AND FAMILY SERVICES

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

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

An Equal Opportunity Employer M/F/D



PROTECTION AND PERMANENCY SERVICE APPEAL

NAME OF COMPLAINANT (PLEASE PRINT): _____ DATE: _____

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

TELEPHONE NUMBER: _____ COUNTY OF RESIDENCE: _____

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

Multiple horizontal lines for writing the nature of the complaint.

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

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

Name: _____ Title, if known: _____

Work Address: _____

City: _____ County: _____

Name: _____ Title, if known: _____

Work Address: _____

City: _____ County: _____

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

Medical Information

Adult Care

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

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

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

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

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

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

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

Health Kentucky is the umbrella program that includes the Kentucky Physicians Care (KPC). It is a voluntary network of Physicians, Dentists, Pharmacies, and Pharmaceutical Manufacturers.

Health Kentucky is not associated with or is it a part of the Medicaid or Medicare Programs.

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

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

Since 1984 over 300,000 Kentuckians have been served.



Eligibility Requirements

The eligibility requirements for Health Kentucky/KPC program are:

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

How the Health Kentucky Program Works

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

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

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

Health Kentucky / KPC cannot:

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



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

1-800-633-8100



Insurance Agent Questions and Answers

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

Q1. What is Kentucky Access?

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

Q2. Who is eligible for Kentucky Access?

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

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

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

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

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

Q3. Who is NOT eligible for Kentucky Access?

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

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

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

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

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

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

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

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

Q6. How can my client apply to Kentucky Access?

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

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

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

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

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

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

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

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

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

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

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

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

Q11. How are agents compensated?

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

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

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

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

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

Q14. Who is the administrator? Who processes claims?

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

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

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

Q16. When are premium payments due?

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

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

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

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

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

A. Kentucky Access offers 3 different health benefit plans:

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

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

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

Q19. What health care providers are in the network?

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

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

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

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

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

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

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

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

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



www.KentuckyAccess.com

Revised 11/09

KENTUCKY RX CARD

WWW.KENTUCKYRXCARD.COM

For Immediate Release

FREE PRESCRIPTION DRUG CARD LAUNCHED IN KENTUCKY

Kentucky Rx Card will Provide Prescription Assistance to All Residents

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

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

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

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

For more information, press only:

Richard McQuerry

Program Director

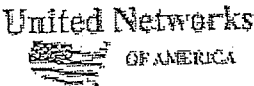
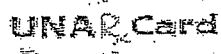
Kentucky Rx Card

E-mail: richard@kentuckyrxcard.com

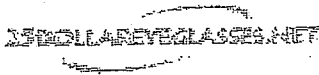

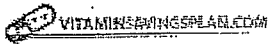




Phone: (859) 333-7724

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

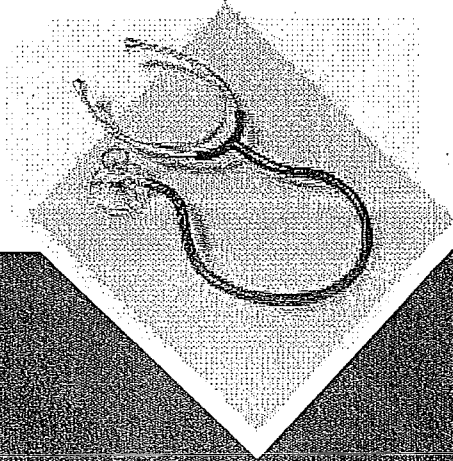
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<h2 style="text-align: center;">KENTUCKY RX CARD</h2> <p style="text-align: center;">WWW.KENTUCKYRXCARD.COM</p> <p>Member: ID Number: Program: RxBIN: RxGrp:</p> <p>Note: Everyone is eligible for this program. There are no age or income restrictions.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

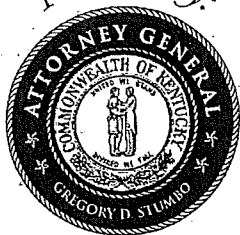
	\$25 DOLLAR EYEGLASSES	WWW.25DOLLAREYEGASSES.NET	\$25 Prescrip Eyeglasses
	TEETH WHITENING	WWW.PROSMILEUSA.COM	Save 70%
	VITAMINS	WWW.VITAMINSAVINGSPLAN.COM	Save 40%
	DIABETIC SUPPLIES	WWW.DIABETICSAVINGSPLAN.COM	Save 50%
	LASIK SURGERY	1-888-733-6695	Save 40% to
	DENTAL PLANS	WWW.CHOICEPLUSDENTALPLANS.COM	Save 30% ((UNA30)
	HEARING AIDS	WWW.USHEARINGPLAN.COM	Save up to 5

Mortgage Payment Assistance (888) 447-8752 Free Consultation
 Falling behind on your mortgage payments? Call our housing counselors to discuss your options.
 Free Bankruptcy Advice (888) 669-1064 Free Consultation
 If your financial situation has become unbearable call for a free conversation to discuss whether debt relief under bankruptcy is you
 Debt Relief Hotline (888) 784-2792 Free Consultation
 Struggling with credit card debt? This agency will contact creditors, reduce payments, interest, and even principal amounts owed.
 Tax Relief Hotline (888) 692-7108 Free Consultation
 Do you owe money to the IRS? We are here to help! Services include: offers in compromise, payment plans, innocent spouse relief, relief.



KENTUCKY LIVING WILL PACKET

Provided by:



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

LIVING WILLS IN KENTUCKY

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

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

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

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

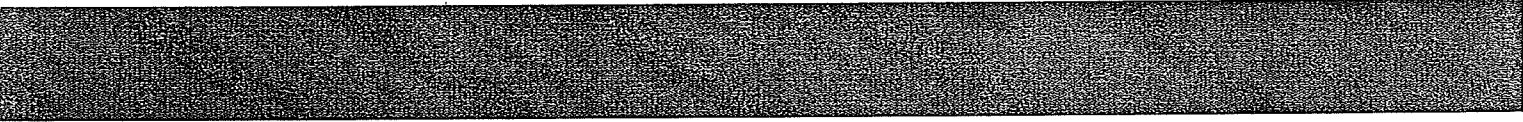
- **Designate a Health Care Surrogate**
- **Refuse or request life prolonging treatment**
- **Refuse or request artificial feeding or hydration (tube feeding)**
- **Express your wishes regarding organ donation**

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

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

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

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



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

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

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

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

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

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

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

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

Copies printed with state funds.

Instructions for completing the Kentucky Living Will form

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

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

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

Life Prolonging Treatment

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

Nourishment and/or Fluids

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

Surrogate Determination of Best Interest

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

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

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

Organ/Tissue Donation

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

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

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

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

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

(PRINTED NAME)

(DATE OF BIRTH)

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

HEALTH CARE SURROGATE DESIGNATION

By checking and initialing the line below, I specifically:

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

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

.Any prior designation is revoked.

LIVING WILL DIRECTIVE

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

Life Prolonging Treatment (check and initial only one)

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

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

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

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

LIVING WILL DIRECTIVE - CONTINUED

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

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

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

Surrogate Determination of Best Interest

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

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

Organ/Tissue Donation (check and initial only one)

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

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

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

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

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

Signed this _____ day of _____, 20____

Signature and address of the grantor.

Have two adults witness your signature OR have signature notarized*

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

Signature and address of witness.

Signature and address of witness.

- OR -

STATE OF KENTUCKY, _____ County

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

Done this _____ day of _____, 20____

Signature of Notary Public

Date commission expires

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

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

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

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

Housing Information

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

DCBS DJJ

KHC ID Number _____

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

Youth Address: _____

City: _____ State: _____ Zip: _____

County _____

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

Email: _____

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

Sex: Male Female

Race: American Indian or Alaska Native

Asian African American

Employed: Yes No

Native Hawaiian or Other Pacific Islander

Hispanic/Latino Caucasian

Education Level: _____ Other: _____

Does the youth have a mentor? Yes No

Mentor Name: _____

Mentor Address: _____

Mentor Phone Number: _____

Mentor Email: _____

ILC Signature: _____

Chafee Independence Program

Room and Board

Kentucky Housing Corporation

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

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

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

Your local Independent Living Coordinator

or

Kentucky Housing Corporation Representative

Keli Reynolds

Self-Sufficiency Manager

kreynolds@kyhousing.org

1231 Louisville Road

Frankfort, KY 40601-6191

(502) 564-7630 ext. 376

(502) 564-9963 (fax)

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

www.kyhousing.org

Rights and Responsibilities of Landlords

Landlord's rights:

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

Landlord's responsibilities:

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

Rights and Responsibilities of Tenants

Tenant's rights:

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

Tenant's responsibilities:

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

Helpful Hints to Rental Housing

The Lease

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

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

The security deposit

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

Tenant responsibilities

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

Right to entry

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

Moving

Always give the landlord written notice of your plans to move. Follow the requirements stated in the lease. If you have no lease, or if it states no requirement, give 30 days written notice if you pay monthly and seven days written notice if you pay weekly. The landlord may have the right to keep your security deposit, depending on the terms of the lease. He/she may also have the right to demand that you make future rent payments due under the lease. The landlord has these options, if it is stated in the lease.

Eviction

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

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

Guidelines to avoid problems

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

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

Discrimination

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

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

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

Education Information

Helpful Hints on Funding Education

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

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

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

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

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

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

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

Different Types of Financial Aid

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

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

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

Applying for financial aid

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

Things That Determine Financial Aid Eligibility

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

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

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

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

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

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

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

MCHB Healthy and Ready To Work Projects

**EDUCATIONAL & FINANCIAL RESOURCES
FOR COMMITTED YOUTH**

Tuition Assistance

DCBS youth 18-21

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

Maintain 2.0 GPA

Form OOH-103 completed by worker & approved by SRA

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

Tuition Waiver

DCBS & DJJ youth 18-21

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

Eligibility:
5 years from date of first entry into school

Maintain 2.0 GPA

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

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

Scattered Site Apartment Living Program

DCBS youth 17 -21

Level of Care 1 - 3 ONLY

Referral through placement coordinator and interview with youth

Enrolled in an educational program and working part-time

Rent assistance, case management & support services

Contact:

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

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

Education Training Voucher

Youth left care on or after 18

or
Adopted on or after 16

\$5,000 yearly maximum

Youth completes ETV form and submits to Fawn Conley in Frankfort

Maintain 2.0 GPA & youth must submit monthly

verification form to Frankfort

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

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

Tuition Waiver

Youth left care on or after 18

or adopted from state foster care

Waives cost of tuition to any KY public post

secondary educational program (NOT PRIVATE SCHOOLS)

Eligibility:
5 years from date of first entry into school

Maintain 2.0 GPA

Form DPP-333 Completed by youth &

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

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

Chafee Room & Board Program

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

Enrolled in an educational program & working part-time

Rent assistance, case management & support services

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

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

INSTRUCTIONS FOR COMPLETING THE TUITION WAIVER FOR FOSTER AND ADOPTIVE CHILDREN

Section 1:

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

Please include all information as follows:

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

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

Section 2:

Completed by public post-secondary institution.

Section 3:

Completed by the Cabinet for Health and Family Services.

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

INSTRUCTIONS FOR COMPLETING THE REQUEST FOR EDUCATIONAL AND TRAINING VOUCHER FUNDS

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

Please include all information as follows:

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

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

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

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

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

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

REQUEST FOR EDUCATIONAL AND TRAINING VOUCHER FUNDS

SECTION 3 – APPLICANT EXPENSES AND INCOME

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

Requested Funds \$ _____

Restrictions:

Comments:

 Student Signature Date

 Independent Living Coordinator Date

Use the block below to figure transportation allowance:

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

Education Training Voucher (ETV) Guidelines

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

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

Student Account Information:

User ID: _____

Password: _____

Date

Client

Date

ILC

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

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

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

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

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

 Signature Date

 Name Printed

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

 Signature Date

 Name Printed

For TWIST Use	Received By: _____	Date: _____	Entered By: _____	Date: _____
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INSTRUCTIONS TO THE STUDENT

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

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

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

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

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

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

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

MONTHLY ACADEMIC STANDING AND ENROLLMENT VERIFICATION

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

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

_____ is enrolled/participating in an
Student's Name

educational/job training program at _____, and
Name of Institution

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

Printed Name of Registrar or Program Director

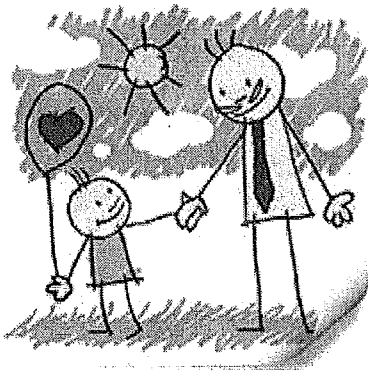
Signature of Registrar or Program Director

Date

Please attach official school/program seal.

Mentor Program

Chafee Mentor



Program

What is a Mentor

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

What Do Mentors Do?

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

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

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

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



How Do Mentors Benefit Our Youth?

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

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



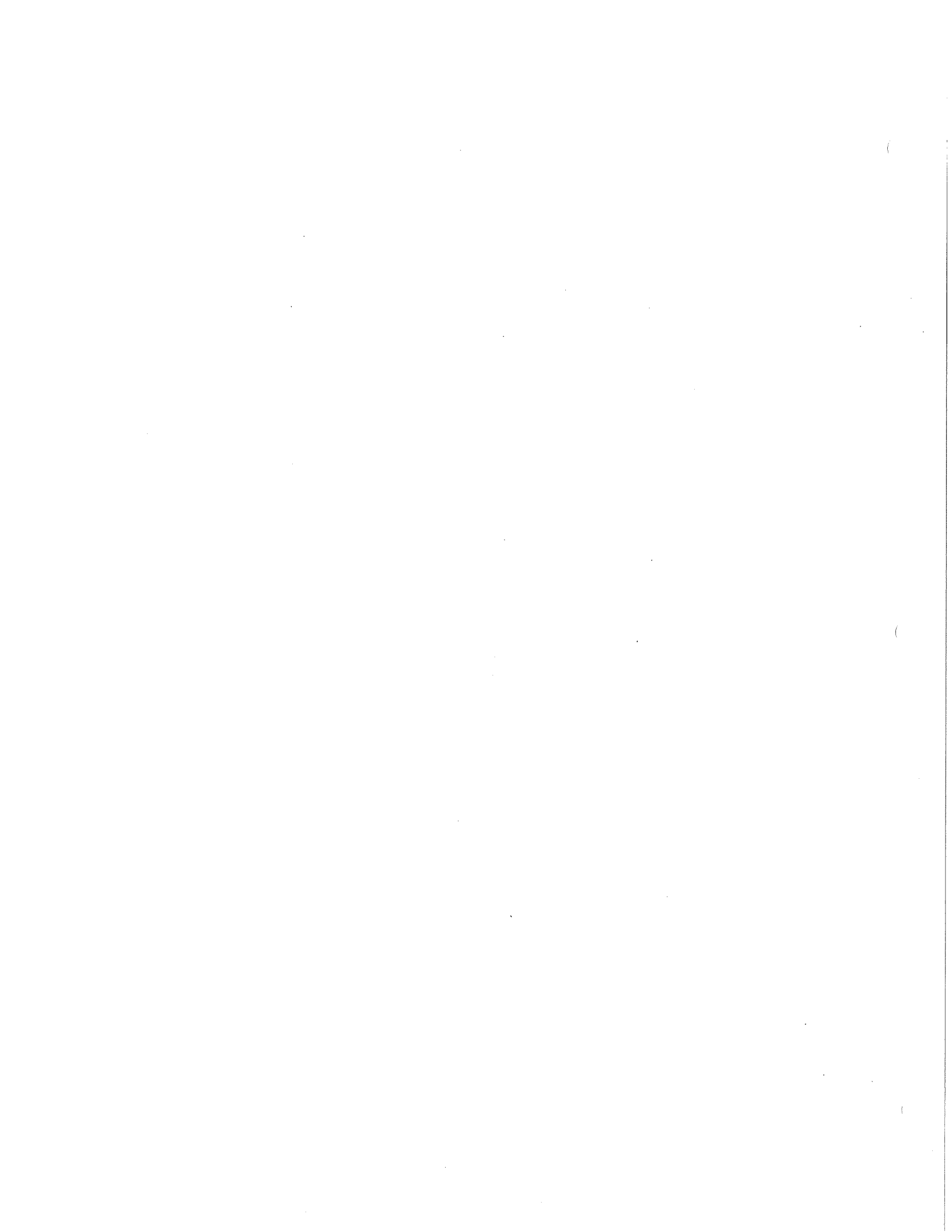
Murray State University Mentor Program

Lauren Carson

Toll Free: 1-877-994-9970

lauren.carson@murraystate.edu

**Additional
Resources
West Lakes**



Mental Health & Substance Abuse Treatment Programs

Graves County

<p>Four Rivers Behavioral Health - Fuller Center 1525 Cuba Road Mayfield, KY 42066 www.4rbh.org Contact Number: 270-247-2588 Toll Free Number: 800-592-3980 Fax: 270-247-0142</p>	<p>Payment Options: Medicaid State Funded (other than Medicaid) Medicare Private Health Insurance Military Insurance (e.g. VA, TRICARE) Self Payment Sliding Scale Fee (fee based on income and other factors)</p> <hr/> <p>Services Available: SA – Outpatient Therapy SA – DUI Assessments (Certified) SA – DUI Education (Certified) SA – Detoxification (Non-Medical) Detox (Non medical): Male Adult Detox (Non medical): Female Adult SA – Residential (Short term - approx. 30 days) Residential (Short term): Male Adult Residential (Short term): Female Adult Residential (Short term): Female Adult pregnant SA – Transitional (Not a half-way house) Transitional: Male ONLY Transitional: Male Adult</p> <p>DUI – 20 Hour Education DUI – Assessment DUI – Outpatient Therapy</p>
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<p>Four Rivers Behavioral Health 1538 Cuba Road Mayfield , KY 42066 Contact Person: Hank Cecil Contact Number: 270-251-2923 Crisis Number: 800-592-3979</p>	<p>Services Available: ACSU - Residential Units</p>
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Western Kentucky Drug & Alcohol Intervention Services, Inc. 1301 Princeton Drive Mayfield, KY 42066 Mailing Address: PO Box 374 Mayfield, KY 42066 Contact Number: (270)247-4212 Toll Free Number: (800)273-1282 Fax: (270)247-2017	Payment Options:
	Services Available: DUI – 20 Hour Education DUI – Assessment DUI – Outpatient Therapy

Peace Talk Counseling 907 Paris Road Mayfield, KY 42066 Contact Number: (270)247-7878 Crisis Number: (270)556-2870 Fax: (270)247-7878	Payment Options:
	Services Available:

McCracken County

Program: Community Mental Health Center	
<p>Four Rivers Behavioral Health 425 Broadway Suite 201 Paducah, KY 42001 http://www.4rbh.org Contact Number: 270-442-7121 Crisis Number: 800-592-3980 Toll Free Number: 866-442-7121 Fax: 270-443-9692</p>	<p>For information about services offered, please visit the website listed to the left</p>

Program: Substance Abuse Treatment	
<p>Four Rivers Behavioral Health - Friedman Center 1405 South 3rd Street Paducah, KY 42003 Contact Number: (270)442-9131 Toll Free Number: (800)592-3980 Fax: (270)442-9132</p>	

<p>Four Rivers Behavioral Health 425 Broadway Suite 102 Paducah, KY 42001 Mailing Address: 425 Broadway, Suite 102 Paducah, KY 42001- Contact Number: (270) 442-7121 Fax: (270) 443-9692</p>	<p>Services Available: DUI – 20 Hour Education DUI – Assessment DUI – Outpatient Therapy</p>
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<p>Paducah Professional Associates 125 South 17th Street Paducah, KY 42001 Contact Number: 270-443-0096 Fax: 270-443-0080</p>	<p>Payment Options: Services Available: SA – Opioid Addiction Treatment Methadone: Detox (Licensed) Methadone: Maintenance (Licensed) Buprenorphine: Detox</p>
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Buprenorphine: Maintenance

Western Kentucky Drug & Alcohol Intervention Services, Inc.
6th and Broadway
Paducah, KY 42001
Mailing Address:
PO Box 374
Mayfield, KY 42066
Contact Number: (270)247-4212
Toll Free Number: (800)273-1282
Fax: (270)247-2017

Payment Options:
Self Payment

Services Available:
SA – Outpatient Therapy
SA – DUI Assessments (Certified)
SA – DUI Education (Certified)
DUI – 20 Hour Education
DUI – Assessment
DUI – Outpatient Therapy

Millstone Counseling Center, LLC
4001 Hansen Road
Paducah, KY 42001-
Contact Number: (270) 554-9216
Fax: (270) 554-8732

Services Available:
DUI – 20 Hour Education
DUI – Assessment
DUI – Outpatient Therapy

Carla Farr
1924 Kentucky Avenue
Paducah, KY 42003-2811
Contact Number: (270) 443-7553
Fax: (270) 443-7553

Services Available:
IP – Behavioral Health Evaluation
IP – Collateral Services
IP – Individual Services
IP – Targeted Case Mgt

Four Rivers Behavioral Health
425 Broadway St.
Suite 201
Paducah, KY 42001
Contact Number: (270) 442-1452
Fax: (270) 442-6723

Services Available:
IP – Partial Hospitalization

Behavioral Management, LLC
2607 Jackson Street
Paducah, KY 42003
Contact Number: (270)442-2223
Fax: (270)442-2231

Payment Options:
Self Payment

Services Available:
SA – Outpatient Therapy
SA – DUI Assessments (Certified)
SA – DUI Education (Certified)

Driver Training Center of Kentucky 105 Lov-Flo Station West Lone Oak, KY 42001 Contact Number: (270)554-5505 Fax: (270)554-5505	Payment Options:
	Services Available: SA – Outpatient Therapy SA – DUI Assessments (Certified) SA – DUI Education (Certified)

Four Rivers Behavioral Health 425 Broadway, Ste. 103 Paducah, KY 42001 Mailing Address: 425 Broadway, Ste. 201 Paducah, KY 42001 www.4rbh.org Contact Number: 270-442-7121 Toll Free Number: 800-592-3980 Fax: 270-444-7132	Payment Options: Medicaid State Funded (other than Medicaid) Medicare Private Health Insurance Self Payment Sliding Scale Fee (fee based on income and other factors)
	Services Available: SA – Outpatient Therapy Outpatient: Male Adult Outpatient: Male Adolescent Outpatient: Female Adult Outpatient: Female Adult pregnant Outpatient: Female Adolescent Outpatient: Female Adolescent pregnant SA – DUI Assessments (Certified) SA – DUI Education (Certified)

Four Rivers Behavioral Health - Friedman Center 1405 South 3rd Street Paducah, KY 42003 Contact Number: (270)442-9131 Toll Free Number: (800)592-3980 Fax: (270)442-9132	Payment Options:
	Services Available:

The Morton Center 115 Noah Cove, Ste. C Paducah, KY 42003 www.themortoncenter.org Contact Number: (270)554-3600 Fax: (270)554-3602	Payment Options: Private Health Insurance Self Payment Sliding Scale Fee (fee based on income and other factors)
	Services Available:

	SA – Intensive Outpatient Therapy SA – Outpatient Therapy SA – DUI Assessments (Certified) SA – DUI Education (Certified) SA – Opioid Addiction Treatment
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Millstone Counseling Center LLC 4001 Hansen Rd. Paducah, KY 42001 Email: millstonecenter@aol.com Contact Number: 270-554-9216 Fax: 270-554-8732	Payment Options:
	Services Available: SA – Outpatient Therapy Outpatient: Male Adult Outpatient: Female Adult SA – DUI Assessments (Certified) SA – DUI Education (Certified)

Paducah Professional Associates 125 South 17th Street Paducah, KY 42001 Contact Number: 270-443-0096 Fax: 270-443-0080	Payment Options:
	Services Available: SA – Opioid Addiction Treatment Methadone: Detox (Licensed) Methadone: Maintenance (Licensed) Buprenorphine: Detox Buprenorphine: Maintenance

Calloway County

Program: Substance Abuse Treatment	
Four Rivers Behavioral Health 1051 North 16th Street, Ste. B Murray, KY 42071 www.4rbh.org Contact Number: 270-753-6622 Toll Free Number: 800-592-3980 Fax: 270-444-7132	Payment Options: Medicaid State Funded (other than Medicaid) Medicare Private Health Insurance Self Payment Sliding Scale Fee (fee based on income and other factors)
	Services Available:

	SA – Outpatient Therapy Outpatient: Male Adult Outpatient: Male Adolescent Outpatient: Female Adult Outpatient: Female Adult pregnant Outpatient: Female Adolescent Outpatient: Female Adolescent pregnant SA – DUI Assessments (Certified) SA – DUI Education (Certified)
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Behavioral Management, LLC 100 North 6th Street Murray, KY 42071 Mailing Address: 2607 Jackson Street Paducah, KY 42003- Contact Number: (270) 753-9797 Fax: (270) 442-2231	Services Available: DUI – 20 Hour Education DUI – Assessment DUI – Outpatient Therapy
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Muehleman Psychological Consulting Services 503 Poplar Street Murray, KY 42071 Contact Number: (270)753-9964 Fax: (270)753-2757	Payment Options:
	Services Available: SA – Outpatient Therapy SA – DUI Assessments (Certified) SA – DUI Education (Certified) DUI – 20 Hour Education DUI – Assessment DUI – Outpatient Therapy

Behavioral Management, LLC 100 North Sixth Street Murray, KY 42071 Contact Number: (270)753-9797 Fax: (270)442-2231	Payment Options: Self Payment
	Services Available: SA – Outpatient Therapy SA – DUI Assessments (Certified) SA – DUI Education (Certified)

<p>Four Rivers Behavioral Health 1051 North 16th Street, Ste. B Murray, KY 42071 www.4rbh.org Contact Number: 270-753-6622 Toll Free Number: 800-592-3980 Fax: 270-444-7132</p>	<p>Payment Options: Medicaid State Funded (other than Medicaid) Medicare Private Health Insurance Self Payment Sliding Scale Fee (fee based on income and other factors)</p>
	<p>Services Available: SA – Outpatient Therapy Outpatient: Male Adult Outpatient: Male Adolescent Outpatient: Female Adult Outpatient: Female Adult pregnant Outpatient: Female Adolescent Outpatient: Female Adolescent pregnant SA – DUI Assessments (Certified) SA – DUI Education (Certified)</p>

<p>Messmer & Assoc., LLC 408 South 12th St. Murray, KY 42071 Contact Number: (270)753-9964 Fax: (270)753-9964</p>	<p>Payment Options: Self Payment</p>
	<p>Services Available: SA – Outpatient Therapy SA – DUI Assessments (Certified) SA – DUI Education (Certified)</p>

<p>The Counseling Center 304 North 4th St. Murray, KY 42071 Mailing Address: PO Box 587 Benton, KY 42025 Contact Number: 270-293-4819 Crisis Number: 270-293-4819 Fax: 270-906-2088</p>	<p>Payment Options:</p>
	<p>Services Available: SA – Outpatient Therapy Outpatient: Male Adult Outpatient: Male Adolescent Outpatient: Female Adult Outpatient: Female Adult pregnant Outpatient: Female Adolescent Outpatient: Female Adolescent pregnant SA – DUI Assessments (Certified) SA – DUI Education (Certified)</p>

<p>The Counseling Center 304 N. 4th Street Murray , KY 42071 Mailing Address: P.O. Box 587 Benton, KY 42025-0587 Contact Number: (270) 293-4819 Fax: (270) 252-1145</p>	<p>Services Available: DUI – 20 Hour Education DUI – Assessment DUI – Outpatient Therapy</p>
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Marshall County

<p>The Counseling Center 806 Poplar Street Benton, KY 42025 Mailing Address: P.O. Box 587 Benton, KY 42025-0587 Contact Number: (270) 252-1211 Fax: (270) 252-1145</p>	<p>Services Available: DUI – 20 Hour Education DUI – Assessment DUI – Outpatient Therapy</p>
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<p>The Counseling Center 806 Poplar St. Benton, KY 42025-0587 Mailing Address: PO Box 587 Benton, KY 42025-0587 Contact Number: 270-252-1211 Crisis Number: 270-293-4819 Fax: 270-906-2088</p>	<p>Payment Options: Self Payment Sliding Scale Fee (fee based on income and other factors)</p> <p>Services Available: SA – Outpatient Therapy Outpatient: Male Adult Outpatient: Male Adolescent Outpatient: Female Adult Outpatient: Female Adult pregnant Outpatient: Female Adolescent Outpatient: Female Adolescent pregnant SA – DUI Assessments (Certified) SA – DUI Education (Certified)</p>
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Health Department Listing

Purchase District Health Department
916 Kentucky Avenue
P.O. Box 2357
Paducah, KY 42002-2357
Phone: 270-444-9625
Fax: 270-575-5458

Ballard County
198 Bluegrass Drive
LaCenter, KY 42056
Phone: 270-665-5432
Fax: 270-665-9166

Calloway County
602 Memory Lane
Murray, KY 42071
Phone: 270-753-3381
Fax: 270-753-8455

Carlisle County
East Court Street
P.O. Box 96
Bardwell, KY 42023
Phone: 270-628-5431
Fax: 270-628-3811

Fulton County
402 Troy Street
Hickman, KY 42050
Phone: 270-236-2825
Fax: 270-236-9434

Fulton County Center – East
350 Browder Street
Fulton, KY 42041
Phone: 270-472-1985
Fax: 270-472-1983

Graves County Health Department
320 N. 7th Street
P.O. Box 414
Mayfield, KY 42066
Phone: 270-247-1490
Fax: 270-251-3358

Graves County
416 Central Avenue
Mayfield, KY 42066
Phone: 270-247-3553
Fax: 270-247-1391

Marshall County Health Department
307 East 12th Street
Benton, KY 42025
Phone: 270-527-1496
Fax: 270-527-5321

Paducah-McCracken County
916 Kentucky Avenue
P.O. Box 2597
Paducah, KY 42002-2597
Phone: 270-444-9631
Fax: 270-442-8769

Hickman County
370 S. Washington Street
Clinton, KY 42031
Phone: 270-653-6110
Fax: 270-653-6523

Free Sliding Scale Health Clinics

ANGELS COMMUNITY CLINIC

1005 Poplar St..
Murray, KY 42071
Ph: (270) 759-2223
Fax: (270) 759-2225
Calloway County

GRACE MEDICAL CLINIC

211 South 8th Street
P.O. Box 368
Mayfield, KY 42066
County: Graves
Ph: 270 251-9885
Fax: 270-251-9882

ST. NICHOLAS FAMILY FREE CLINIC

1901 Kentucky Avenue
Paducah, KY 42003
County: McCracken
Ph: (270) 575-3247
Fax: (270) 442-7335

Rental housing

- The lease
- The security deposit
- Guidelines to avoid problems
- Tenant responsibilities
- Moving
- Eviction
- Right of entry
- Subletting
- Discrimination

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
- 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.
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.

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.

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.

Right to entry

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

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

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.

PHA Contact Information

Kentucky

This listing is ordered by **city**. View it [ordered by zip](#).

HA Code	PHA Name, Phone & Fax Number	Address	Type [?]
KY091	<u>Benton</u> Phone: (270)527-3626 Fax: (270)527-2413	101 Walnut Court Benton KY 42025	Low-Rent
KY043	<u>Fulton</u> Phone: (270)472-1115 Fax: (270)472-9519	201 N Highland Drive Fulton KY 42041	Low-Rent
KY037	<u>Hickman</u> Phone: (270)236-2888 Fax: (270)236-2204	1209 Holly Street, Suite 50 Hickman KY 42050	Low-Rent
KY040	<u>Mayfield</u> Phone: (270)247-6391 Fax: (270)247-8978	312 Brookside Drive Mayfield KY 42066	Both
KY030	<u>Murray</u> Phone: (270)753-5000 Fax: (270)753-2073	716 Nash Drive Murray KY 42071	Low-Rent
KY137	<u>Paducah CDA</u> Phone: (270)444-8531 Fax: (270)444-1352	300 South 5th Street, Room 208 Paducah KY 42001	Section 8
KY006	<u>Paducah</u> Phone: (270)450-4210 Fax: (270)444-0230	2330 Ohio Street Paducah KY 42003	Low-Rent

BALLARD COUNTY

La Center Apartments
754 North Broadway
LaCenter, KY 42056
(573) 448-3564

Colony House Apartments
100 S 6th St.
Barlow, KY 42024
(270) 334-3148

Liberty Manor Apartments
526 Phillips Dr.
Wickliffe, KY 42087
(270) 965-5000

CALLOWAY COUNTY

Mallard's National Hotel, Ltd.
100 N 6th St.
Murray, KY 42071
(270) 753-0757

Forest View Apartments
1213 North 16th St.
Murray, KY 42071
(270) 753-1970

University Heights
1734 Campbell Street
Murray, KY 42071
(859) 276-5388

Hazel Apartments
1st and Center St.
Hazel, KY 42049
(270) 527-8574

Duiguid Apartments
1002 Medical Dr.
Murray, KY 42066
(270) 251-6113

Mur Cal Apartments
902 Northwood Dr.
Murray, KY 42071
(270) 759-4984

Housing Authority of Murray
716 Nash Dr.
Murray, KY 42071
(270) 753-5000

Wesley at Murray
440 Utterback Rd.
Murray, KY 42071
(270) 753-7735

Calloway Gardens
1505 Duiguid Dr.
Murray, KY 42071
(270) 753-8556

Gentry House
603 Memory Lane
Murray, KY 42071

Essex Downs Apartments
1511 Duiguid Dr.
Murray, KY 42071
(270) 753-8556

National Hotel Apartments
100 N 6th St.
Murray, KY 42071
(270) 753-0759

Hazel Accessible Home Const.
208 Barnett St.
Hazel, KY 42049

Tanglewood Apartments
1750 Lowes Dr.
Murray, KY 42071

CARLISLE COUNTY

Arlington Heights Apartments
73 Hobbs St.
Arlington 42021
(270) 334-3148 or (270) 527-1311

Elmwood Apartments
324 Orchard St.
Bardwell, KY 42023

FULTON COUNTY

Housing Authority of Fulton
200 North Highland Dr.
Fulton, KY 42041
(270) 472-1115

Housing Authority of Hickman
50 Holly Court
Hickman, KY 42050
(270) 236-2888

Parkway Square (Meadow Wood)
1001 Airport Rd.
Fulton, KY 42041
(270) 472-3020

GRAVES COUNTY

Locust Ridge Apartments
Lebanon St.
Wingo, KY 42088
(270) 251-6136

Eloise Fuller Apartments (Assisted Lvg)
206 W South St.
Mayfield, KY 42066 Graves
(270) 247-1848

Housing Authority of Mayfield
312 Brookside Dr.
P.O. Box 474
Mayfield, KY 42066
(270) 247-6391

Crestview Apartments
50 N 4th St. Arlington 42021
(270) 665-5791

Garland Manor Apartments
215 Road St
Bardwell, KY 42023
(270) 334-3148

Fulton Manor Apartments I
1109 Middle Road
Fulton, KY 42041
(731) 427-1116

Hickman Manor Apartments II
1706 Highway 125
Hickman, KY 42050
(731) 427-1116

Indian Hills Village
305 Bernal Ave.
Hickman, KY 42050
(270) 236-3272

Mayfield Manor II Apartments
320 East James Street
Mayfield, KY 42066
(731) 427-1116

Mayfield Manor Apartments
320 East James Street
Mayfield, KY 42066
(731) 427-1116

Windhaven Apartments Ltd.
305 North 2nd St
Mayfield, KY 42066
(270) 247-8135

Windhaven II Apartments
240 North 4th St.
Mayfield, KY 42066
(270) 247-8135

Windhaven III Apartments
306 N 4th St.
Mayfield, KY 42066
(270) 247-8135

Davis Apartments
2049 Marion Circle
Mayfield, KY 42066
(270) 247-3054

Mayfield Plaza Apartments
404 Babb Dr.
Mayfield, KY 42066
(270) 247-7723

Willow Group Home Apartments
230 E Willow Dr.
Mayfield, KY 42066
(270) 442-5088

Lighthouse Children's Home
218 North Sixth St.
Mayfield, KY 42066

HICKMAN COUNTY

Clinton Elderly Apartments
300 Hindley Ct.
Clinton, KY 42031
(270) 653-2582

Henley Park Apartments
300 Henley Court
Clinton, KY 42031
(859) 276-5388

MARSHALL COUNTY

Town Creek Apartments
380 E 14th St.
Benton, KY 42025
(270) 527-9321

Plumlee Apartments
55 Plumlee Street
Wingo, KY 42066
(270) 247-1745

Mayfield Garden Apartments
602 1/2 S 12th St.
Mayfield, KY 42066
(270) 247-1559

Westwood Apartments
60 Westwood Avenue
Symsonia, KY 42082
(270) 851-3681

Wingo Apartments
90 Atlantic Ave.
Wingo, KY 42088
(270) 247-8135

Villa Madonna East 36
Father Riney Rd
Fancy Farm, KY 42039
(270) 623-6302

Clinton Hills Apartments
205 Ringo Dr.
Clinton, KY 42031
(270) 653-6218

Clinton Apartments
200 Ezell Lane
Clinton, KY 42031
(270) 653-4593

Housing Authority of Benton
101 Walnut Court
Benton, KY 42025
(270) 527-3626

Allendale Apartments Ltd.
1721 Golf Course Rd.
Benton, KY 42025
(270) 527-8574

Allendale II Apartments
1721 Golf Course Rd.
Benton, KY 42025
(270) 527-8574
Walnut Court Apartments
101 Walnut Court
Benton, KY 42025
(270) 527-3626

Cox Manor Apartments
2 Cox Manor Dr.
Calvert City, KY 42029
(270) 395-4126

Willis Green Group Home
702 Cherry St.
Benton, KY 42025
(270) 527-0663

Hawthorne Apartments
1143 Sixth Ave.
Calvert City, KY 42029

Calvert City Apts.
553 Cedar St. #61
Calvert City, KY 42029
(864) 239-1471

Hilldale Apartments
64 Hilldale Ln. #301
Hardin, KY 42048
(270) 437-4113
Hardin Apartments
25 Harlan Ln.
Hardin, KY 42048
(270) 527-1311

Lakeland Wesley Village II
1127 Village Rd. #66
Benton, KY 42025
(270) 354-8888

Baker Apartments
742 Birch St.
Benton, KY 42025
(270) 527-2115

MCCRACKEN COUNTY

Jetton Schoolhouse Apartments
401 Walter Jetton Blvd.
Paducah, KY 42003
(606) 431-1604

Red Ink II
413 Broadway
Paducah, KY 42001
(270) 534-4434

Southgate Manor
610 Caldwell
Paducah, KY 42003
(270) 442-6621

Red Ink I
126 S. Second St.
Paducah, KY 42001
(270) 534-4434

Housing Authority of Paducah
2330 Ohio St.
Paducah, KY 42003
(270) 443-3634

McAuley Manor
631 McAuley Dr.
Paducah, KY 42003
(270) 575-0050

Mercy Manor
601 McAuley Dr.
Paducah, KY 42203
(270) 415-9166

Irvin Cobb Apartments
600 Broadway
Paducah, KY 42001
(270) 443-4721

Whittier Apartments
1301 N 13th St.
Paducah, KY 42001
(270) 443-3809

W.B. Sanders Retirement Ctr.
820 Washington St.
Paducah, KY 42003
(270) 442-7591

Jackson House
301 S 9th St.
Paducah 42003
(270) 442-7591

Dudley Court Apartments
801 McGuire Ave.
Paducah, KY 42001
(270) 442-5160

Lone Oak Manor Apartments
650 College Avenue, #77
Paducah, KY 42001
(270) 554-0504

Dublin Manor
665 McAuley Dr.
Paducah, KY 42003
(270) 441-0026

Riverwood Apts
421 S 9th St.
Paducah, KY 42003
(270) 442-7121

Emergency and Transitional Shelters

Ballard County

Emergency and Transitional Shelter

Merryman House
2304 Ohio St., Harvey Riley Center for Education, 2nd Floor,

Paducah, KY 42001

(270) 448-8050

Victims of domestic violence (34 emergency and 20 transitional beds located in McCracken County). Outreach services only available in Ballard County.

Emergency Assistance

Heartland Cares

619 N. 30th St., Paducah, KY 42001

(270) 444-8183

Website: www.hcares.org

Provides primary care for individuals living with HIV/AIDS and assistance with housing, utilities, food, transportation, and medications for individuals living with HIV/AIDS.

Saint Mary Food Pantry

624 Broadway, LaCenter, KY 42056

(270) 655-5551

Food and food commodities

West Kentucky Allied Services

Ballard County Courthouse, Wickliffe, KY 42087

(270) 335-5201.

Employment and education assistance; housing assistance; weatherization and home repair; homeless and emergency services; respite care; food assistance and homemaker services; wintercare funds and job bank.

Housing Case Management

Purchase Area Supportive Housing Program

1002 Medical Drive, Mayfield, KY 42066

(270) 247-7171

Website: www.purchaseadd.org

First month's rent, rent deposit, and/or utility deposits for persons who meet the HUD definition of homeless and who have a source of income. Network with other agencies to provide temporary shelter and services. Case management to help assisted families maintain permanent housing.

Mental Health Assistance/ Substance Abuse Services/ Mental Retardation Services

Four Rivers Behavioral Health Board, Inc.

www.4rbh.org

425 Broadway, Paducah, KY 42001

(270) 442-7121 or 866-442-7121

Crisis Line (800) 592-3980

Serves all counties in Purchase region plus Livingston.

Community Mental Health Center; mental health assistance, outpatient therapy, service coordination, crisis stabilization, specialized children services, psychiatric services, and service referrals. Substance abuse treatment; DUI offender education, urinalysis screenings, and outpatient therapy. Mental retardation services include support coordination, residential services, respite services, and community living supports.

Calloway County

Emergency Shelters

Gentry House, Inc.

629 Broad St., Murray, KY 42071

(270) 761-6802

Families with children; (16 beds, length of stay up to 30 days)

Merryman House

629 Broad Extended, Murray, KY 42071

(270) 759-2373

Victims of domestic violence (34 emergency and 20 transitional beds located in McCracken County) Outreach services available only in Calloway County.

Emergency Assistance

Calloway County Family Resources Center

1169 Pottertown Rd., Murray, KY 42071

(270) 753-3070.

Clothing bank; transportation assistance and job skills training. Services limited to families in Calloway county with children in Calloway elementary schools or younger.

Glendale Road Church of Christ

1101 Glendale Dr., Murray, KY 42701

(270) 753-3714

Food, clothing and household items.

Heartland Cares

619 N. 30th St., Paducah, KY 42001

(270) 444-8183

Website: www.hcares.org

Provides primary care for individuals living with HIV/AIDS and provides assistance with housing, utilities, food, transportation, and medications for individuals living with HIV/AIDS.

Murray-Calloway County Need Line

638 S. Fourth St., Murray, KY 42071

(270) 753-6333

Referral services, food pantry, food commodities, rent and utility assistance, medicine (non narcotic), medical transportation (off-site and limited to Murray and Calloway County residents). Hours of operation 10 a.m. to 4 p.m. Monday through Friday.

West Kentucky Allied Services, Inc.
607 Poplar St., Murray, KY 42071
(270) 753-0908

Employment and education assistance; housing assistance; weatherization and home repair; homeless and emergency services; respite care; food assistance and homemaker services; cub scouts

Housing Case Management

Purchase Area Supportive Housing Program
1002 Medical Drive, Mayfield, KY 42066
(270) 247-7171

Website: www.purchaseadd.org

First month's rent, rent deposit, and/or utility deposits for persons who meet the HUD definition of homeless and who have a source of income. Network with other agencies to provide temporary shelter and services. Case management to help assisted families maintain permanent housing.

Mental Health Assistance/ Substance Abuse Services/ Mental Retardation Services

Four Rivers Behavioral Health Board, Inc.

www.4rbh.org

1051 North 16th St., Suite B, Murray, KY 42701

(270) 753-6622 or (877) 753-6622

Crisis Line (800) 592-3980

Serves all counties in Purchase region plus Livingston.

Community Mental Health Center; mental health assistance, outpatient therapy, service coordination, crisis stabilization, specialized children services, psychiatric services, and service referrals. Substance abuse treatment; DUI offender education, urinalysis screenings, and outpatient therapy. Mental retardation services include support coordination, residential services, respite services, and community living supports.

Permanent Housing

Diuguid Apartments

Purchase Housing Corporation

1408A-1412B Diuguid Drive, Murray, KY 42071

(270) 247-7171

2- and 3-Bedroom units with rental assistance for low-income families or persons with mental or physical challenges.

Carlisle County

Emergency and Transitional Shelter

Merryman House

427 E. Broadway, Mayfield, KY 42066

(270) 251-2060

Victims of domestic violence (34 emergency and 20 transitional beds located in McCracken County) Outreach services available only in Carlisle County.

Emergency Assistance

Carlisle County Senior Citizens

P.O. Box 505, Bardwell, KY 42023

(270) 628-5474

Food and food commodities

Heartland Cares

619 N. 30th St., Paducah, KY 42001

(270) 444-8183

Website: www.hcares.org

Provides primary care for individuals living with HIV/AIDS and provides assistance with housing, utilities, food, transportation, and medications for individuals living with HIV/AIDS.

West Kentucky Allied Services, Inc.

P.O. Box 293, Cheatham St., Bardwell, KY 42023

(270) 628-3941

Employment and education assistance; housing assistance; weatherization and home repair; homeless and emergency services; respite care; food assistance; Salvation Army funds; FEMA distribution

Housing Case Management

Purchase Area Supportive Housing Program

1002 Medical Drive, Mayfield, KY 42066

(270) 247-7171

Website: www.purchaseadd.org

First month's rent, rent deposit, and/or utility deposits for persons who meet the HUD definition of homeless and who have a source of income. Network with other agencies to provide temporary shelter and services. Case management to help assisted families maintain permanent housing.

Mental Health Assistance/ Substance Abuse Services/ Mental Retardation Services

Four Rivers Behavioral Health Board, Inc.

www.4rbh.org

1525 Cuba Rd., Mayfield, KY 42066

(270) 247-2588 or 866-369-2588 or

425 Broadway, Paducah, KY 42001

(270) 442-7121 or 866-442-7121

Crisis Line (800) 592-3980

Serves all counties in Purchase region plus Livingston.

Community Mental Health Center; mental health assistance, outpatient therapy, service coordination, crisis stabilization, specialized children services, psychiatric services, and service referrals. Substance abuse treatment; DUI offender education, urinalysis screenings, and outpatient therapy. Mental retardation services include support coordination, residential services, respite services, and community living supports.

Fulton County

Emergency and Transitional Shelter

Merryman House

427 E. Broadway, Mayfield, KY 42066

(270) 251-2060

Victims of domestic violence (34 emergency and 20 transitional beds located in McCracken County) Outreach services available at Fulton Housing Authority Office Complex, 201 Highland Drive, Fulton, KY

(270) 472-1115, 9:30 - 12:30 on Tuesday mornings. Other times by appointment.

Emergency Assistance

Alternative Resources for Kentucky

Rt.1, 2004 Bypass, Hickman, KY 42050

(270) 236-2594

Food; emergency medicine; transportation and utility assistance

Family Connections

213 Seventh St., Fulton, KY 42041

(270) 472-6924

Referrals for counseling and job training services.

Fulton County A.R.K.

2004 Bypass, Hickman, KY 42050

(270) 236-3480

Food pantry, clothing and utility assistance; health and educational services; job and service referrals

Heartland Cares

619 N. 30th St., Paducah, KY 42001

(270) 444-8183

Website: www.hcares.org

Provides primary care for individuals living with HIV/AIDS and assistance with housing, utilities, food, transportation, and medications for individuals living with HIV/AIDS.

Johnson Grove Baptist Church
8135 Chappell Hill Rd., South Fulton, TN 38257
(731) 479-3551
Food and food commodities

Merryman House - Domestic Violence Assistance
Fulton Housing Authority Office Complex, 201 Highland Dr., Fulton, KY 42041
(270) 472-1115
9:30 - 12:30 on Tuesday mornings. Other times by appointment.

Twin Cities C.A.R.E.
140 Broadway, South Fulton, TN 38257
(615) 479-9662
Clothing, food and household supplies; service referrals

West Kentucky Allied Services
219 Clinton St., Hickman, KY 42050
(270) 236-3797
Employment and education assistance; housing assistance; weatherization and home repair; homeless and emergency services; respite care; food assistance and homemaker services; wintercare funds and job bank.

Housing Case Management

Purchase Area Supportive Housing Program
1002 Medical Drive, Mayfield, KY 42066
(270) 247-7171

Website: www.purchaseadd.org

First month's rent, rent deposit, and/or utility deposits for persons who meet the HUD definition of homeless and who have a source of income. Network with other agencies to provide temporary shelter and services. Case management to help assisted families maintain permanent housing.

Mental Health Assistance/ Substance Abuse Services/ Mental Retardation Services

Four Rivers Behavioral Health Board, Inc.

www.4rbh.org

1525 Cuba Rd., Mayfield, KY 42066

(270) 247-2588 or (866) 369-2588

Crisis Line (800) 592-3980

Serves all counties in Purchase region plus Livingston.

Community Mental Health Center; mental health assistance, outpatient therapy, service coordination, crisis stabilization, specialized children services, psychiatric services, and service referrals. Substance abuse treatment; DUI offender education, urinalysis screenings, and outpatient therapy. Mental retardation services include support coordination, residential services, respite services, and community living supports.

Educational Assistance

Homeless Education Grant Program, Family Resource Center

P.O. Box 50, Hickman, KY 42050

(270) 236-9515

Educational outreach and services for Fulton County students only

Graves County

Emergency and Transitional Shelter

Mission, Inc.

410 West Water Street, P.O. Box 5007, Mayfield, KY 42006

(270) 247-1142

Emergency shelter for men (12 beds)

Merryman House

427 E. Broadway, Mayfield, KY 42066

(270) 251-2060

Victims of domestic violence (34 emergency and 20 transitional beds located in McCracken County) Outreach services available only in Grave County.

Lighthouse Shelter

P.O. Box, Mayfield, KY 42066

(270) 247-9226

Women and children. (15 beds)

Emergency Assistance

The Annie Gardner Foundation

620 S. Sixth and College Sts., Mayfield, KY 42066

(270) 247-5803

Utility assistance; rent and lodging assistance (1 day to 1 month); clothing bank; medication assistance; and service referrals

First Assembly of God

111 N. Sutton Lane, P.O. Box 566, Mayfield, KY 42066

(270) 247-5677

Food and food commodities open from 9 to 11 a.m. Thursdays only.

Graves County Need Line

1101 Paris Rd., Fountain Square, Ste. 337

P.O. Box 622, Mayfield, KY 42066

(270) 247-6333

Food and food commodities; medication assistance and utility assistance.

Heartland Cares

619 N. 30th St., Paducah, KY 42001

(270) 444-8183

Website: www.hcares.org

Provides primary care for individuals living with HIV/AIDS and provides assistance with housing, utilities, food, transportation, and medications for individuals living with HIV/AIDS.

West Kentucky Allied Services, Inc.
222 W. Water St., Mayfield, KY 42066
(270) 247-4046

Employment and education assistance; housing assistance; weatherization and home repair; homeless and emergency services; respite care; food assistance and homemaker services; FEMA and Salvation Army funds

Housing Case Management

Purchase Area Supportive Housing Program
1002 Medical Drive, Mayfield, KY 42066
(270) 247-7171

Website: www.purchaseadd.org

First month's rent, rent deposit, and/or utility deposits for persons who meet the HUD definition of homeless and who have a source of income. Network with other agencies to provide temporary shelter and services. Case management to help assisted families maintain permanent housing.

Mental Health Assistance/ Substance Abuse Services/ Mental Retardation Services

Four Rivers Behavioral Health Board, Inc.

www.4rbh.org

1525 Cuba Rd., Mayfield, KY 42066
(270) 247-2588 or (866) 369-2588

Crisis Line (800) 592-3980

Serves all counties in Purchase region plus Livingston.

Community Mental Health Center; mental health assistance, outpatient therapy, service coordination, crisis stabilization, specialized children services, psychiatric services, and service referrals. Substance abuse treatment; DUI offender education, urinalysis screenings, and outpatient therapy. Mental retardation services include support coordination, residential services, respite services, and community living supports.

Hickman County

Emergency and Transitional Shelter

Merryman House
427 E. Broadway, Mayfield, KY 42066
(270) 251-2060

Victims of domestic violence (34 emergency and 20 transitional beds located in McCracken County) Outreach services only available in Hickman County.

Emergency Assistance

Heartland Cares
619 N. 30th St., Paducah, KY 42001

(270) 444-8183

Website: www.hcares.org

Provides primary care for individuals living with HIV/AIDS and provides assistance with housing, utilities, food, transportation, and medications for individuals living with HIV/AIDS.

Mission House

111 West Clay St., Clinton, KY 42031

(270) 653-3271

Food and food commodities; clothing and household items.

West Kentucky Allied Services, Inc.

111 Clay St., Clinton, KY 42031

(270) 247-4046

Employment and education assistance; housing assistance; weatherization and home repair; homeless and emergency services; respite care; food assistance and homemaker services; FEMA and Salvation Army funds

Housing Case Management

Purchase Area Supportive Housing Program

1002 Medical Drive, Mayfield, KY 42066

(270) 247-7171

Website: www.purchaseadd.org

First month's rent, rent deposit, and/or utility deposits for persons who meet the HUD definition of homeless and who have a source of income. Network with other agencies to provide temporary shelter and services. Case management to help assisted families maintain permanent housing.

Mental Health Assistance/ Substance Abuse Services/ Mental Retardation Services

Four Rivers Behavioral Health Board, Inc.

www.4rbh.org

1525 Cuba Rd., Mayfield, KY 42066

(270) 247-2588 or (866) 369-2588

Crisis Line (800) 592-3980

Serves all counties in Purchase region plus Livingston.

Community Mental Health Center; mental health assistance, outpatient therapy, service coordination, crisis stabilization, specialized children services, psychiatric services, and service referrals. Substance abuse treatment; DUI offender education, urinalysis screenings, and outpatient therapy. Mental retardation services include support coordination, residential services, respite services, and community living supports.

Marshall County

Emergency and Transitional Shelter

Marshall County Safe Home

P.O. Box 858, Benton, KY 42025
(270) 527-1333

Merryman House
629 Broad Extended, Murray, KY 42071
(270) 759-2373

Victims of domestic violence (34 emergency and 20 transitional beds located in McCracken County) Outreach services available at Marshall County - DCBS Office 211 E. 7th St., Benton, KY (270) 527-1354, Tuesdays from 10 a.m. - 4 p.m. and other times by appointment.

Emergency Assistance

Heartland Cares
619 N. 30th St., Paducah, KY 42001
(270) 444-8183

Website: www.hcares.org

Provides primary care for individuals living with HIV/AIDS and assistance with housing, utilities, food, transportation, and medications for individuals living with HIV/AIDS.

Marshall County Caring & Need Line
P.O. Box 36, Benton, KY 42025
(270) 527-0024
Food and food commodities.

Merryman House - Domestic Violence Assistance
Marshall County - DCBS Office
211 E. 7th St., Benton, KY 42025
(270) 527-1354
Tuesdays from 10 a.m. - 4 p.m. and other times by appointment.

West Kentucky Allied Services, Inc.
P.O. Box 412, 200 East First St., Benton, KY 42025
(270) 527-9766
Employment and education assistance; housing assistance; weatherization and home repair; homeless and emergency services; respite care; food assistance and homemaker services; FEMA and Red Cross resources available

Housing Case Management

Purchase Area Supportive Housing Program
1002 Medical Drive, Mayfield, KY 42066
(270) 247-7171

Website: www.purchaseadd.org

First month's rent, rent deposit, and/or utility deposits for persons who meet the HUD definition of homeless and who have a source of income. Network with other agencies to provide temporary shelter and services. Case management to help assisted families maintain permanent housing.

Mental Health Assistance/ Substance Abuse Services/ Mental Retardation Services

Four Rivers Behavioral Health Board, Inc.

www.4rbh.org

1304 Main St., Benton, KY 42025

(270) 527-1434 or 866-357-1434

Crisis Line (800) 592-3980

Serves all counties in Purchase region plus Livingston.

Community Mental Health Center; mental health assistance, outpatient therapy, service coordination, crisis stabilization, specialized children services, psychiatric services, and service referrals. Substance abuse treatment; DUI offender education, urinalysis screenings, and outpatient therapy. Mental retardation services include support coordination, residential services, respite services, and community living supports.

McCracken County

Emergency and Transitional Shelters

Merryman House

P.O. Box 98, Paducah, KY 42002-0098

(270) 443-6001

McCracken Co. Outreach office

(270) 448-8050

Victims of domestic violence (34 emergency beds, 20 transitional beds) note: outreach offices located in each county of the Purchase Area Development District)

Paducah Cooperative Ministry

402 Legion Dr., Paducah, KY 42003

(270) 442-6795

Men, women and children; services on site (40 beds, length of stay 30-90 days)

River City Mission

P.O. Box 1000, Paducah, KY 42002

(270) 442-7921

Men and Families (50 beds for men; 4 cabins for families) Food, clothing and household items; job and service referrals

Emergency Assistance

Family Service Society, Inc.

827 Joe Clifton Dr., Paducah, KY 42001

(270) 443-4838

Clothing; health services; transportation; utility assistance; rent and lodging assistance (7 days to 1 month); service referrals

Heartland Cares

619 N. 30th St., Paducah, KY 42001

(270) 444-8183

Website: www.hcares.org

Provides primary care for individuals living with HIV/AIDS and assistance with housing, utilities, food, transportation, and medications for individuals living with HIV/AIDS.

Lone Oak Church of Christ

2960 Lone Oak Rd., Paducah, KY 42001

(270) 554-2511

Food and food commodities; clothing.

Paducah Cooperative Ministry

402 Legion Dr., Paducah, KY 42003

(270) 442-6795

Provides emergency food pantry assistance, financial assistance for rent evictions, utility disconnections, prescription medications, and stranded traveler needs. Limited to McCracken County residents. Hours of operation: 9-12 and 1-4, M-F.

Salvation Army

1128 Broadway, Paducah, KY 42001

(270) 443-8231

Food; clothing; limited transportation assistance; rent and utility assistance; emergency medication assistance (non narcotic); Federal Emergency Management Agency (FEMA) dollars available for rental evictions; furniture and household assistance with emergency referral letter; temporary shelter during natural disasters.

West Kentucky Allied Services, Inc.

505 South 8th St., Paducah, KY 42001

(270) 444-7380

Employment and education assistance; housing assistance; weatherization and home repair; homeless and emergency services; respite care; food assistance and homemaker services; wintercare funds and job bank.

Housing Case Management

Purchase Area Supportive Housing Program

1002 Medical Drive, Mayfield, KY 42066

(270) 247-7171

Website: www.purchaseadd.org

First month's rent, rent deposit, and/or utility deposits for persons who meet the HUD definition of homeless and who have a source of income. Network with other agencies to provide temporary shelter and services. Case management to help assisted families maintain permanent housing.

Mental Health Assistance/ Substance Abuse Services/ Mental Retardation Services

Four Rivers Behavioral Health Board, Inc.

www.4rbh.org

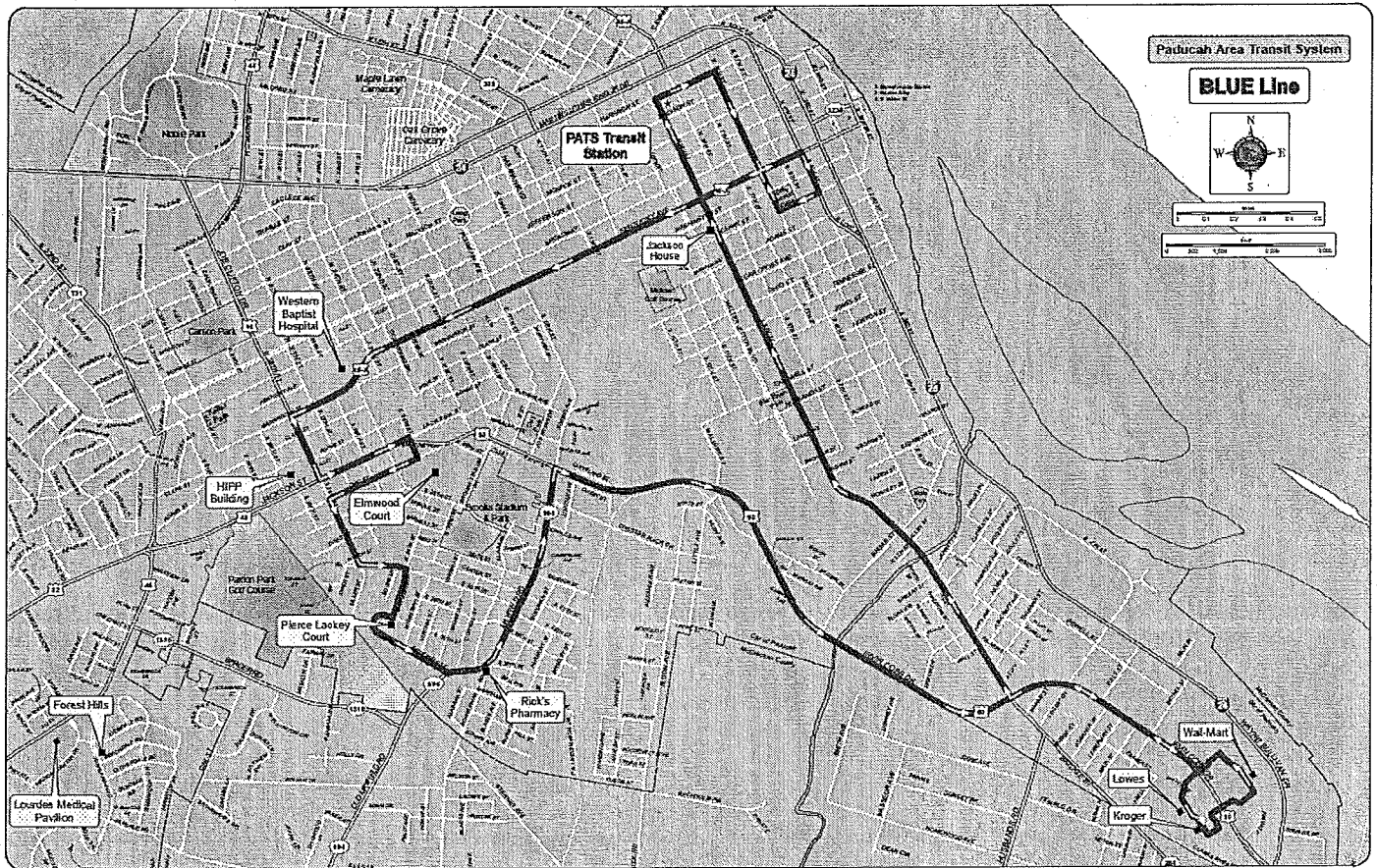
425 Broadway, Paducah, KY 42001

(270) 442-7121 or 866-442-7121

Crisis Line (800) 592-3980

Serves all counties in Purchase region plus Livingston.

Community Mental Health Center; mental health assistance, outpatient therapy, service coordination, crisis stabilization, specialized children services, psychiatric services, and service referrals. Substance abuse treatment; DUI offender education, urinalysis screenings, and outpatient therapy. Mental retardation services include support coordination, residential services, respite services, and community living supports.

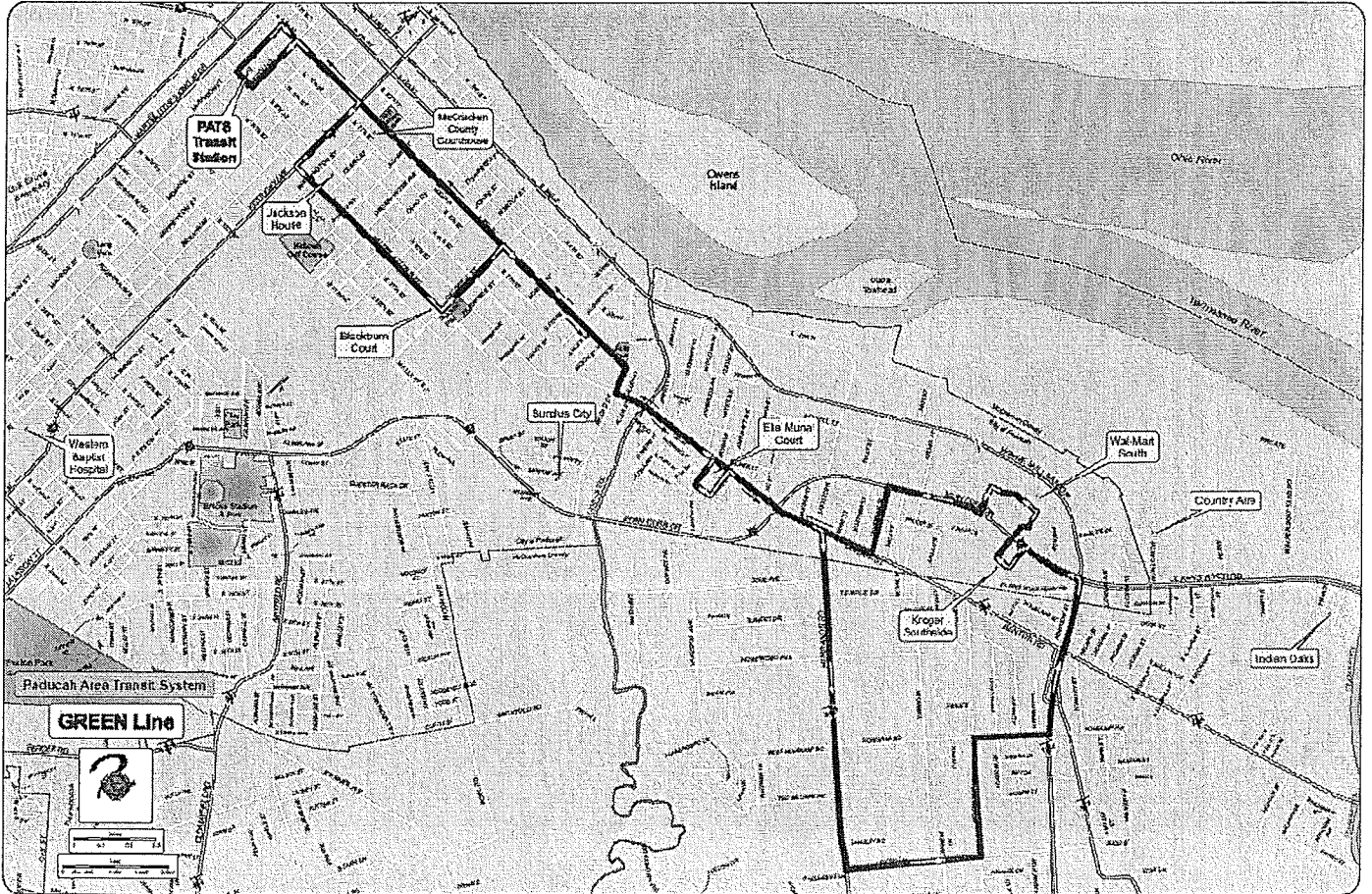


PATS Blue Line Route 1

Departs	Departs	Departs	Departs	Departs	Arrives
850 Harrison	Baptist Hosp.	Elmwood Ct.	Pierce Lackey	Wal Mart (South)	850 Harrison
6:00 AM	6:10 AM	6:15 AM	6:20 AM	6:30 AM	6:45 AM
7:00 AM	7:10 AM	7:15 AM	7:20 AM	7:30 AM	7:45 AM
8:00 AM	8:10 AM	8:15 AM	8:20 AM	8:30 AM	8:45 AM
9:00 AM	9:10 AM	9:15 AM	9:20 AM	9:30 AM	9:45 AM
10:30 AM	10:40 AM	10:45 AM	10:50 AM	11:00 AM	11:15 AM
11:30 AM	11:40 AM	11:45 AM	11:50 AM	12:00 PM	12:15 PM
12:30 PM	12:40 PM	12:45 PM	12:50 PM	1:00 PM	1:15 PM
1:30 PM	1:40 PM	1:45 PM	1:50 PM	2:00 PM	2:15 PM
2:30 PM	2:40 PM	2:45 PM	2:50 PM	3:00 PM	3:15 PM
3:30 PM	3:40 PM	3:45 PM	3:50 PM	4:00 PM	4:15 PM
4:30 PM	4:40 PM	4:45 PM	4:50 PM	5:00 PM	5:15 PM
5:30 PM	5:40 PM	5:45 PM	5:50 PM	6:00 PM	6:15 PM

PATS Blue Line Route 1 (Saturday)

Departs	Departs	Departs	Departs	Departs	Arrives
850 Harrison	Baptist Hosp.	Elmwood Ct.	Pierce Lackey	Wal Mart (South)	850 Harrison
9:00 AM	9:10 AM	9:15 AM	9:20 AM	9:30 AM	9:45 AM
10:00 AM	10:10 AM	10:15 AM	10:20 AM	10:30 AM	10:45 AM
11:00 AM	11:10 AM	11:15 AM	11:20 AM	11:30 AM	11:45 AM
12:00 PM	12:10 PM	12:15 PM	12:20 PM	12:30 PM	12:45 PM
1:30 PM	1:40 PM	1:45 PM	1:50 PM	2:00 PM	2:15 PM
2:30 PM	2:40 PM	2:45 PM	2:50 PM	3:00 PM	3:15 PM
3:30 PM	3:40 PM	3:45 PM	3:50 PM	4:00 PM	4:15 PM
4:30 PM	4:40 PM	4:45 PM	4:50 PM	5:00 PM	5:15 PM
5:30 PM	5:40 PM	5:45 PM	5:50 PM	6:00 PM	6:15 PM

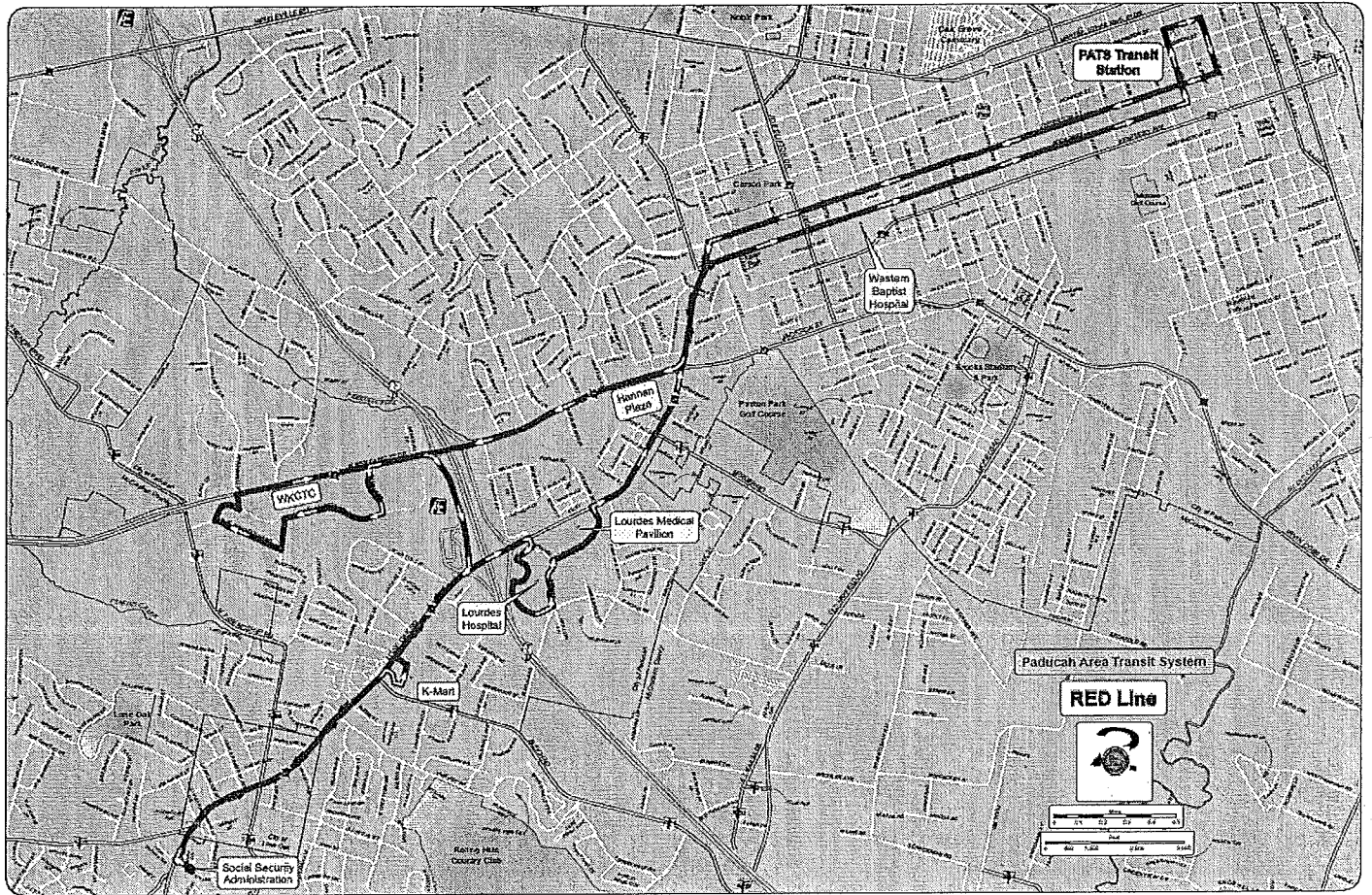


PATS Green Line Route 3

Departs 850 Harrison	Departs Blackburn Ct.	Departs Ella Munal Ct.	Departs Wal Mart (South)	Departs Ella Munal Ct.	Departs Cobb Apts	Arrives 850 Harrison
6:00 AM	6:05 AM	6:10 AM	6:20 AM	6:25 AM	6:30 AM	6:40 AM
7:00 AM	7:05 AM	7:10 AM	7:20 AM	7:25 AM	7:30 AM	7:40 AM
8:00 AM	8:05 AM	8:10 AM	8:20 AM	8:25 AM	8:30 AM	8:40 AM
9:00 AM	9:05 AM	9:10 AM	9:20 AM	9:25 AM	9:30 AM	9:40 AM
10:30 AM	10:35 AM	10:40 AM	10:50 AM	10:55 AM	11:00 AM	11:10 AM
11:30 AM	11:35 AM	11:40 AM	11:50 AM	11:55 AM	12:00 PM	12:10 PM
12:30 PM	12:35 PM	12:40 PM	12:50 PM	12:55 PM	1:00 PM	1:10 PM
1:30 PM	1:35 PM	1:40 PM	1:50 PM	1:55 PM	2:00 PM	2:10 PM
2:30 PM	2:35 PM	2:40 PM	2:50 PM	2:55 PM	3:00 PM	3:10 PM
3:30 PM	3:35 PM	3:40 PM	3:50 PM	3:55 PM	4:00 PM	4:10 PM
4:30 PM	4:35 PM	4:40 PM	4:50 PM	4:55 PM	5:00 PM	5:10 PM
5:30 PM	5:35 PM	5:40 PM	5:50 PM	5:55 PM	6:00 PM	6:10 PM

PATS Green Line Route 3 (Saturday)

Departs 850 Harrison	Departs Blackburn Ct.	Departs Ella Munal Ct.	Departs Wal Mart (South)	Departs Ella Munal Ct.	Departs Cobb Apts	Arrives 850 Harrison
9:00 AM	9:05 AM	9:10 AM	9:20 AM	9:25 AM	9:30 AM	9:40 AM
10:00 AM	10:05 AM	10:10 AM	10:20 AM	10:25 AM	10:30 AM	10:40 AM
11:00 AM	11:05 AM	11:10 AM	11:20 AM	11:25 AM	11:30 AM	11:40 AM
12:00 PM	12:05 PM	12:10 PM	12:20 PM	12:25 PM	12:30 PM	12:40 PM
1:30 PM	1:35 PM	1:40 PM	1:50 PM	1:55 PM	2:00 PM	2:10 PM
2:30 PM	2:35 PM	2:40 PM	2:50 PM	2:55 PM	3:00 PM	3:10 PM
3:30 PM	3:35 PM	3:40 PM	3:50 PM	3:55 PM	4:00 PM	4:10 PM
4:30 PM	4:35 PM	4:40 PM	4:50 PM	4:55 PM	5:00 PM	5:10 PM
5:30 PM	5:35 PM	5:40 PM	5:50 PM	5:55 PM	6:00 PM	6:10 PM

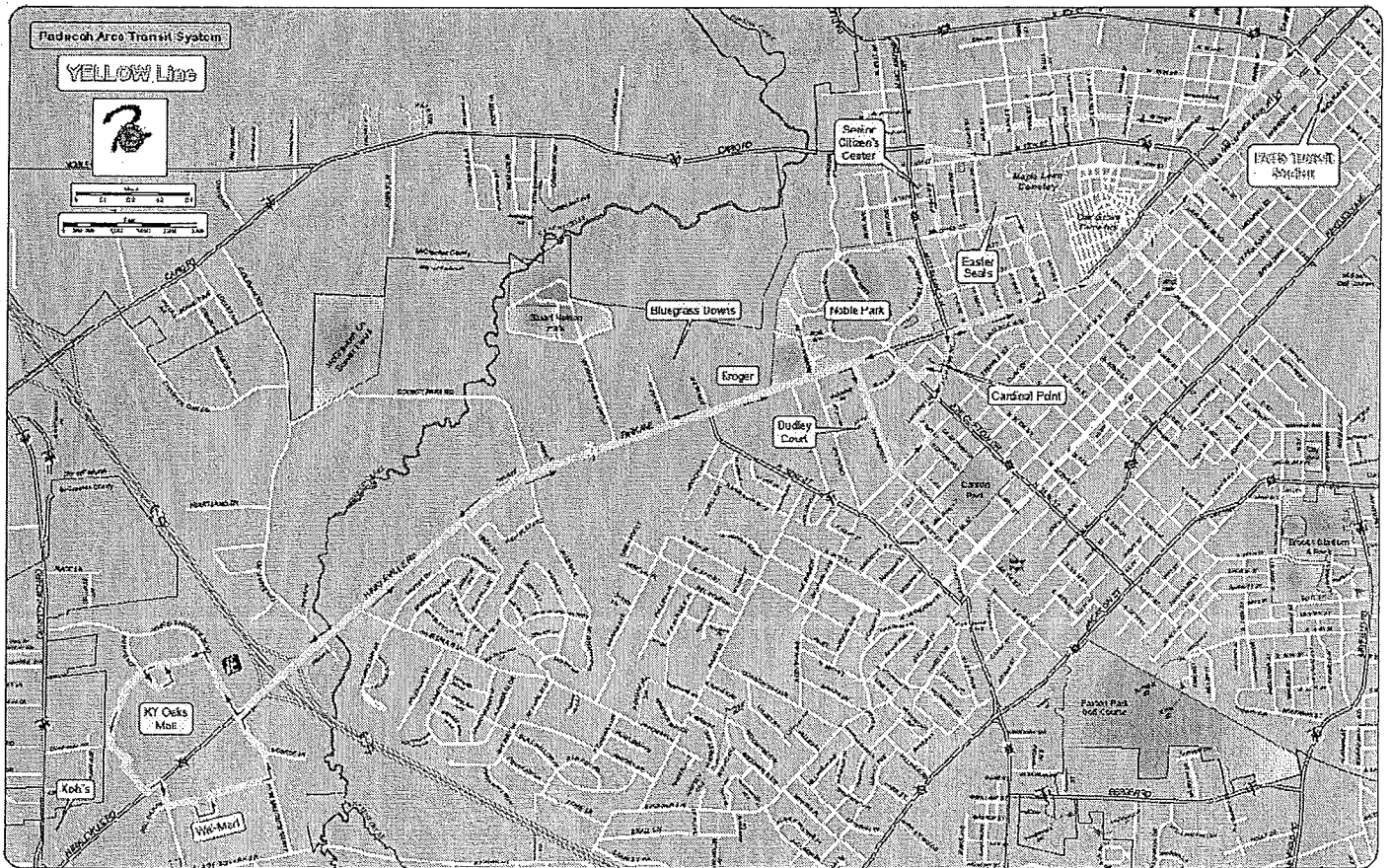


PATS Red Line Route 4

Departs	Departs	Departs	Departs	Departs	Departs	Arrives
850 Harrison	WKCTC	Social Security	K Mart	Lourdes Hosp.	Baptist Hosp.	850 Harrison
6:00 AM	6:20 AM	6:30 AM	6:35 AM	6:40 AM	6:45 AM	6:50 AM
7:00 AM	7:20 AM	7:30 AM	7:35 AM	7:40 AM	7:45 AM	7:50 AM
8:00 AM	8:20 AM	8:30 AM	8:35 AM	8:40 AM	8:45 AM	8:50 AM
9:00 AM	9:20 AM	9:30 AM	9:35 AM	9:40 AM	9:45 AM	9:50 AM
10:30 AM	10:50 AM	11:00 AM	11:05 AM	11:10 AM	11:15 AM	11:20 AM
11:30 AM	11:50 AM	12:00 PM	12:05 PM	12:10 PM	12:15 PM	12:20 PM
12:30 PM	12:50 PM	1:00 PM	1:05 PM	1:10 PM	1:15 PM	1:20 PM
1:30 PM	1:50 PM	2:00 PM	2:05 PM	2:10 PM	2:15 PM	2:20 PM
2:30 PM	2:50 PM	3:00 PM	3:05 PM	3:10 PM	3:15 PM	3:20 PM
3:30 PM	3:50 PM	4:00 PM	4:05 PM	4:10 PM	4:15 PM	4:20 PM
4:30 PM	4:50 PM	5:00 PM	5:05 PM	5:10 PM	5:15 PM	5:20 PM
5:30 PM	5:50 PM	6:00 PM	6:05 PM	6:10 PM	6:15 PM	6:20 PM

PATS Red Line Route 4 (Saturday)

Departs	Departs	Departs	Departs	Departs	Departs	Arrives
850 Harrison	WKCTC	Social Security	K Mart	Lourdes Hosp.	Baptist Hosp.	850 Harrison
9:00 AM	9:20 AM	9:30 AM	9:35 AM	9:40 AM	9:45 AM	9:50 AM
10:00 AM	10:20 AM	10:30 AM	10:35 AM	10:40 AM	10:45 AM	10:50 AM
11:00 AM	11:20 AM	11:30 AM	11:35 AM	11:40 AM	11:45 AM	11:50 AM
12:00 PM	12:20 PM	12:30 PM	12:35 PM	12:40 PM	12:45 PM	12:50 PM
1:30 PM	1:50 PM	2:00 PM	2:05 PM	2:10 PM	2:15 PM	2:20 PM
2:30 PM	2:50 PM	3:00 PM	3:05 PM	3:10 PM	3:15 PM	3:20 PM
3:30 PM	3:50 PM	4:00 PM	4:05 PM	4:10 PM	4:15 PM	4:20 PM
4:30 PM	4:50 PM	5:00 PM	5:05 PM	5:10 PM	5:15 PM	5:20 PM
5:30 PM	5:50 PM	6:00 PM	6:05 PM	6:10 PM	6:15 PM	6:20 PM



PATS Yellow Line Route 2

Departs 850 Harrison	Departs Senior Center	Departs Cardinal Point	Departs KY Oaks Mall	Departs Wai Mart (Mall)	Arrives 850 Harrison
6:00 AM	6:05 AM	6:10 AM	6:20 AM	6:25 AM	6:40 AM
7:00 AM	7:05 AM	7:10 AM	7:20 AM	7:25 AM	7:40 AM
8:00 AM	8:05 AM	8:10 AM	8:20 AM	8:25 AM	8:40 AM
9:00 AM	9:05 AM	9:10 AM	9:20 AM	9:25 AM	9:40 AM
10:30 AM	10:35 AM	10:40 AM	10:50 AM	10:55 AM	11:10 AM
11:30 AM	11:35 AM	11:40 AM	11:50 AM	11:55 AM	12:10 PM
12:30 PM	12:35 PM	12:40 PM	12:50 PM	12:55 PM	1:10 PM
1:30 PM	1:35 PM	1:40 PM	1:50 PM	1:55 PM	2:10 PM
2:30 PM	2:35 PM	2:40 PM	2:50 PM	2:55 PM	3:10 PM
3:30 PM	3:35 PM	3:40 PM	3:50 PM	3:55 PM	4:10 PM
4:30 PM	4:35 PM	4:40 PM	4:50 PM	4:55 PM	5:10 PM
5:30 PM	5:35 PM	5:40 PM	5:50 PM	5:55 PM	6:10 PM

PATS Yellow Line Route 2 (Saturday)

Departs 850 Harrison	Departs Senior Center	Departs Cardinal Point	Departs KY Oaks Mall	Departs Wai Mart (Mall)	Arrives 850 Harrison
9:00 AM	9:05 AM	9:10 AM	9:20 AM	9:25 AM	9:40 AM
10:00 AM	10:05 AM	10:10 AM	10:20 AM	10:25 AM	10:40 AM
11:00 AM	11:05 AM	11:10 AM	11:20 AM	11:25 AM	11:40 AM
12:00 PM	12:05 PM	12:10 PM	12:20 PM	12:25 PM	12:40 PM
1:30 PM	1:35 PM	1:40 PM	1:50 PM	1:55 PM	2:10 PM
2:30 PM	2:35 PM	2:40 PM	2:50 PM	2:55 PM	3:10 PM
3:30 PM	3:35 PM	3:40 PM	3:50 PM	3:55 PM	4:10 PM
4:30 PM	4:35 PM	4:40 PM	4:50 PM	4:55 PM	5:10 PM
5:30 PM	5:35 PM	5:40 PM	5:50 PM	5:55 PM	6:10 PM

PATS Trolley Route 6

Departs 850 Harrison	Departs Cobb Apts	Departs Jackson House	Departs Library/Post Office	Departs 2nd St & Broadway	Departs Anderson Ct.	Arrives 850 Harrison
8:00 AM	8:05 AM	8:10 AM	8:15 AM	8:20 AM	8:25 AM	8:30 AM
8:30 AM	8:35 AM	8:40 AM	8:45 AM	8:50 AM	8:55 AM	9:00 AM
9:00 AM	9:05 AM	9:10 AM	9:15 AM	9:20 AM	9:25 AM	9:30 AM
9:30 AM	9:35 AM	9:40 AM	9:45 AM	9:50 AM	9:55 AM	10:00 AM
10:00 AM	10:05 AM	10:10 AM	10:15 AM	10:20 AM	10:25 AM	10:30 AM
10:30 AM	10:35 AM	10:40 AM	10:45 AM	10:50 AM	10:55 AM	11:00 AM
11:00 AM	11:05 AM	11:10 AM	11:15 AM	11:20 AM	11:25 AM	11:30 AM
11:30 AM	11:35 AM	11:40 AM	11:45 AM	11:50 AM	11:55 AM	12:00 PM
12:30 PM	12:35 PM	12:40 PM	12:45 PM	12:50 PM	12:55 PM	1:00 PM
1:00 PM	1:05 PM	1:10 PM	1:15 PM	1:20 PM	1:25 PM	1:30 PM
1:30 PM	1:35 PM	1:40 PM	1:45 PM	1:50 PM	1:55 PM	2:00 PM
2:00 PM	2:05 PM	2:10 PM	2:15 PM	2:20 PM	2:25 PM	2:30 PM
2:30 PM	2:35 PM	2:40 PM	2:45 PM	2:50 PM	2:55 PM	3:00 PM
3:00 PM	3:05 PM	3:10 PM	3:15 PM	3:20 PM	3:25 PM	3:30 PM
3:30 PM	3:35 PM	3:40 PM	3:45 PM	3:50 PM	3:55 PM	4:00 PM
4:00 PM	4:05 PM	4:10 PM	4:15 PM	4:20 PM	4:25 PM	4:30 PM

PATS Trolley Route 6 (Saturday)

Departs 850 Harrison	Departs Cobb Apts	Departs Jackson House	Departs Library/Post Office	Departs 2nd St & Broadway	Departs Anderson Ct.	Arrives 850 Harrison
9:00 AM	9:05 AM	9:10 AM	9:15 AM	9:20 AM	9:25 AM	9:30 AM
9:30 AM	9:35 AM	9:40 AM	9:45 AM	9:50 AM	9:55 AM	10:00 AM
10:00 AM	10:05 AM	10:10 AM	10:15 AM	10:20 AM	10:25 AM	10:30 AM
10:30 AM	10:35 AM	10:40 AM	10:45 AM	10:50 AM	10:55 AM	11:00 AM
11:00 AM	11:05 AM	11:10 AM	11:15 AM	11:20 AM	11:25 AM	11:30 AM
11:30 AM	11:35 AM	11:40 AM	11:45 AM	11:50 AM	11:55 AM	12:00 PM
12:00 PM	12:05 PM	12:10 PM	12:15 PM	12:20 PM	12:25 PM	12:30 PM
12:30 PM	12:35 PM	12:40 PM	12:45 PM	12:50 PM	12:55 PM	1:00 PM
1:30 PM	1:35 PM	1:40 PM	1:45 PM	1:50 PM	1:55 PM	2:00 PM
2:00 PM	2:05 PM	2:10 PM	2:15 PM	2:20 PM	2:25 PM	2:30 PM
2:30 PM	2:35 PM	2:40 PM	2:45 PM	2:50 PM	2:55 PM	3:00 PM
3:00 PM	3:05 PM	3:10 PM	3:15 PM	3:20 PM	3:25 PM	3:30 PM
3:30 PM	3:35 PM	3:40 PM	3:45 PM	3:50 PM	3:55 PM	4:00 PM
4:00 PM	4:05 PM	4:10 PM	4:15 PM	4:20 PM	4:25 PM	4:30 PM

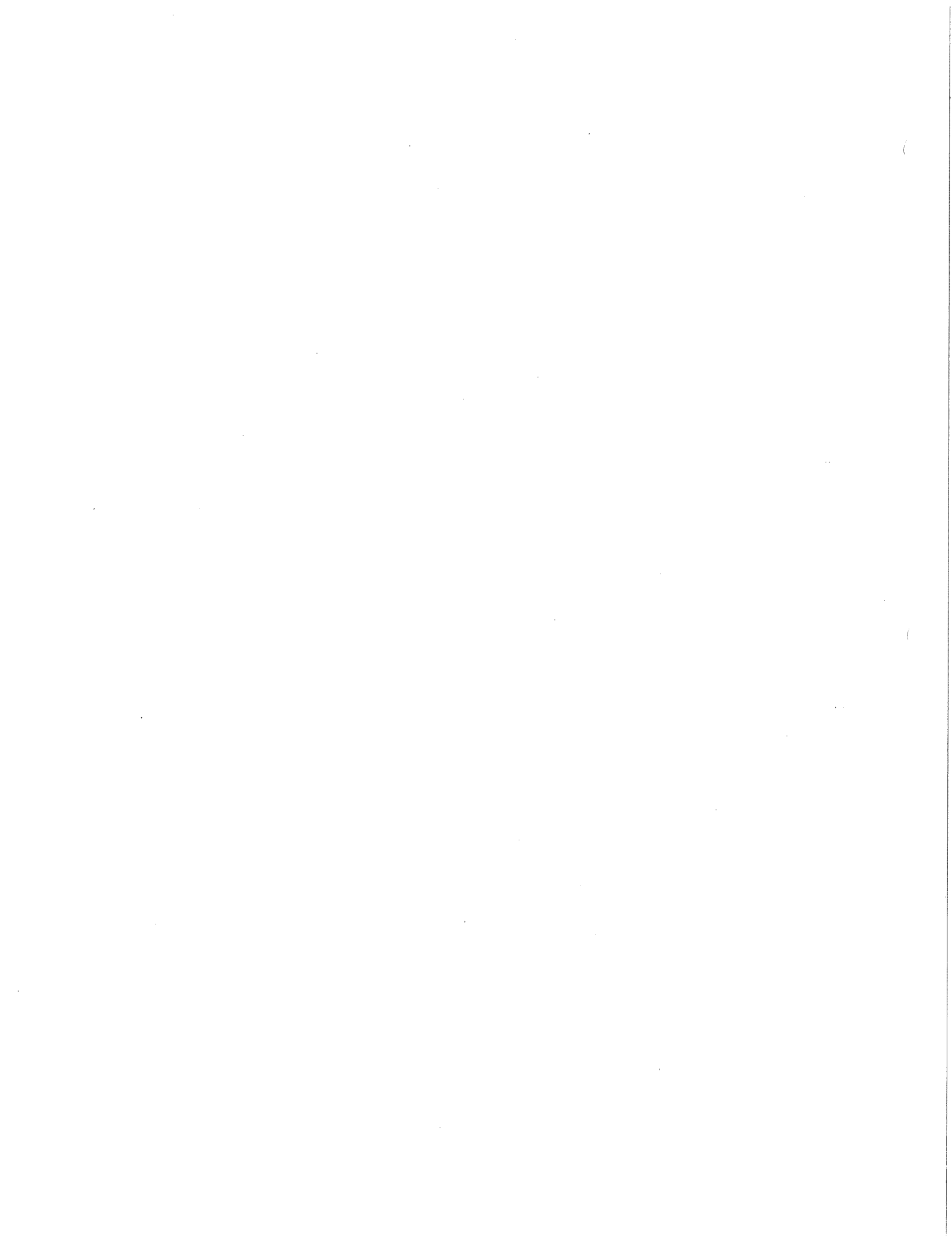


PATS Express Route 5

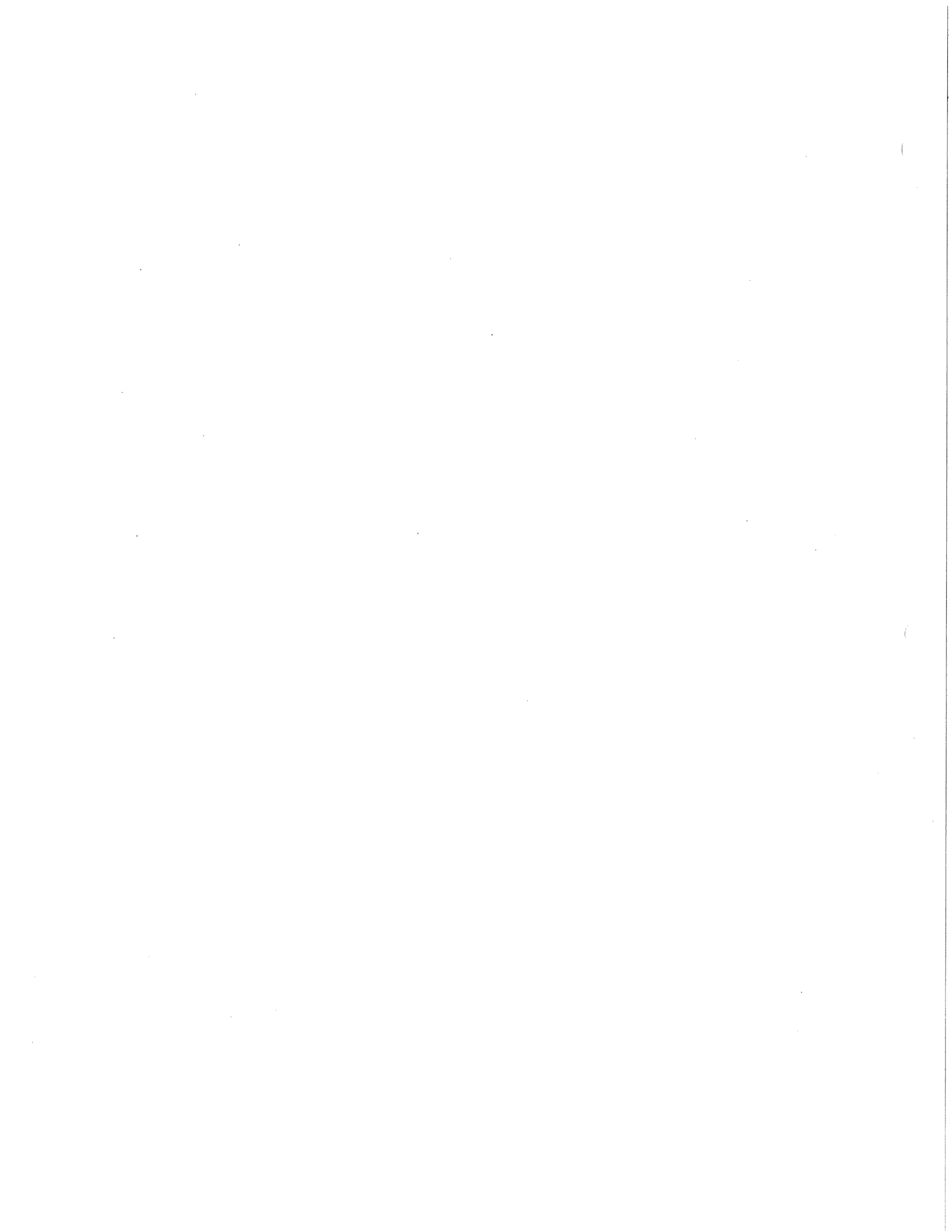
Departs	Departs	Departs	Departs	Departs	Departs	Arrives
Wai Mart (South)	Elmwood Ct.	WKCTC	Wai Mart (Mall)	WKCTC	Elmwood Ct.	Wai Mart (South)
6:00 AM	6:10 AM	6:20 AM	6:30 AM	6:40 AM	6:50 AM	7:00 AM
7:00 AM	7:10 AM	7:20 AM	7:30 AM	7:40 AM	7:50 AM	8:00 AM
8:00 AM	8:10 AM	8:20 AM	8:30 AM	8:40 AM	8:50 AM	9:00 AM
9:00 AM	9:10 AM	9:20 AM	9:30 AM	9:40 AM	9:50 AM	10:00 AM
10:30 AM	10:40 AM	10:50 AM	11:00 AM	11:10 AM	11:20 AM	11:30 AM
11:30 AM	11:40 AM	11:50 AM	12:00 PM	12:10 PM	12:20 PM	12:30 PM
12:30 PM	12:40 PM	12:50 PM	1:00 PM	1:10 PM	1:20 PM	1:30 PM
1:30 PM	1:40 PM	1:50 PM	2:00 PM	2:10 PM	2:20 PM	2:30 PM
2:30 PM	2:40 PM	2:50 PM	3:00 PM	3:10 PM	3:20 PM	3:30 PM
3:30 PM	3:40 PM	3:50 PM	4:00 PM	4:10 PM	4:20 PM	4:30 PM
4:30 PM	4:40 PM	4:50 PM	5:00 PM	5:10 PM	5:20 PM	5:30 PM
5:30 PM	5:40 PM	5:50 PM	6:00 PM	6:10 PM	6:20 PM	6:30 PM

PATS Express Route 5 (Saturday)

Departs	Departs	Departs	Departs	Departs	Departs	Arrives
Wai Mart (South)	Elmwood Ct.	WKCTC	Wai Mart (Mall)	WKCTC	Elmwood Ct.	Wai Mart (South)
9:00 AM	9:10 AM	9:20 AM	9:30 AM	9:40 AM	9:50 AM	10:00 AM
10:00 AM	10:10 AM	10:20 AM	10:30 AM	10:40 AM	10:50 AM	11:00 AM
11:00 AM	11:10 AM	11:20 AM	11:30 AM	11:40 AM	11:50 AM	12:00 PM
12:00 PM	12:10 PM	12:20 PM	12:30 PM	12:40 PM	12:50 PM	1:00 PM
1:30 PM	1:40 PM	1:50 PM	2:00 PM	2:10 PM	2:20 PM	2:30 PM
2:30 PM	2:40 PM	2:50 PM	3:00 PM	3:10 PM	3:20 PM	3:30 PM
3:30 PM	3:40 PM	3:50 PM	4:00 PM	4:10 PM	4:20 PM	4:30 PM
4:30 PM	4:40 PM	4:50 PM	5:00 PM	5:10 PM	5:20 PM	5:30 PM



**Additional
Resources
East Lakes**



Mental Health & Substance Abuse Treatment Programs

Caldwell County

<p>Western Kentucky Drug & Alcohol Intervention Services, Inc. 108 West Main Sreet Princeton, KY 42445 Mailing Address: PO Box 374 Mayfield, KY 42066 Contact Number: (270)247-4212 Toll Free Number: (800)273-1282 Fax: (270)247-2017</p>	<p>Payment Options: Self Payment</p> <p>Services Available: SA – Outpatient Therapy SA – DUI Assessments (Certified) SA – DUI Education (Certified)</p>
<p>Western Kentucky Drug & Alcohol Intervention Services, Inc. 102-B Highway 62 West Princeton, KY 42445 Mailing Address: PO Box 374 Mayfield, KY 42066- Contact Number: (270) 247-4212 Fax: (270) 247-2017</p>	<p>Services Available: DUI – 20 Hour Education DUI – Assessment DUI – Outpatient Therapy</p>
<p>Pennyroyal MH/MR Board, Inc. 1350 HWY 62 West Princeton, KY 42445 Mailing Address: 739 North Drive Hopkinsville, KY 42240- Contact Number: (270) 881-9551 Fax: (270) 886-5178</p>	<p>Services Available: DUI – 20 Hour Education DUI – Assessment DUI – Outpatient Therapy</p>

Christian County

<p>Pennyroyal MH/MR Board 608 Hammond Plaza Hopkinsville, KY 42240 Contact Number: 270-886-7170 Crisis Number: 877-473-7765</p>	<p>Services Available: ACSU - Non-Residential Services</p>
<p>Pennyroyal Center 609 Hammond Plaza Hopkinsville, KY 42240 Email: jnichols@pennyroyalcenter.org Contact Number: (270) 886-7171 Fax: (270) 890-1796</p>	<p>Services Available:</p>
<p>Pennyroyal Regional Center 1507 South Main Street Hopkinsville, KY 42241 Mailing Address: P.O. Box 614 Hopkinsville, KY 42241-0614 http://www.pennyroyalcenter.org Contact Number: 270-886-2205 Crisis Number: 877-473-7766 Toll Free Number: 877-473-7766 Fax: 270-886-0392</p>	<p>For information about services offered, please visit the website listed to the left</p>
<p>Community Counseling Center Of Hopkinsville 15088 Ft. Campbell Blvd P.O. Box 65 Oak Grove, KY 42262 Mailing Address: 4011 Ft. Campbell Blvd., Suite 109A Hopkinsville, KY 42240- Contact Number: (270) 886-1515 Fax: (270) 886-2445</p>	<p>Services Available:</p>
<p>Community Counseling Center Of Hopkinsville 4011 Ft. Campbell Blvd Suite 209A Hammond Plaza Building</p>	<p>Services Available: DUI – 20 Hour Education DUI – Assessment DUI – Outpatient Therapy</p>

Hopkinsville , KY 42240 Mailing Address: 4011 Ft. Campbell Blvd., Suite 109A Hopkinsville, KY 42240- Contact Number: (270) 886-1515 Fax: (270) 886-2445	
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Western State Hospital 2400 Russellville Road Hopkinsville, KY 42241-2200 Mailing Address: P.O. Box 2220 Hopkinsville, KY 42241-2200 http://www.westernstatehospital.org Contact Number: 270-889-6025 Crisis Number: 270-886-0001 Fax: 270-886-4487	Services Available:
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Volta Program 2400 Russellville Road Hopkinsville, KY 42241-2200 Mailing Address: PO Box 2200 Hopkinsville, KY 42241-2200 Contact Number: 270-889-6025 ext Fax: 270-886-8944	Payment Options: State Funded (other than Medicaid) Self Payment Sliding Scale Fee (fee based on income and other factors)
	Services Available: SA – Residential (Short term - approx. 30 days) Residential (Short term): Male Adult Residential (Short term): Female Adult Residential (Short term): Female Adult pregnant

Cumberland Hall Hospital 210 W. 17th Street Hopkinsville, KY 42240 www.psolutions.com Contact Number: (270)886-1919 Toll Free Number: 877-281-4177 Fax: (270)886-1335	Payment Options: Medicaid Private Health Insurance Military Insurance (e.g. VA, TRICARE) Self Payment
	Services Available: SA – Detoxification (Medical)

	SA – Inpatient (Hospital)
New Horizons Counseling 403B West 9th Street Hopkinsville, KY 42240 Contact Number: 270-890-9924 Fax: 270-821-0704	Payment Options: Self Payment
	Services Available: SA – DUI Assessments (Certified) SA – DUI Education (Certified)

New Horizons Counseling 403-B West Ninth Street Hopkinsville, KY 42240 Mailing Address: 15 North Harrig Street Madisonville, KY 42431- Contact Number: (270) 890-9924 Fax: (270) 821-0704	Services Available: DUI – 20 Hour Education DUI – Assessment DUI – Outpatient Therapy DUI – Intensive Outpatient Therapy
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Pennyroyal MH/MR Board, Inc. 739 North Drive Hopkinsville, KY 42240- Contact Number: (270) 881-9551 Fax: (270) 886-5178	Services Available: DUI – 20 Hour Education DUI – Assessment DUI – Outpatient Therapy DUI – Intensive Outpatient Therapy
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Pennyroyal Regional Prevention Center 735 North Drive Hopkinsville, KY 42240 Contact Number: (270) 886-0486 Toll Free Number: 866-213-8739 Fax: (270) 880-1790	Services Available: RPC – Community Development RPC – Consultation and Technical Assistance RPC – Public Information RPC – Resource Center
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Criffenden County

<p>Another Way, Inc. 308 S. Main St. Marion, KY 42064 Mailing Address: PO Box 511 Morganfield, KY 42437 Contact Number: 270-965-4300 Fax: 270-965-5463</p>	<p>Payment Options: Private Health Insurance Self Payment</p> <p>Services Available: SA – Intensive Outpatient Therapy Intensive Outpatient: Male Adult Intensive Outpatient: Female Adult Intensive Outpatient: Female Adult pregnant SA – Outpatient Therapy Outpatient: Male Adult Outpatient: Male Adolescent Outpatient: Female Adult Outpatient: Female Adult pregnant Outpatient: Female Adolescent Outpatient: Female Adolescent pregnant SA – DUI Assessments (Certified) SA – DUI Education (Certified)</p>
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Hopkins County

<p>New Horizons Counseling 15 North Harrig Street Madisonville, KY 42431 Contact Number: (270)821-1784 Fax: (270)821-1784</p>	<p>Payment Options: Self Payment</p> <p>Services Available: SA – Intensive Outpatient Therapy SA – Outpatient Therapy SA – DUI Assessments (Certified) SA – DUI Education (Certified)</p>
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<p>Behavioral Resources, Inc. 1068 Thornberry Drive Madisonville, KY 42431 Mailing Address: 16 Court Street Madisonville, KY 42431- Contact Number: (270) 824-9355 Fax: (270) 824-9355</p>	<p>Services Available: DUI – 20 Hour Education DUI – Assessment</p>
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<p>Behavioral Resources, Inc. 16 Court Street Madisonville, KY 42431- Contact Number: (270) 824-9355 Fax: (270) 824-9355</p>	<p>Services Available: DUI – 20 Hour Education DUI – Assessment DUI – Outpatient Therapy</p>
<p>New Horizons Counseling 15 North Harrig Street Madisonville, KY 42431- Contact Number: (270) 821-1784 Fax: (270) 821-0704</p>	<p>Services Available: DUI – 20 Hour Education DUI – Assessment DUI – Outpatient Therapy DUI – Intensive Outpatient Therapy</p>
<p>Pennyroyal MH/MR Board, Inc. 1303 West Noel Street Madisonville, KY 42431 www.pennyroyalcenter.org Mailing Address: 739 North Drive Hopkinsville, KY 42240- Contact Number: (270) 881-9551 Fax: (270) 886-5178</p>	<p>Services Available: DUI – 20 Hour Education DUI – Assessment DUI – Outpatient Therapy SA – Outpatient Therapy Outpatient: Male Adult Outpatient: Male Adolescent Outpatient: Female Adult Outpatient: Female Adult pregnant Outpatient: Female Adolescent Outpatient: Female Adolescent pregnant SA – DUI Assessments (Certified) SA – DUI Education (Certified)</p>

Muhlenburg County

<p>Behavioral Resources, Inc. 126 Broad Street Central City, KY 42330 Mailing Address: 16 Court Street Madisonville, KY 42431- Contact Number: (270) 824-9355 Fax: (270) 824-9355</p>	<p>Services Available: DUI – 20 Hour Education DUI – Assessment DUI – Outpatient Therapy SA – Outpatient Therapy Outpatient: Male Adult Outpatient: Female Adult Outpatient: Female Adult pregnant SA – DUI Assessments (Certified) SA – DUI Education (Certified)</p>
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<p>Pennyroyal Regional MH/MR Board, Inc. 506 Hopkinsville Road Greenville, KY 42345 www.pennyroyalcenter.org Contact Number: 270-338-5211 Fax: 270-338-1624</p>	<p>Payment Options: Medicaid Medicare Private Health Insurance Self Payment Sliding Scale Fee (fee based on income and other factors)</p>
	<p>Services Available: SA – Outpatient Therapy Outpatient: Male Adult Outpatient: Male Adolescent Outpatient: Female Adult Outpatient: Female Adult pregnant Outpatient: Female Adolescent Outpatient: Female Adolescent pregnant SA – DUI Assessments (Certified) SA – DUI Education (Certified) DUI – 20 Hour Education DUI – Assessment DUI – Outpatient Therapy</p>

<p>New Horizons Counseling 109 South Third Street Central City, KY 42330 Contact Number: (270)338-2280 Fax: (270)338-2280</p>	<p>Payment Options: Private Health Insurance</p>
	<p>Services Available: SA – Intensive Outpatient Therapy SA – Outpatient Therapy SA – DUI Assessments (Certified)</p>

	SA – DUI Education (Certified) DUI – 20 Hour Education DUI – Assessment DUI – Outpatient Therapy DUI – Intensive Outpatient Therapy
New Horizons Counseling 105 North Main Street, Ste. 5 Greenville, KY 42345 Contact Number: (270)338-2280 Crisis Number: (270)836-3944 Fax: (270)338-2280	Payment Options: Services Available: DUI – 20 Hour Education DUI – Assessment DUI – Outpatient Therapy DUI – Intensive Outpatient Therapy

Trigg County

Western Kentucky Drug & Alcohol Intervention Services, Inc. 1145 Canton Road Cadiz, KY 42211 Mailing Address: PO Box 374 Mayfield, KY 42066 Contact Number: (270)247-4212 Toll Free Number: (800)273-1282 Fax: (270)247-2017	Payment Options: Self Payment Services Available: SA – Outpatient Therapy SA – DUI Assessments (Certified) SA – DUI Education (Certified) DUI – 20 Hour Education DUI – Assessment DUI – Outpatient Therapy
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Health Department Listing

Christian County Health Department
1700 Canton Street
P.O. Box 647
Hopkinsville, KY 42240
Phone: 270-887-4160 Fax: 270-887-4165

Hopkins County Health Department
412 North Kentucky Avenue
P.O. Box 1266
Madisonville, KY 42431
Phone: 270-821-5242 Fax: 270-825-0138

Muhlenberg County Health Department
105 Legion Drive
P.O. Box 148
Central City, KY 42330
Phone: 270-754-3200 Medical Fax: 270-757-9855
Administrative Fax: 270-754-5149
Environmental
Phone: 270-754-5741
Fax: 270-754-5149

Pennyrile District Health Department
211 West Fairview
P.O. Box 770
Eddyville, KY 42038
Phone: 270-388-9747 Fax: 270-388-7749

Caldwell County
310 Hawthorne Street
P.O. Box 327
Princeton, KY 42445
Phone: 270-365-6571
Fax: 270-365-3145

Crittenden County
402 Walker Street
P.O. Box 392
Marion, KY 42064
Phone: 270-965-5215
Fax: 270-965-9078

Livingston County
124 State Street
P.O. Box 128
Smithland, KY 42081
Phone: 270-928-2193
Fax: 270-928-2098

Lyon County
211 Fairview Avenue
P.O. Box 96
Eddyville, KY 42038
Phone: 270-388-9763
Fax: 270-388-5941

Trigg County
196 Main Street
P.O. Box 191
Cadiz, KY 42211
Phone: 270-522-8121
Fax: 270-522-5384

Pennyrile Environmental
P.O. Box 770
Eddyville, KY 42038
Phone: 270-388-9747

Todd County Health Department
205 McReynolds
P.O. Box 305
Elkton, KY 42220
Phone: 270-265-2362 Fax: 270-265-0602

Free Sliding Scale Health Clinics:

CALDWELL COUNTY FREE CLINIC
P.O. Box 832
Princeton, KY 42445
Ph: (270) 365-0901
Fax: (270) 365-3203
Caldwell County

ST. LUKE FREE CLINIC
408 West 17th Street
Hopkinsville, KY 42240
Ph: (270) 889-9340
Fax: (270) 885-2412
Christian and Trigg County

HELPING HANDS HEALTH CLINIC, INC.
102 North Main Street
P.O. Box 263
Elkton, KY 42220-0263
Phone: (270) 265-5600
Fax: (270) 265-5605
Todd, Logan, and Muhlenberg Counties

HOPKINS COUNTY COMMUNITY CLINIC
435 North Kentucky Avenue
Madisonville, KY 42431
Ph: (270) 824-3555
Fax: 270 824-3556
Serves Hopkins County

COMMUNITY HEALTH CENTERS OF WESTERN KENTUCKY
480 Hopkinsville St.
PO Box 257
Greenville, KY 42345
270-338-5777
270-338-5765 (fax)
Muhlenberg County

Rental housing

The lease

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

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

The security deposit

The security deposit serves as insurance to the landlord that the unit will be inhabited for a set period of time. Usually, it serves as a damage deposit too. Before paying a deposit, which sometimes equals one or two month's rent, ask the person in charge:

- the exact amount of the deposit
- the purpose of the deposit
- what conditions will effect its refund
- 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.
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.

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.

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.

Right to entry

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

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

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.

HA Code	PHA Name, Phone & Fax Number	Address	Type [2]
KY042	<u>Cadiz</u> Phone: (270)522-3916 Fax: (270)522-6399	117 Lincoln Avenue Apartment 51 Cadiz KY 42211	Low-Rent
KY070	<u>Central City</u> Phone: (270)754-2521 Fax: (270)754-2238	509 S 9th Street Central City KY 42330	Low-Rent
KY075	<u>Dawson Springs</u> Phone: (270)797-2512 Fax: (270)797-5581	100 Clarkdale Court Dawson Springs KY 42408	Low-Rent
KY025	<u>Lyon County</u> Phone: (270)388-7108 Fax: (270)388-4355	425 Linden Avenue Eddyville KY 42038	Low-Rent
KY100	<u>Greenville</u> Phone: (270)338-5900 Fax: (270)338-5900	613 Reynolds Drive Greenville KY 42345	Low-Rent
KY170	<u>Todd County</u> Phone: (270)483-9750 Fax: (270)483-2610	151 Pennyriple Court Guthrie KY 42234	Low-Rent
KY011	<u>Hopkinsville</u> Phone: (270)887-4275 Fax: (270)887-4080	400 N Elm Street Hopkinsville KY 42240	Both
KY007	<u>Madisonville</u> Phone: (270)821-5517 Fax: (270)825-4517	211 Pride Avenue Madisonville KY 42431	Both
KY072	<u>Princeton</u> Phone: (270)365-5769 Fax: (270)365-3678	100 Hillview Court Princeton KY 42445	Low-Rent
KY085	<u>Providence</u> Phone: (270)667-5786 Fax: (270)667-5786	101 Center Ridge Drive Providence KY 42450	Low-Rent

Affordable Rental Housing

CALDWELL COUNTY

Princeton Green Apartments
420 Cooper Circle
Princeton, KY 42445
(859) 276-5388

Princeton Manor Apartments
655 Grace Court
Princeton, KY 42445
(270) 365-5280

CHRISTIAN COUNTY

Austin Acres, Limited
Pin Oak Dr.
Hopkinsville, KY 42240
(270) 259-5461

Sanctuary, Inc.
210 E 9th St.
Hopkinsville, KY 42240
(270) 885-4572

Housing Authority of Hopkinsville
400 N Elm
Hopkinsville, KY 42240
(270) 887-4275

Pembroke Sr. Apartments
113 East Cherry Street
Pembroke, KY 42266
(859) 276-5388

Bluegrass Lodge Apartments
225 Clara Drive
Pembroke, KY 42266
(270) 475-4243

Crofton Manor
139 North Old Madisonville Street
Crofton, KY 42217
(731) 544-2330

Legion Manor Apartments
520 Cadiz Street
Princeton, KY 42445
(731) 427-1116

Mason's Pointe Apartments
830 N Elm
Hopkinsville, KY 42240
(501) 666-9629

Austin Cottages
1010 Ten Oak Drive
Hopkinsville, KY 42240
(270) 259-5461

Pembroke Apartments
128 West Cherry Street
Pembroke, KY 42266
(859) 276-5388

Bainbrook Apartments
135 W Mill St.
Crofton, KY 42217
(502) 491-2422

Kentucky Manor Apartments Ltd.
8890 Pinbrook Oakgrove Rd.
Oak Grove, KY 42262
(931) 645-5580

Friendship House
2310 Faulkner Drive
Hopkinsville, KY 42240
(270) 885-4119

Chapel House
100 North Drive
Hopkinsville, KY 42240
(270) 885-0680

Woodland Heights
2850 Greenville Road, E-5
Hopkinsville, KY 42240
(270) 886-6518

Greenway Place Apartments
826 North Elm
Hopkinsville, KY 42240
(270) 885-4333

CRITTENDEN COUNTY

Belleville Manor Apartments
819 Terrace Drive
Marion, KY 42064
(270) 965-5960

HOPKINS COUNTY

Housing Authority of Madisonville
211 Pride Ave.
Madisonville, KY 42431
(270) 821-5517

Madisonville Apartments
1300 Eastside Ln.
Madisonville, KY 42431
(270) 821-1429

Rolling Hills Apartments
200 Rolling Hills Dr.
Nortonville, KY 42442
(270) 676-8542

Cross Creek Apartments
1505 Island Ford Road
Madisonville, KY 42431
(270) 821-8826

Rosedale Court Apartments
45 Rosedale Court

Meadowbrook Apartments
700 Charlie Court
Hopkinsville, KY 42240
(270) 886-9748

Calvin Manor Apartments
3000 Calvin Drive
Hopkinsville, KY 42240
(270) 885-9425

Eastside Apartments
1131 Eastside Ln.
Madisonville, KY 42421
(270) 821-8905

Peyton Circle
100 Clark Dale Court
Dawson Springs, KY 42408
(270) 797-2512

Shiloh Apartments
75 Whinding St.
Madisonville, KY 42421
(270) 825-9123

Quail Run Apartments
309 Partridge Dr.
Earlington, KY 42410
(270) 383-5306

Dawson Village Apartments
200 Pine Street

Dawson Springs, KY 42408
(270) 797-2083
Arbors of Madisonville
652 S. Kentucky Ave.
Madisonville, KY 42431
(270) 821-7830 70

Dawson Springs, KY 42408
(270) 797-8421

LIVINGSTON COUNTY

Sunrise Apartments
100 Sunrise Dr
Salem, KY 42078
(270) 988-3666

Cumberland View Apartments
504 Rudd Street
Smithland, KY 42081
(270) 928-4278

LYON COUNTY

Kenoak Apartments
300 Kenoak Dr.
Eddyville, KY 42038
(270) 388-7938

Amber Village Apartments
333 Amber Ct.
Eddyville, KY 42038
(270) 388-7108

MUHLENBERG COUNTY

Housing Authority of Central City
509 S. 9th St.
Central City, KY 42330
(270) 754-2521

Housing Authority of Greenville
613 Reynolds Dr.
Greenville, KY 42345
(270) 338-5900

Hillwood Village
701 N 5th St.
Central City, KY 42330
(270) 754-2282

Muhlenberg Manor
401 Morehead Ave.
Central City, KY 42330
(502) 491-2422

Glenbrook Park Apartments
230 Willson St.
Greenville, KY 42345
(270) 338-3641

Greenville Park Apartments
100 Pritchett Dr.
Greenville, KY 42345
(270) 338-9988

Sandy Hill Apartments
801 Cleaton Rd.
Central City, KY 42330

TODD COUNTY

Housing Authority of Todd County
151 Pennyryle Court
Guthrie, KY 42266
(270) 483-9750

Elkton Greens Apartments
609 S. Main St.
Elkton, KY 42220
(270) 265-5375

Royal Arms Apartments
166 Royal Arms Ln.
Elkton, KY 42220
(270) 265-9962

TRIGG COUNTY

Housing Authority of Cadiz
P.O. Box 830
Cadiz, KY 42111-0830
(270) 522-3916

East Gate II Apartments
455 Lafet St.
Cadiz, KY 42211
(270) 522-8388

East Gate Apartments
455 Lafet St.
Cadiz, KY 42211
(270) 522-8388

Barkley Manor Apartments
134 Westend St.
Cadiz, KY 42211
(270) 522-3969

Emergency Assistance & Transitional Shelters

Caldwell County

Emergency Assistance

Pennyrile Allied Community Services (PACS)

Courthouse, Princeton, KY 42445

(270) 365-5097

Website: www.pacs-ky.org

Food commodities and food vouchers; prescription vouchers; garden seed program; weatherization program; LIHEAP subsidy/crisis; education grant program; and cooling program.

Emergency and Transitional Shelters

Sanctuary, Inc.

P.O. Box 1165, Hopkinsville, KY 42241-1165

(270) 885-4572

Website: www.sanctuaryinc.net

Victims of domestic violence (29 beds, length of stay based on need). Serves all of the nine county Pennyrile ADD district. Shelter located in Hopkinsville.

Christian County

Emergency and Transitional Shelters

Salvation Army

P.O. Box 427, Hopkinsville, KY 42240

(270) 885-9633

Men, women and children (20 beds) with 30 day stay (after 30 days, based on need); soup kitchen, housing case management; vouchers for thrift store for household items; clothing, etc.

Sanctuary, Inc.

P.O. Box 1165, Hopkinsville, KY 42241-1165

(270) 885-4572

Website: www.sanctuaryinc.net

Victims of domestic violence (29 beds, length of stay based on need)

Emergency Assistance

Aaron McNeil House, Inc.

P.O. Box 137, 604 E. 2nd St., Hopkinsville, KY 42241-0137

(270) 886-9734

Financial assistance for essentials (heat and gas; one-time rental assistance) food pantry, water, and medication assistance.

Pennyrile Allied Community Services

1100 Liberty Rd., Hopkinsville, KY 42240

(270) 885-4959

Website: www.pacs-ky.org

Food commodities and food vouchers; prescription vouchers; garden seed program; weatherization program; LIHEAP subsidy/crisis; education grant program; and cooling program.

Saints Peter and Paul

902 E. Ninth St., Hopkinsville, KY 42240

(270) 885-8522

Working poor; health clinic

Mental Health Assistance

Pennyroyal Center

735 North Drive, Hopkinsville, KY 42240

(270) 886-5163

(800) 264-5163 for counties outside of Christian county

Community Mental Health Center, mental health and substance abuse services (note: services are offered in all counties located in the Pennyryle Area Development District)

Crittenden County

Emergency Assistance

Pennyryle Allied Community Services

Courthouse, Marion, KY 42064

(270) 965-4763

Website: www.pacs-ky.org

Food commodities and food vouchers; prescription vouchers; garden seed program; weatherization program; LIHEAP subsidy/crisis; education grant program; and cooling program.

Emergency and Transitional Shelters

Sanctuary, Inc.

P.O. Box 1165, Hopkinsville, KY 42241-1165

(270) 885-4572

Website: www.sanctuaryinc.net

Victims of domestic violence (29 beds, length of stay based on need). Serves all of the nine county Pennyryle ADD district. Shelter located in Hopkinsville.

Hopkins County

Emergency Assistance

Cooperative Ministries

Kentucky Ave., P.O. Box 541, Madisonville, KY 42431

(270) 825-4357

Emergency rent, lodging and utility assistance; transportation assistance food and referrals.

Door of Hope
1805 S. Main St., Madisonville, KY 42431
(270) 821-9825
Clothing; furniture and household items for expectant mothers.

Hopkins County Assistance Center
130 Branch St., Madisonville, KY 42431
(270) 821-5328
Emergency rent, lodging and utility assistance; clothing; furniture and household items.

Salvation Army of Madisonville
805 McCoy Ave., P.O. Box 489, Madisonville, KY 42431
(270) 825-3682
Utility bill assistance; clothing; furniture; food pantry; soup kitchen for lunch daily; eye glasses; medication assistance and bus ticket assistance.

Pennyrile Allied Community Services
136 Branch St., Madisonville, KY 42431
(270) 821-8114
Website: www.pacs-ky.org
Food commodities and food vouchers; prescription vouchers; garden seed program; weatherization program; LIHEAP subsidy/crisis; education grant program; and cooling program.

Emergency and Transitional Shelters

Common Garments
P.O. Box 27, Nebo, KY 42441
(270) 249-0190
Website: commongarments.org
Four transitional units. Food; clothing; furniture and household items. Serves all counties in Western Kentucky.

Sanctuary, Inc.
P.O. Box 1165, Hopkinsville, KY 42241-1165
(270) 885-4572
Website: www.sanctuaryinc.net
Victims of domestic violence (29 beds, length of stay based on need). Serves all of the nine county Pennyrile ADD district. Shelter located in Hopkinsville.

Livingston County

Emergency Assistance

Pennyrile Allied Community Services
309 Court St., Smithland, KY 42081
(270) 928-2827
Website: www.pacs-ky.org

Food commodities and food vouchers; prescription vouchers; garden seed program; weatherization program; LIHEAP subsidy/crisis; education grant program; and cooling program.

Emergency and Transitional Shelters

Sanctuary, Inc.

P.O. Box 1165, Hopkinsville, KY 42241-1165

(270) 885-4572

Website: www.sanctuaryinc.net

Victims of domestic violence (29 beds, length of stay based on need). Serves all of the nine county Pennyriple ADD district. Shelter located in Hopkinsville.

Mental Health Assistance/ Substance Abuse Services/ Mental Retardation Services

Four Rivers Behavioral Health Board, Inc.

www.4rbh.org

425 Broadway, Paducah, KY 42001

(270) 442-7121 or 866-442-7121

Crisis Line (800) 592-3980

Serves all counties in Purchase region plus Livingston.

Community Mental Health Center; mental health assistance, outpatient therapy, service coordination, crisis stabilization, specialized children services, psychiatric services, and service referrals. Substance abuse treatment; DUI offender education, urinalysis screenings, and outpatient therapy. Mental Retardation services include support coordination, residential services, respite services, and community living supports.

Lyon County

Emergency Assistance

Heartland Cares

619 N. 30th St. Paducah, KY 42001

(270) 444-8183

Website: www.hcares.org

Provides primary care for individuals living with HIV/AIDS and provides assistance with housing, utilities, food, transportation, and medications for individuals living with HIV/AIDS.

Pennyriple Allied Community Services

Courthouse, Eddyville, KY 42038

(270) 388-7812

Website: www.pacs-ky.org

Food commodities and food vouchers; prescription vouchers; garden seed program; weatherization program; LIHEAP subsidy/crisis; education grant program; and cooling program.

Emergency and Transitional Shelters

Sanctuary, Inc.

P.O. Box 1165, Hopkinsville, KY 42241-1165

(270) 885-4572

Website: www.sanctuaryinc.net

Victims of domestic violence (29 beds, length of stay based on need). Serves all of the nine county Pennyriple ADD district. Shelter located in Hopkinsville.

Muhlenberg County

Emergency Assistance

Central City Ministerial Association

Third and Broad Sts., Central City, KY 42330

(270) 754-3280

Food and clothing; utility assistance; rent and lodging assistance (2 days to 1 month); service referrals

Heartland Cares

619 N. 30th St. Paducah, KY 42001

(270) 444-8183

Website: www.hcares.org

Provides primary care for individuals living with HIV/AIDS and provides assistance with housing, utilities, food, transportation, and medications for individuals living with HIV/AIDS.

Pennyriple Allied Community Services

518 Hopkinsville St., Greenville, KY 42345

(270) 338-5080

Website: www.pacs-ky.org

Food commodities and food vouchers; prescription vouchers; garden seed program; weatherization program; LIHEAP subsidy/crisis; education grant program; and cooling program.

Emergency and Transitional Shelters

Sanctuary, Inc.

P.O. Box 1165, Hopkinsville, KY 42241-1165

(270) 885-4572

Website: www.sanctuaryinc.net

Victims of domestic violence (29 beds, length of stay based on need). Serves all of the nine county Pennyriple ADD district. Shelter located in Hopkinsville.

Todd County

Emergency Assistance

Todd County Interfaith Center, Elkton, KY 42220

(270) 265-3948

Emergency lodging assistance (1 to 2 days). Food pantry; clothing; household goods; utility assistance; medication assistance; service referrals

Heartland Cares
619 N. 30th St. Paducah, KY 42001
(270) 444-8183

Website: www.hcares.org

Provides primary care for individuals living with HIV/AIDS and provides assistance with housing, utilities, food, transportation, and medications for individuals living with HIV/AIDS.

Pennyrile Allied Community Services
104 Morris Weathers St., Elkton, KY 42220
(270) 265-5422

Website: www.pacs-ky.org

Food commodities and food vouchers; prescription vouchers; garden seed program; weatherization program; LIHEAP subsidy/crisis; education grant program; and cooling program.

Emergency and Transitional Shelters

Sanctuary, Inc.
P.O. Box 1165, Hopkinsville, KY 42241-1165
(270) 885-4572

Website: www.sanctuaryinc.net

Victims of domestic violence (29 beds, length of stay based on need). Serves all of the nine county Pennyrile ADD district. Shelter located in Hopkinsville.

Trigg County

Emergency Assistance

Heartland Cares
619 N. 30th St. Paducah, KY 42001
(270) 444-8183

Website: www.hcares.org

Provides primary care for individuals living with HIV/AIDS and provides assistance with housing, utilities, food, transportation, and medications for individuals living with HIV/AIDS.

Pennyrile Allied Community Services
Courthouse, Cadiz, KY 42211
(270) 522-3265

Website: www.pacs-ky.org

Food commodities and food vouchers; prescription vouchers; garden seed program; weatherization program; LIHEAP subsidy/crisis; education grant program; and cooling program.

Emergency and Transitional Shelters

Sanctuary, Inc.
P.O. Box 1165, Hopkinsville, KY 42241-1165
(270) 885-4572

Website: www.sanctuaryinc.net

Victims of domestic violence (29 beds, length of stay based on need). Serves all of the nine county Pennyrile ADD district. Shelter located in Hopkinsville.

Acknowledgment of Receiving Documents

Last First ML DOB mm-dd-yyyy

Street City State Zip

Social Security # 123-45-6789 Phone # (123) 456 -7890

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

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

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

Client Date

Independent Living Coordinator Date

DCBS Social Worker Date

FSOS Date

