

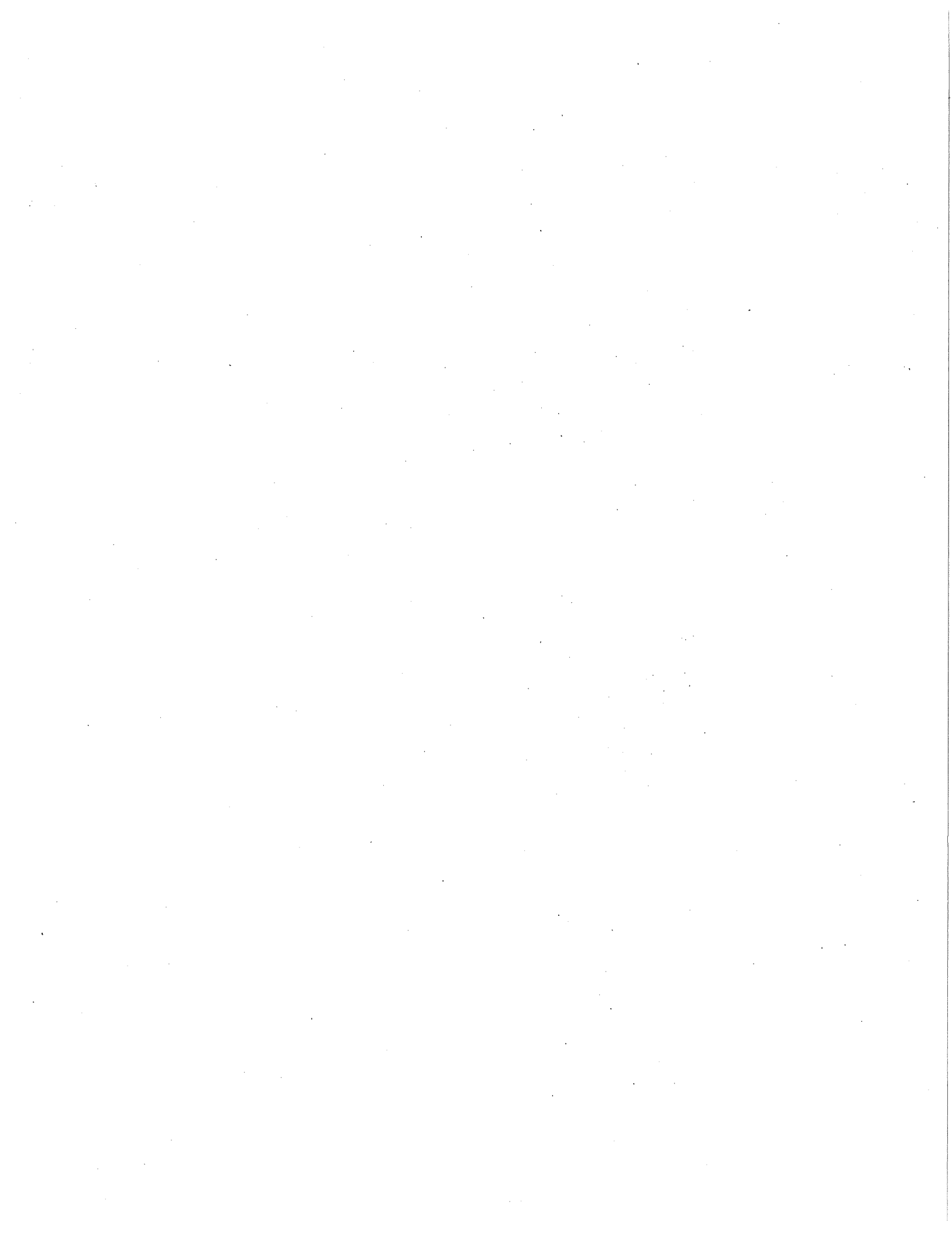
Resource Guide for Youth Exit Packet



Two Rivers 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

Two Rivers Region

Exit Packet

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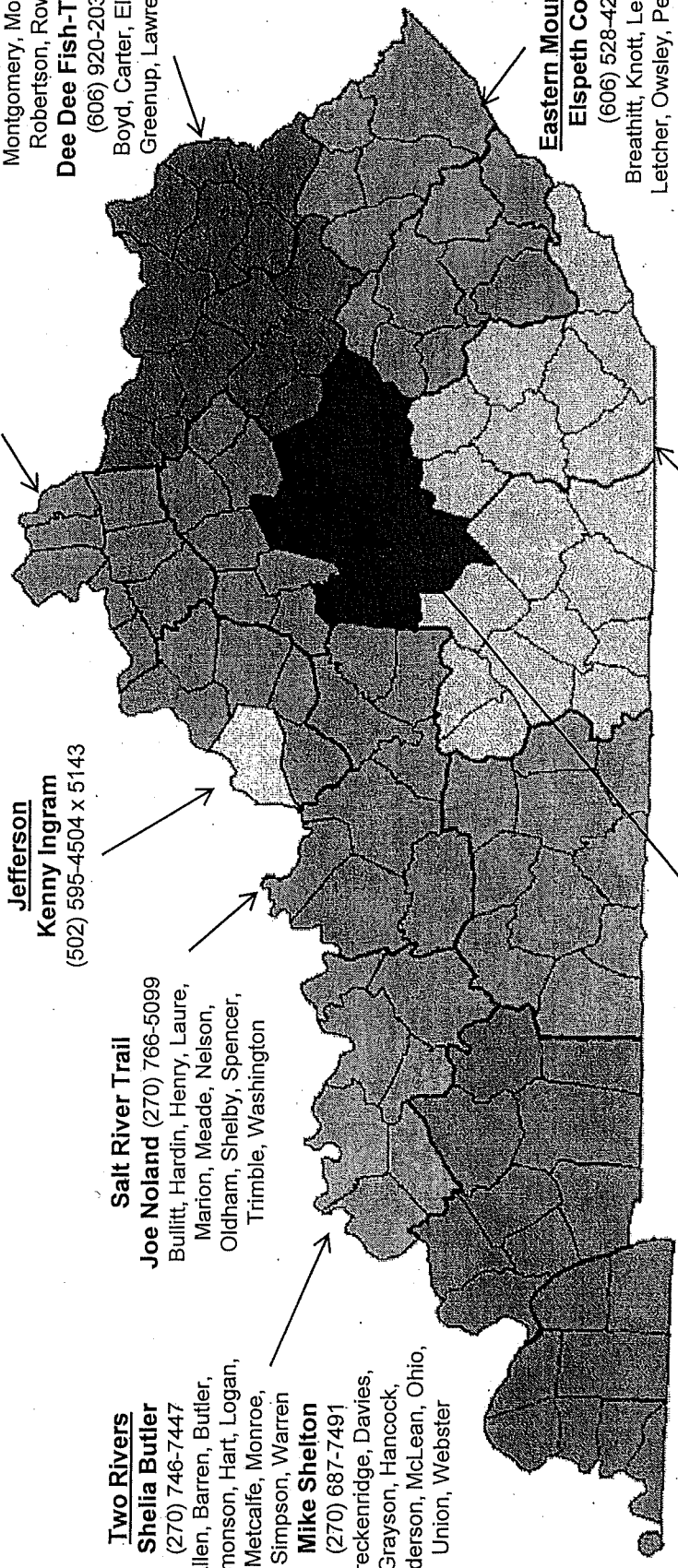
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Independent Living Program – Regional Coordinators

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,
 Putlaski, 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

DCBS Regional Offices Two Rivers

Two Rivers DCBS Offices

Allen County

Office	Family Support (Food stamps, medical, welfare, etc.)
Address	29 Hillview Drive P.O. Box 250 Scottsville, KY 42164-0250
Phone	(270) 237-3661
Fax	(270) 237-5365

Office	Protection and Permanency (Child and adult abuse and neglect, foster care and adoptions, etc.)
Address	29 Hillview Drive P.O. Box 250 Scottsville, KY 42164-0250
Phone	(270) 237-3101
Fax	(270) 237-5365

Barren County

Office	Family Support (Food stamps, medical, welfare, etc.)
Address	PO Box 218 746-D East Main Street Glasgow, KY 42142-0218
Phone	(270) 651-5119
Fax	(270) 651-6465

Office	Protection and Permanency (Child and adult abuse and neglect, foster care and adoptions, etc.)
Address	746-C E. Main Street P.O. Box 1687 Glasgow, KY 42142 1687
Phone	(270) 651-8396
Fax	(270) 651-9224

Butler County

Office	Family Support (Food stamps, medical, welfare, etc.)
Address	333 Gardner Lane PO Box 627 Morgantown, KY 42261-0627
Phone	(270) 526-3395
Fax	(270) 526-6776

Office	Protection and Permanency (Child and adult abuse and neglect, foster care and adoptions, etc.)
Address	333 Gardner Lane PO Box 627 Morgantown, KY 42261-0627
Phone	(270) 526-3833
Fax	(270) 526-3795

Daviess County

Office	Family Support (Food stamps, medical, welfare, etc.)
Address	311 West 2nd Street Owensboro, KY 42301
Phone	(270) 687-7278
Fax	(270) 687-7360

Office	Protection and Permanency (Child and adult abuse and neglect, foster care and adoptions, etc.)
Address	311 West 2nd Street Owensboro, KY 42301
Phone	(270) 687-7491
Fax	(270) 687-7004

Edmonson County

Office	Family Support (Food stamps, medical, welfare, etc.)
Address	1122 Highway 259 South P.O. Box 539 Brownsville, KY 42210
Phone	(270) 597-2118
Fax	(270) 597-2788

Office	Protection and Permanency (Child and adult abuse and neglect, foster care and adoptions, etc.)
Address	1129 Highway 259 South P.O. Box 430 Brownsville, KY 42210-0430
Phone	(270) 597-2163
Fax	(270) 597-2788

Hancock County

Office	Family Support (Food stamps, medical, welfare, etc.)
Address	240 Hartford Rd. PO Box 7 Hawesville, KY 42348
Phone	(270) 927-8156
Fax	(270) 927-8775

Office	Protection and Permanency (Child and adult abuse and neglect, foster care and adoptions, etc.)
Address	PO Box 126 240 Hartford Rd. Hawesville, KY 42348-0126
Phone	(270) 927-8142
Fax	(270) 927-1294

Hart County

Office	Family Support (Food stamps, medical, welfare, etc.)
Address	50 Quality Street PO Box 489 Munfordville, KY 42765-0489
Phone	(270) 524-7211
Fax	(270) 524-2556

Office	Protection and Permanency (Child and adult abuse and neglect, foster care and adoptions, etc.)
Address	50 Quality Street P.O. Box 158 Munfordville, KY 42765-0158
Phone	(270) 524-7111
Fax	(270) 725-9475

Henderson County

Office	Family Support (Food stamps, medical, welfare, etc.)
Address	288 North Green Street Henderson, KY 42420
Phone	(270) 826-8351
Fax	(270) 830-0112

Office	Protection and Permanency (Child and adult abuse and neglect, foster care and adoptions, etc.)
Address	417 South Main Street Henderson, KY 42420
Phone	(270) 826-6203
Fax	(270) 830-0112

Logan County

Office	Family Support (Food stamps, medical, welfare, etc.)
Address	343 West 3rd Street Russellville, KY 42276-3087
Phone	(270) 726-9557
Fax	(270) 725-9475

Office	Protection and Permanency (Child and adult abuse and neglect, foster care and adoptions, etc.)
Address	343 W. Third Street Russellville , KY 42276-1358
Phone	(270) 726-3516
Fax	(270) 726-8392

McLean County

Office	Family Support (Food stamps, medical, welfare, etc.)
Address	290 State Highway 81N Calhoun, KY 42327
Phone	(270) 273-3599
Fax	(270) 273-9962

Office	Protection and Permanency (Child and adult abuse and neglect, foster care and adoptions, etc.)
Address	290 State Highway 81N Calhoun, KY 42327
Phone	(270) 273-3599
Fax	(270) 273-9962

Metcalf County

Office	Family Support (Food stamps, medical, welfare, etc.)
Address	100 Thompson St. PO Box 357 Edmonton, KY 42129-0357
Phone	(270) 432-2521
Fax	(270) 432-2722

Office	Protection and Permanency (Child and adult abuse and neglect, foster care and adoptions, etc.)
Address	100 Thompson Street P.O. Box 399 Edmonton, KY 42129-0399
Phone	(270) 432-2721
Fax	(270) 432-2722

Monroe County

Office	Family Support (Food stamps, medical, welfare, etc.)
Address	201 West Paige Street PO Box 578 Tompkinsville, KY 42167-0578
Phone	(270) 487-6798
Fax	(270) 487-8183

Office	Protection and Permanency (Child and adult abuse and neglect, foster care and adoptions, etc.)
Address	201 W. Paige St. P.O. Box 550 Tompkinsville, KY 42167 0550
Phone	(270) 487-6701
Fax	(270) 487-8138

Ohio County

Office	Family Support (Food stamps, medical, welfare, etc.)
Address	947 West 7th Street Beaver Dam, KY 42320
Phone	(270) 274-8201
Fax	(270) 274-8207

Office	Protection and Permanency (Child and adult abuse and neglect, foster care and adoptions, etc.)
Address	947 West 7th Street Beaver Dam, KY 42320
Phone	(270) 274-8996
Fax	(270) 274-8988

Simpson County

Office	Family Support (Food stamps, medical, welfare, etc.)
Address	210 West Cedar Street Franklin, KY 42134-2161
Phone	(270) 586-4433
Fax	(270) 586-6495

Office	Protection and Permanency (Child and adult abuse and neglect, foster care and adoptions, etc.)
Address	210 West Cedar Street Franklin, KY 42134-2161
Phone	(270) 586-8266
Fax	(270) 586-0653

Union County

Office	Family Support (Food stamps, medical, welfare, etc.)
Address	717 US 60 East Mail to PO Box 510 Morganfield, KY 42437
Phone	(270) 389-1892
Fax	(270) 389-0391

Office	Protection and Permanency (Child and adult abuse and neglect, foster care and adoptions, etc.)
Address	717 US 60 East PO Box 510 Morganfield, KY 42437
Phone	(270) 389-2314
Fax	(270) 389-9255

Warren County

Office	Family Support (Food stamps, medical, welfare, etc.)
Address	1010-1020 State Street P.O. Box 1929 Bowling Green, KY 42102-1929
Phone	(270) 746-7850
Fax	(270) 746-7035

Office	Protection and Permanency (Child and adult abuse and neglect, foster care and adoptions, etc.)
Address	1010-1020 State Street P.O. Box 1929 Bowling Green, KY 42102-1929
Phone	(270) 746-7447
Fax	(270) 746-7076

Webster County

Office	Family Support (Food stamps, medical, welfare, etc.)
Address	26 US Hwy 41A South PO Box 80 Dixon, KY 42409
Phone	(270) 639-5044
Fax	(270) 639-9125

Office	Protection and Permanency (Child and adult abuse and neglect, foster care and adoptions, etc.)
Address	100 Cedar Street Providence, KY 4250
Phone	(270) 667-7043
Fax	(270) 667-7012

Two Rivers Independent Living Coordinators

Sheila Butler Phone: (270) 746—7447

Counties: Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson, and Warren

Mike Shelton Phone: (270) 687—7491

Counties: Daviess, Hancock, Henderson, McLean, Ohio, Union, Webster, Grayson, and Breckinridge

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

BIRTH



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

Please Print or Type All Information Required On This Form

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

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

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

Signature and telephone number of the person requesting this certificate:

Signature

Telephone

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

Certificates may also be ordered by the following methods:

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

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

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

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

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 easy AND it is free!

USE THIS APPLICATION TO APPLY FOR:

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

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

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

HOW TO COMPLETE THIS APPLICATION

Most items on the form are self-explanatory. Those that need explanation are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

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

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

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

-
13. If the date of birth you show in item 6 is different from the date of birth you used on a prior application for a Social Security card, show the date of birth you used on the prior application and submit evidence of age to support the date of birth in item 6.
16. You must sign the application yourself if you are age 18 or older and are physically and mentally capable. If you are under age 18, you may also sign the application if you are physically and mentally capable. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. If you are physically or mentally incapable of signing the application, generally a parent, close relative, or legal guardian may sign the application. Call us if you need clarification about who can sign.
-

ABOUT YOUR DOCUMENTS

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

DOCUMENTS WE NEED

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HOW TO SUBMIT THIS APPLICATION

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

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

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

THE PAPERWORK/PRIVACY ACT AND YOUR APPLICATION

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

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

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

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

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

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

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

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

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Form Approved
OMB No. 0960-0066

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

PLEASE PRINT LEGIBLY



CABINET FOR FAMILIES AND CHILDREN
COMMONWEALTH OF KENTUCKY



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

PROTECTION AND PERMANENCY

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

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

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

The name of the individual whose information you are requesting:

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

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/DCB/S/DCBSSATISFA
CTIONSURVEYS.HTM](http://chfs.ky.gov/dcb/s/dcbssatisfaction/survey/s.htm)

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

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

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

270-687-7491

Protection and Permanency Service Appeal

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

CABINET FOR HEALTH
AND FAMILY SERVICES

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

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



PROTECTION AND PERMANENCY SERVICE APPEAL

DATE: _____

NAME OF COMPLAINANT (PLEASE PRINT): _____

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

TELEPHONE NUMBER: _____ COUNTY OF RESIDENCE: _____

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

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

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?

Two Rivers Mental Health Facilities

Allen County	
County Center Phone	(270) 237—4481
Corporate Office	LifeSkills
Corporate Office Phone	(270) 842—0161
24-Hour Crisis Phone (M-F 8:30-5)	(270) 843—4357
24-Hour Crisis Phone (after hours)	(800) 223—8913
TTY Crisis Phone (M-F 8:30-5)	(270) 783—9167
TTY Crisis Phone (after hours)	(888) 537—9202

Barren County	
County Center Phone	(270) 651—8378
Corporate Office	LifeSkills
Corporate Office Phone	(270) 842—0161
24-Hour Crisis Phone (M-F 8:30-5)	(270) 843—4357
24-Hour Crisis Phone (after hours)	(800) 223—8913
TTY Crisis Phone (M-F 8:30-5)	(270) 783—9167
TTY Crisis Phone (after hours)	(888) 537—9202

Butler County	
County Center Phone	(270) 526—3877
Corporate Office	LifeSkills
Corporate Office Phone	(270) 842—0161
24-Hour Crisis Phone (M-F 8:30-5)	(270) 843—4357
24-Hour Crisis Phone (after hours)	(800) 223—8913
TTY Crisis Phone (M-F 8:30-5)	(270) 783—9167
TTY Crisis Phone (after hours)	(888) 537—9202

Daviss County	
County Center Phone	(270) 689—6500
Corporate Office	RiverValley Behavioral Health
Corporate Office Phone	(270) 689—6500
24-Hour Crisis Phone	(270) 684—9466
24-Hour Crisis Phone	(800) 433—7291

Edmonson County	
County Center Phone	(270) 597—2713
Corporate Office	LifeSkills
Corporate Office Phone	(270) 842—0161
24-Hour Crisis Phone (M-F 8:30-5)	(270) 843—4357
24-Hour Crisis Phone (after hours)	(800) 223—8913
TTY Crisis Phone (M-F 8:30-5)	(270) 783—9167
TTY Crisis Phone (after hours)	(888) 537—9202

Hancock County	
County Center Phone	(270) 927—8659
Corporate Office	RiverValley Behavioral Health
Corporate Office Phone	(270) 689—6500
24-Hour Crisis Phone	(270) 684—9466
24-Hour Crisis Phone	(800) 433—7291

Hart County	
County Center Phone	(270) 524—9883
Corporate Office	LifeSkills
Corporate Office Phone	(270) 842—0161
24-Hour Crisis Phone (M-F 8:30-5)	(270) 843—4357
24-Hour Crisis Phone (after hours)	(800) 223—8913
TTY Crisis Phone (M-F 8:30-5)	(270) 783—9167
TTY Crisis Phone (after hours)	(888) 537—9202

Henderson County	
County Center Phone	(270) 826-8314
Corporate Office	RiverValley Behavioral Health
Corporate Office Phone	(270) 689—6500
24-Hour Crisis Phone	(270) 684—9466
24-Hour Crisis Phone	(800) 433—7291

Logan County	
County Center Phone	(270) 726—3629
Corporate Office	LifeSkills
Corporate Office Phone	(270) 842—0161
24-Hour Crisis Phone (M-F 8:30-5)	(270) 843—4357
24-Hour Crisis Phone (after hours)	(800) 223—8913
TTY Crisis Phone (M-F 8:30-5)	(270) 783—9167
TTY Crisis Phone (after hours)	(888) 537—9202

McLean County	
County Center Phone	(270) 273—5662
Corporate Office	RiverValley Behavioral Health
Corporate Office Phone	(270) 689—6500
24-Hour Crisis Phone	(270) 684—9466
24-Hour Crisis Phone	(800) 433—7291

Metcalf County	
County Center Phone	(270) 432—4951
Corporate Office	LifeSkills
Corporate Office Phone	(270) 842—0161
24-Hour Crisis Phone (M-F 8:30-5)	(270) 843—4357
24-Hour Crisis Phone (after hours)	(800) 223—8913
TTY Crisis Phone (M-F 8:30-5)	(270) 783—9167
TTY Crisis Phone (after hours)	(888) 537—9202

Monroe County	
County Center Phone	(270) 487—5655
Corporate Office	LifeSkills
Corporate Office Phone	(270) 842—0161
24-Hour Crisis Phone (M-F 8:30-5)	(270) 843—4357
24-Hour Crisis Phone (after hours)	(800) 223—8913
TTY Crisis Phone (M-F 8:30-5)	(270) 783—9167
TTY Crisis Phone (after hours)	(888) 537—9202

Ohio County	
County Center Phone	(270) 274—0650
Corporate Office	RiverValley Behavioral Health
Corporate Office Phone	(270) 689—6500
24-Hour Crisis Phone	(270) 684—9466
24-Hour Crisis Phone	(800) 433—7291

Simpson County	
County Center Phone	(270) 586—8826
Corporate Office	LifeSkills
Corporate Office Phone	(270) 842—0161
24-Hour Crisis Phone (M-F 8:30-5)	(270) 843—4357
24-Hour Crisis Phone (after hours)	(800) 223—8913
TTY Crisis Phone (M-F 8:30-5)	(270) 783—9167
TTY Crisis Phone (after hours)	(888) 537—9202

Union County	
County Center Phone	(270) 289—3240
Corporate Office	RiverValley Behavioral Health
Corporate Office Phone	(270) 689—6500
24-Hour Crisis Phone	(270) 684—9466
24-Hour Crisis Phone	(800) 433—7291

Warren County	
County Center Phone	(270) 842—4454
Corporate Office	LifeSkills
Corporate Office Phone	(270) 842—0161
24-Hour Crisis Phone (M-F 8:30-5)	(270) 843—4357
24-Hour Crisis Phone (after hours)	(800) 223—8913
TTY Crisis Phone (M-F 8:30-5)	(270) 783—9167
TTY Crisis Phone (after hours)	(888) 537—9202

Webster County	
County Center Phone	(270) 667—7092
Corporate Office	RiverValley Behavioral Health
Corporate Office Phone	(270) 689—6500
24-Hour Crisis Phone	(270) 684—9466
24-Hour Crisis Phone	(800) 433—7291

Two Rivers Regional	
Adult State Psychiatric Hospital	Western State Hospital
Hospital Phone	(270) 889—6025

Substance Abuse Facilities

Community Resource Center

1733 Campus Plaza Court, # 15

Bowling Green, KY 42101

Phone: (270) 842-4991

Fax: (270) 842-1180

Life Skills, Inc. – Park Place

822 Woodway Drive

Bowling Green, KY 42101

Phone: 1-800-223-8913

Fax: (270-781-6446

Two Rivers Health Departments

Allen County

Office	Allen County Health Department
Address	207 East Locust P.O. Box 129 Scottsville, KY 42164
Phone	(270) 237-4423
Fax	(270) 237-4777

Barren County

Office	Barren River District Health Department
Address	318 West Washington P.O. Box 1464 Glasgow, KY 42142-1464
Phone	(270) 651-8321
Fax	(270) 659-0062

Butler County

Office	Barren River District Health Department
Address	104 N. Warren Street P.O. Box 99 Morgantown, KY 42261-0099
Phone	(270) 526-3221
Fax	(270) 526-6828

Daviess County

Office	Green River District Health Department
Address	1600 Breckinridge Owensboro, KY 42302
Phone	(270) 686-7744
Fax	(270) 926-8677

Edmonson County

Office	Barren River District Health Department
Address	221 Mammoth Cave Road Brownsville, KY 42210-9040
Phone	(270) 597-2194
Fax	(270) 597-3326

Hancock County

Office	Green River District Health Department
Address	175 Harrison Street P.O. Box 275 Hawesville, KY 42348
Phone	(270) 927-8803
Fax	(270) 927-9467

Hart County

Office	Barren River District Health Department
Address	505 Fairgrounds Road P.O. Box 65 Munfordville, KY 42765-0065
Phone	(270) 524-2511
Fax	(270) 524-5642

Henderson County

Office	Green River District Health Department
Address	472 Klutey Park Plaza Henderson, KY 42420
Phone	(270) 826-3951
Fax	(270) 827-5527

Logan County

Office	Barren River District Health Department
Address	151 South Franklin Street Russellville, KY 42276-1934
Phone	(270) 726-8341
Fax	(270) 726-8399

McLean County

Office	Green River District Health Department
Address	200 Highway 81 North Suite 101 Calhoun, KY 42327
Phone	(270) 273-3062
Fax	(270) 273-9983

Metcalfe County

Office	Barren River District Health Department
Address	615 West Stockton Street P.O. Box 30 Edmonton, KY 42129-0030
Phone	(270) 432-3214
Fax	(270) 432-4000

Monroe County

Office	Monroe County Health Department
Address	452 East 4th Street P.O. Box 247 Tompkinsville, KY 42167
Phone	(270) 487-6782
Fax	(270) 487-5457

Ohio County

Office	Green River District Health Department
Address	1336 Clay Street Hartford, KY 42347
Phone	(270) 298-3663
Fax	(270) 298-4777

Simpson County

Office	Barren River District Health Department
Address	1131 South College Street Franklin, KY 42134-2309
Phone	(270) 586-8261
Fax	(270) 586-8264

Union County

Office	Green River District Health Department
Address	218 West McElroy P.O. Box 88 Morganfield, KY 42437
Phone	(270) 389-1230
Fax	(270) 389-9031

Warren County

Office	Barren River District Health Department
Address	1109 State Street P.O. Box 1157 Bowling Green, KY 42102-1157
Phone	(270) 781-2490
Fax	(270) 781-0241

Webster County

Office	Green River District Health Department
Address	80 Clayton Avenue P.O. Box 109 Dixon, KY 42409
Phone	(270) 639-9315
Fax	(270)

Health Kentucky

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

Eligibility

Criteria for eligibility:

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

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

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

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

Signing Up for the Program

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

Medications, Physician Visits, and Specialist Referrals

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

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

Kentucky Rx Card

FREE PRESCRIPTION DRUG CARD IN KENTUCKY

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

Kentuckians can download a "FREE" card by visiting
WWW.KENTUCKYRXCARD.COM.

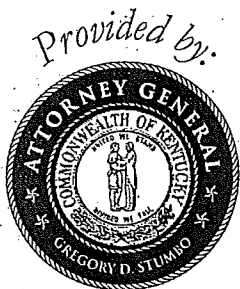
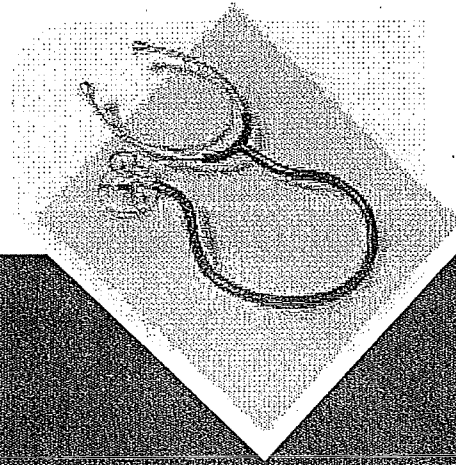
Anyone not able to access the website, or otherwise obtain a member card from various distribution sites, can simply visit any CVS/pharmacy or Kmart location in Kentucky and ask the pharmacy to have their prescription processed through the Kentucky Rx Card program.

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

Kentucky residents can download a free card, search drug pricing, and locate participating pharmacies at
WWW.KENTUCKYRXCARD.COM.

KENTUCKY RX CARD
WWW.KENTUCKYRXCARD.COM

KENTUCKY LIVING WILL PACKET



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

LIVING WILLS IN KENTUCKY

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

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

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

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

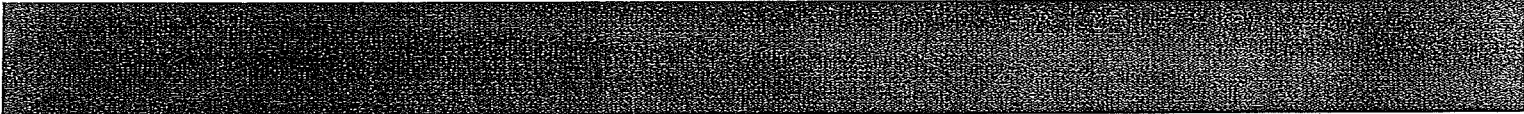
- **Designate a Health Care Surrogate**
- **Refuse or request life prolonging treatment**
- **Refuse or request artificial feeding or hydration (tube feeding)**
- **Express your wishes regarding organ donation**

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

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

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

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



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

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

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

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

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

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

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

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

Copies printed with state funds.

Instructions for completing the Kentucky Living Will form

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

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

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

Life Prolonging Treatment

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

Nourishment and/or Fluids

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

Surrogate Determination of Best Interest

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

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

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

Organ/Tissue Donation

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

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

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

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

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

(PRINTED NAME)

(DATE OF BIRTH)

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

HEALTH CARE SURROGATE DESIGNATION

By checking and initialing the line below, I specifically:

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

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

Any prior designation is revoked.

LIVING WILL DIRECTIVE

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

Life Prolonging Treatment (check and initial only one)

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

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

LIVING WILL DIRECTIVE - CONTINUED

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

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

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

Surrogate Determination of Best Interest

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

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

Organ/Tissue Donation (check and initial only one)

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

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

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

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

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

Signed this _____ day of _____, 20____

Signature and address of the grantor.

Have two adults witness your signature OR have signature notarized*

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

Signature and address of witness.

Signature and address of witness.

- OR -

STATE OF KENTUCKY, _____ County

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

Done this _____ day of _____, 20____

Signature of Notary Public

Date commission expires

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

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

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

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

Housing

**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: _____

Two Rivers Homeless Shelters

- Harbor House Christian Center (270) 827-5010
804 Clay Street
Henderson, KY 42420
- Evansville Rescue Mission (812) 421-3800
300 S.E. M. L. King Blvd.
Evansville, IN 47713
- United Caring Shelter (812) 422-9906
324 NW 6th Street
Evansville, IN 47708
- YWCA Battered Women's Shelter (812) 422-1191
Evansville, IN 47708
- Albion Fellows Bacon Center (812) 422-9372
P.O. Box 3164
Evansville, IN 47731
- Sanctuary, Inc. (270) 885-4572
P.O. Box 1165,
Hopkinsville, KY 42241-1165
www.sanctuaryinc.net
- Todd County Interfaith Center (270) 265-3948
Elkton, KY 42220

Two Rivers Food/Clothing Banks

- Harvest Baptist Temple (270) 683-4960
4430 Old Calhoun
Owensboro, KY 42301
- Friendship House (270) 683-5066
2401 Friendship Drive
Owensboro, KY 42303
- O.A.S.I.S. (270) 685-0260
2150 19th Street
Owensboro, KY 42302
- Daniel Pitino Shelter (270) 688-9000
501 Walnut Street
Owensboro, KY 42301
- Boulware Mission (270) 683-8267
731 Hall Street
Owensboro, KY 42303
- Wing Ave. Baptist Church (270) 926-2149
1508 Monarch Ave.
Owensboro, KY 42301
- Widows and Orphans Pantry (270) 691-0704
904 W. 9th Street
Owensboro, KY 42301
- St. Vincent DePaul (270) 683-5641
423 Bolivar Street
Owensboro, KY 42303
- Salvation Army (270) 685-5576
215 Ewing Road
Owensboro, KY 42301

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

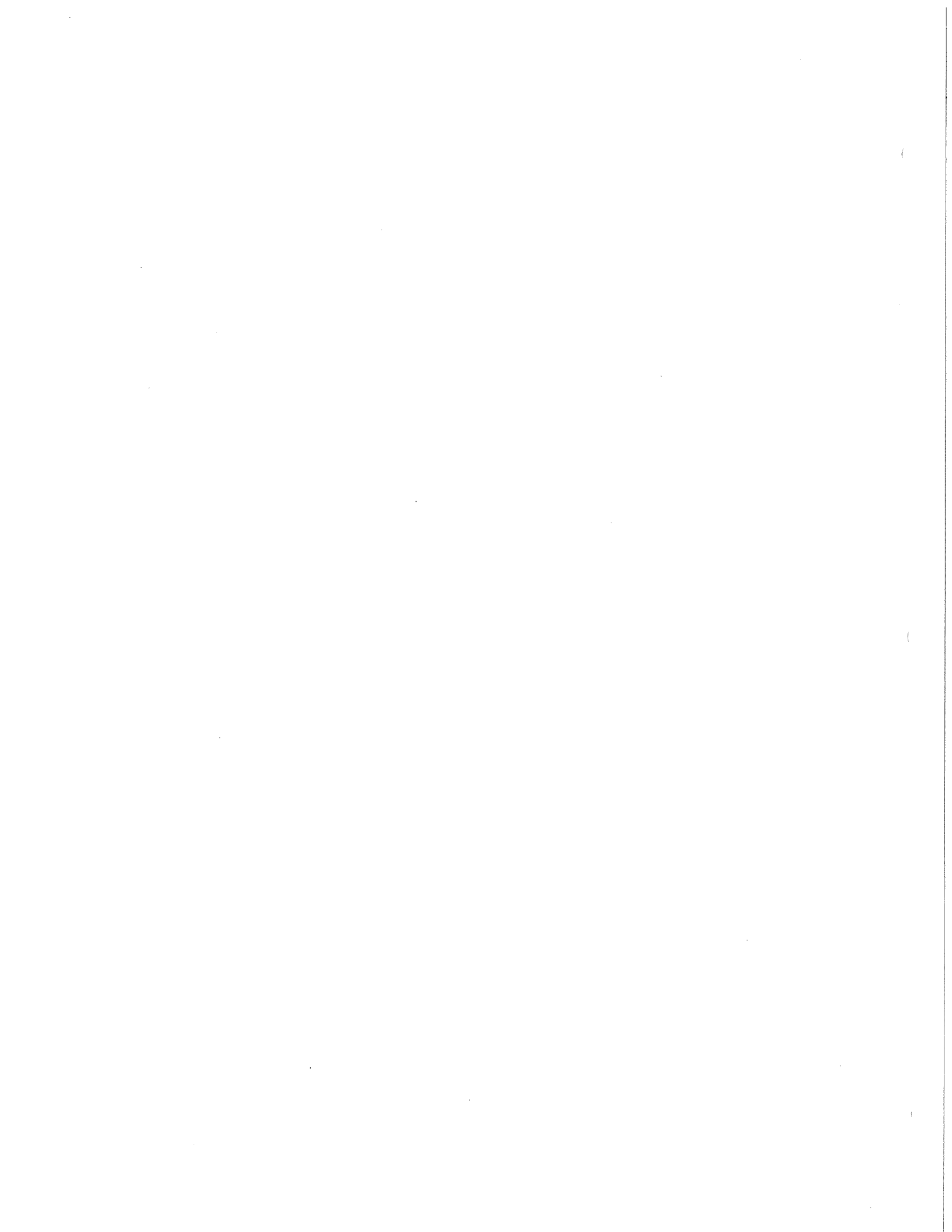
Frankfort, KY 40601-6191

(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:

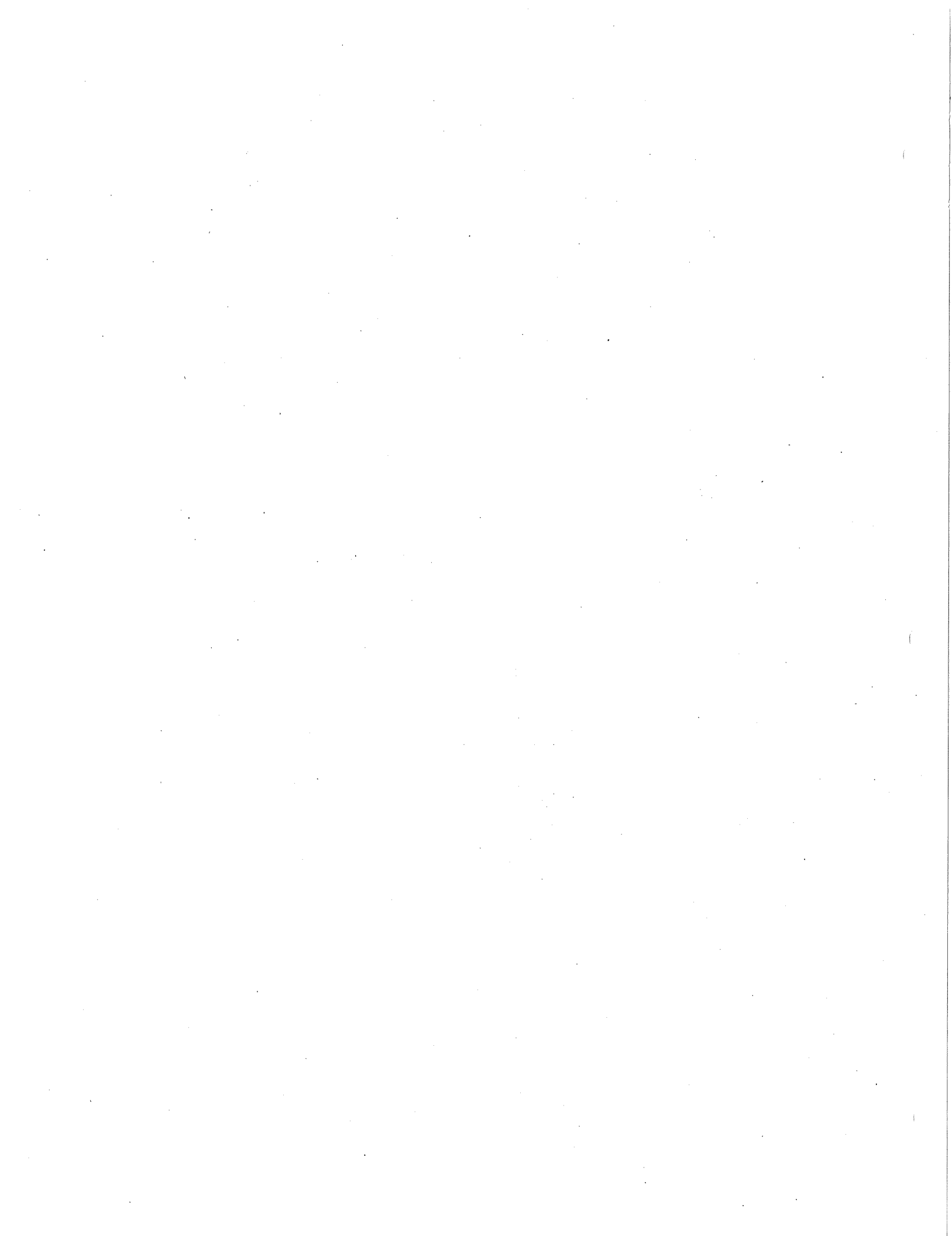
1. Know the rental situation before you sign. Ask who will be responsible for repairs. Find out how and where to contact that person, day or night. Be aware of any rules on painting and papering walls, hanging pictures, allowing pets and noise restrictions.
2. Read the lease carefully. Some contracts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

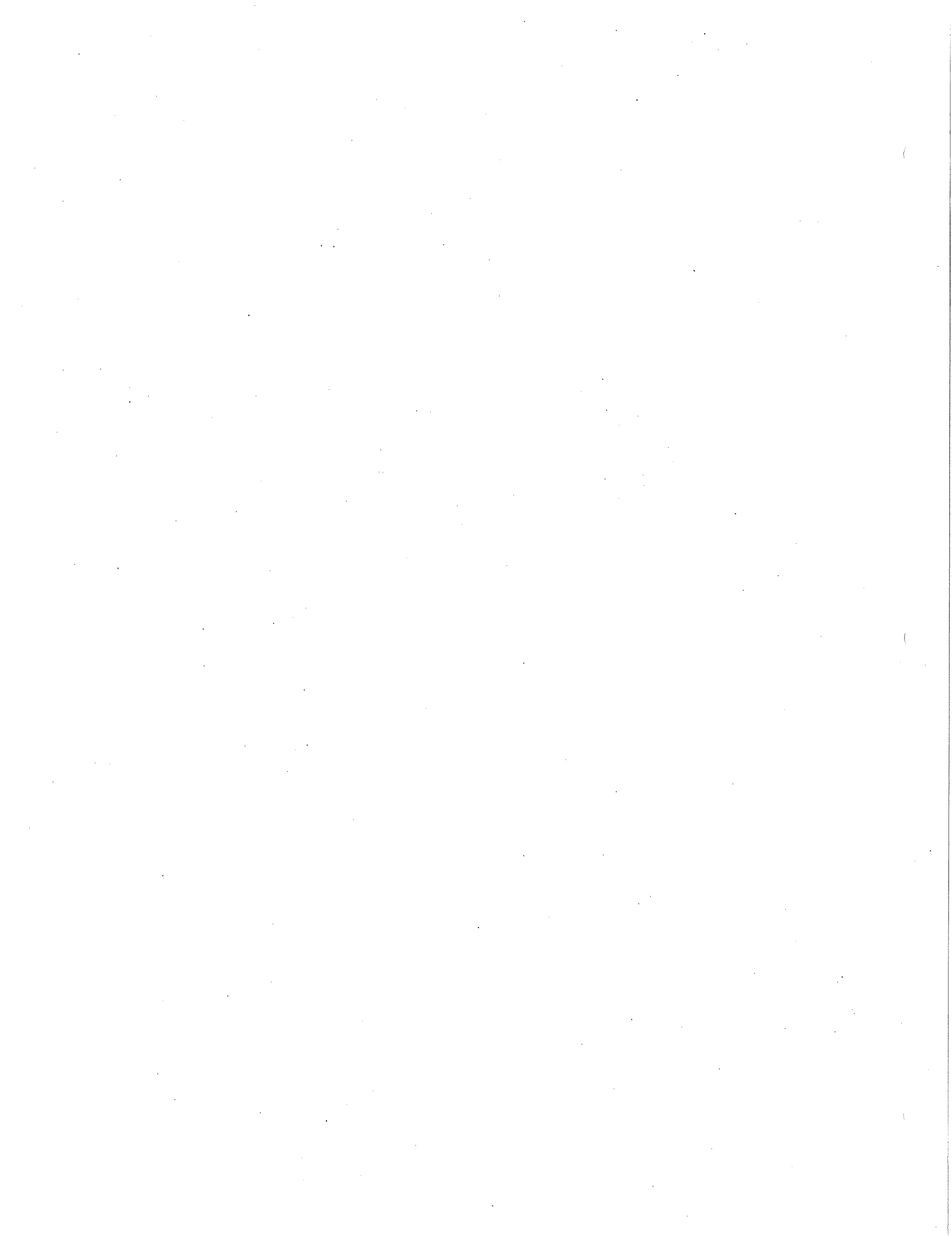
You cannot be denied housing on the basis of race, color, religion, sex, national origin, handicap, or familial status. However, there are some exceptions. You may contact the Kentucky Commission on Human Rights for more information.

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



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:

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

Tuition Waiver

DCBS & DJJ youth 18-21

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

Eligibility:
5 years from date of first entry into school

Maintain 2.0 GPA

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

Contact:

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

Scattered Site Apartment Living Program

DCBS youth 17 -21

Level of Care 1 - 3 ONLY

Referral through placement coordinator and interview with youth

Enrolled in an educational program and working part-time

Rent assistance, case management & support services

Contact:

Contact:

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

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

Education Training Voucher

Youth left care on or after 18 or

Adopted on or after 16

\$5,000 yearly maximum

Youth completes ETV form and submits to Keith Jones in Frankfort

Maintain 2.0 GPA & youth must submit monthly

verification form to Frankfort

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

Contact:

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

Tuition Waiver

Youth left care on or after 18 or adopted from state foster care

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

Eligibility:
5 years from date of first entry into school

Maintain 2.0 GPA

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

Contact:

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

Chafee Room & Board Program

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

Enrolled in an educational program & working part-time

Rent assistance, case management & support services

Contact:

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

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

INSTRUCTIONS FOR COMPLETING THE TUITION WAIVER FOR FOSTER AND ADOPTIVE CHILDREN

Section 1:

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

Please include all information as follows:

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

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

Section 2:

Completed by public post-secondary institution.

Section 3:

Completed by the Cabinet for Health and Family Services.

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

TUITION WAIVER FOR FOSTER AND ADOPTED FOR CHILDREN

SECTION 1 — APPLICANT INFORMATION

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

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

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

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

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

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

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

Student or Guardian Signature

Date

SECTION 2 — PUBLIC POST-SECONDARY INSTITUTION REQUEST

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

Name of Institution

Address of Institution

Phone number

Date

Institution Contact Person (Please print)

SECTION 3 — TUITION WAIVER VERIFICATION

CABINET FOR HEALTH AND FAMILY SERVICES
ATTN: KEITH JONES OR SHELLEY BROWN

ATTN: Tuition Waiver
275 East Main Street Mail Drop 3 E-D
Frankfort, KY 40621
502-564-2147 or 800-232-5437
(FAX: 502-564-5995)

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

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

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SIGNATURE OF AUTHORIZED CABINET PERSONNEL

DATE

INSTRUCTIONS FOR COMPLETING THE REQUEST FOR EDUCATIONAL AND TRAINING VOUCHER FUNDS

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

Please include all information as follows:

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

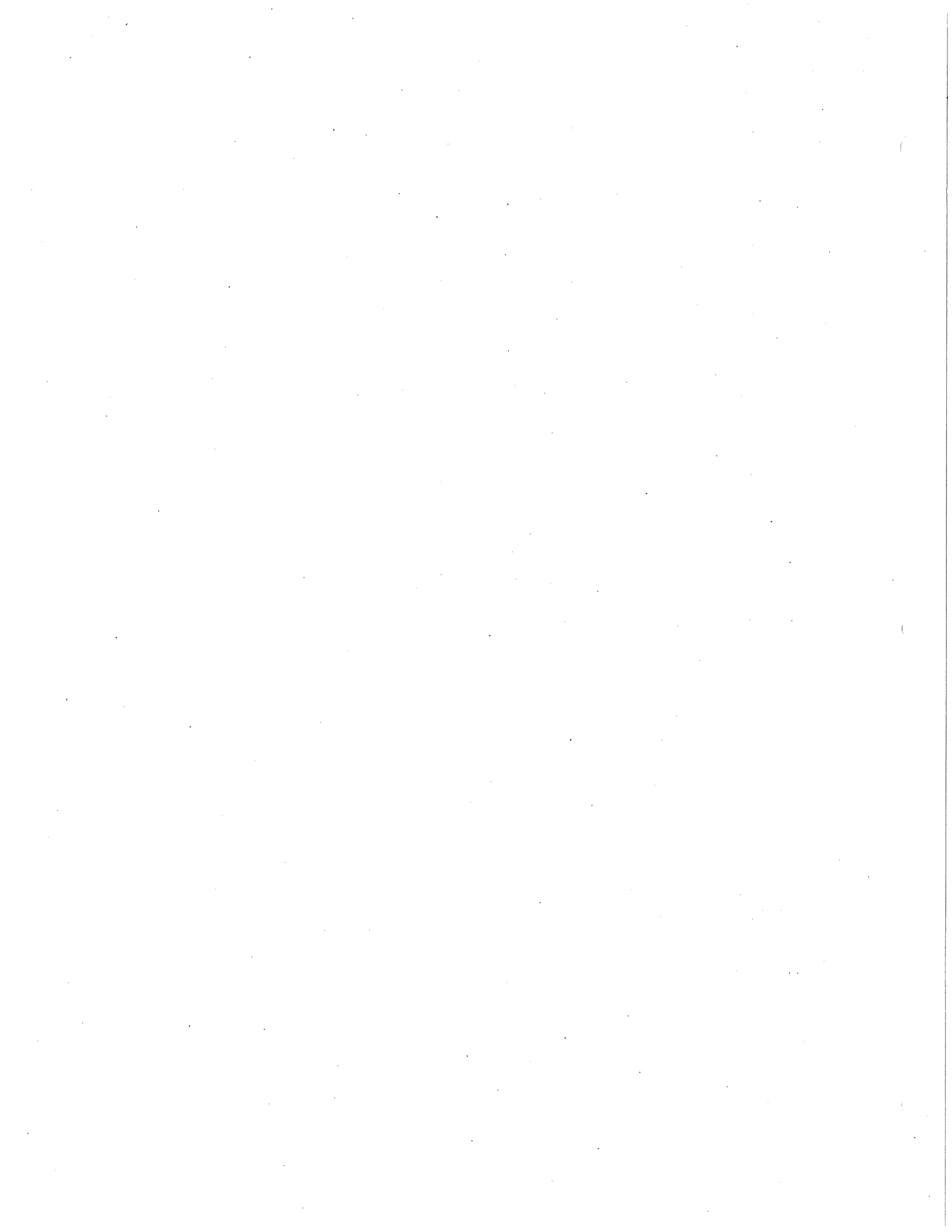
After completion of Sections 1 and 3 of the form, mail or fax the form to the address listed on the form.

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

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

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

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



REQUEST FOR EDUCATIONAL AND TRAINING VOUCHER FUNDS

SECTION 1 — APPLICANT INFORMATION

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

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

- Adopted from Kentucky foster care system at or after the age of 16
 Full names of adoptive parents _____
 - Left the legal custody of the Cabinet for Families and Children on or after his/her eighteenth (18th) birthday
 Date of exit from Kentucky foster care system: _____
- Has applicant previously applied for and received Education/Training Voucher funds? _____ Yes _____ No
 If "Yes", when? _____
- I agree to provide the Cabinet for Families and Children the date of my graduation/completion of training program.

 STUDENT OR GUARDIAN SIGNATURE DATE

Mail or fax to:

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

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

Date of adoption:	
Date of exit from Kentucky foster care system:	
<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> INELIGIBLE

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

 SIGNATURE OF AUTHORIZED PERSONNEL DATE

REQUEST FOR EDUCATIONAL AND TRAINING VOUCHER FUNDS

SECTION 3 – APPLICANT EXPENSES AND INCOME

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

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.

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

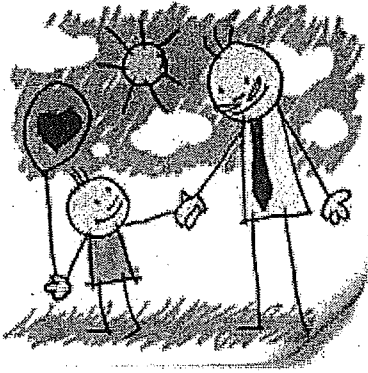
Date

Name Printed

For TWIST Use	Received By	Date	Entered By	Date
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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.

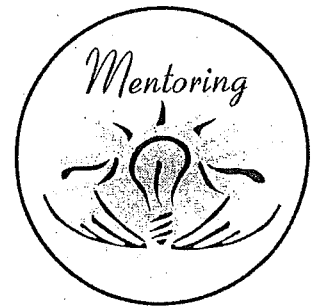
What Do Mentors Do?

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.

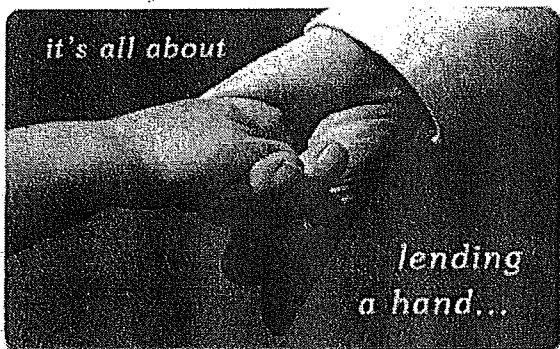
They help youth build upon their individual strengths and accomplish personal goals. They teach the youth to become more responsible.



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

Public Transportation

Kentucky Public Transportation Listed County by County

This online resource has been designed to provide information about the benefits and importance of public transportation for all Americans.

Public transportation provides greater mobility, access, opportunity and choice for all Americans.

Public transportation consists of buses, subways, trolleys and light rail, commuter trains, street cars, cable cars, van pool services, para-transit services for senior citizens and people with disabilities, ferries and water taxis and monorails and tramways.

<http://www.publictransportation.org/systems/state.asp?state=KY>

Fares/Tarifas

Exact Cash Fare or Passes Only

GO Passes

\$5	\$10	\$20
5 rides	10 rides	20 rides

All ages, any time of day on Routes GO to Work or GO Shopping Shuttles. Todos las edades, en cualquier momento del día.

Student Pass: El Estudiante pagamos \$40 semestral. Routes & Shuttles: Unlimited rides (Full Time enrolled in area school). Routes: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

Adults (12 & older) \$2.00

Children (7-11 with an adult) \$1.00

Children (6 & under with an adult) FREE

Seniors (60+), Persons with Disabilities, Medicare & Medicaid card holders (with completed application) \$1.00

Persons mayores (60 años o más), Discapacitados y Titulares de Tarjeta Medicare y Medicaid (con aplicación completada)

Personal Care Attendants FREE

No Discounits

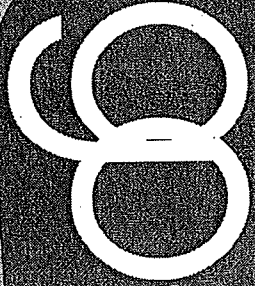
Acompañantes de personas que requieren cuidado personal.

Price exacto del efectivo o boleto solamente.

GO passes may be purchased from the driver, at WGU or at Community Action Council, 800 Administration Building at 823 Beauty Avenue, Bowling Green, KY 42102-9014. In Spanish: El Servicio al Cliente, 800 Administración Building, Bowling Green, KY 42102-9014.

01/10

WAY to



Information

Your passport to transit comfort in Bowling Green!

Information: su pasaporte de transporte cómodo en Bowling Green



782-3162

www.casoky.org/transportation

Let's get GOing

Welcome Aboard!
You're one of Bowling Green's "People on the GO": smart people who recognize how easy, convenient, and safe public transit can be. This brochure will help you ride in comfort.

Remember, we are affected by weather and heavy traffic, too, and we may occasionally experience unavoidable delays. If severe weather causes us to cancel service for any portion of the service day, we will notify the public through radio and television announcements. Whenever you can, try to make alternative travel plans during predicted severe weather. In case of icy road conditions, we may implement snow routes.

GO takes a holiday (no service) on these days:
New Year's Day • Martin Luther King Day
Presidents Day • Memorial Day
Independence Day • Labor Day
Thanksgiving • Christmas Eve
Christmas Day
On New Year's Eve, service stops at 4pm.

GO is a service of the City of Bowling Green and is operated by:
Es un servicio de la ciudad de Bowling Green y es hecho funcionar por:
Community Action of Southern Kentucky
921 Beauty Avenue
P.O. Box 90014
Bowling Green, KY 42102-9014

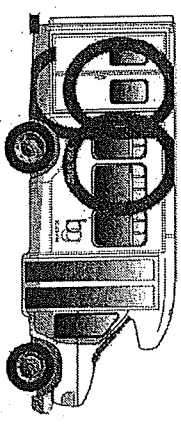
For current and complete information on **GO** transit, please visit our website at www.casoky.org/transportation or call 782-3162.

VAMOS

Bienvenidos A Bordo!
Usted es una de las personas que van "de camino" en Bowling Green y reconocen cuán fácil, conveniente y seguro puede ser el transporte público. Este folleto le ayudará a viajar con más comodidad.

Recuerde que las inclemencias del tiempo y el tráfico denso pueden resultar en atrasos inevitables. Si el tiempo severo causa la suspensión del servicio por parte del día, notificaremos al público mediante anuncios en la radio y la televisión. Mientras le sea posible, planee medios alternos de transporte si se pronostica tiempo severo. En caso de que de las condiciones de camino heladas, poder poner las rutas de la nieve en ejecución.

Ningún servicio en los días siguientes.
El día de Martin Luther King
El día de los presidentes
Día De Independencia
Día de trabajo
Día Comemorativo
Día De Navidad
Víspera De Navidad
El la víspera del Año Nuevo, para a las 4 de la tarde.



To advertise with **GO** by transit call: Para anunciar con **GO** by transit llamada: 782-3162

Routes

GO has five regular routes which will take you nearly everywhere you want to go. Each route is shown as a color (blue, green, red, purple, yellow) on the map to make it easy to figure out what bus you need to take to get to your destination. To determine what bus to take check the map to see where you are and where you need to go. There are convenient transfer locations GO so you can change buses easily. Transfers are free so you do not need to pay another fare to continue your one-way trip. Just ask the driver on the first bus for a transfer ticket that you will give to the driver of the second bus. You cannot use a transfer for a return trip on the same route. Transfers are valid for one hour.

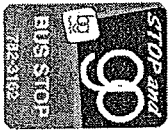
Routes

GO tiene cinco rutas regulares que le pueden llevar a casi cualquier lugar que desee. Cada ruta se indica por medio de un color diferente (azul, verde, rojo, púrpura, amarillo) en el mapa para ayudarle a precisar cuál autobús debe tomar para llegar a su destino. Chequee el mapa para saber donde se encuentra y hacia donde se dirige y así determinar que autobús tomar. Hay convenientes estaciones de traslado GO para que se pueda cambiar de autobuses fácilmente. Los traslados son gratis, así que no tiene que pagar otra tarifa para continuar su viaje. Solo pida al conductor del primer autobús por un boleto de traslado que a su vez, le dará al conductor del segundo autobús. Usted no puede usar un traslado para un viaje de regreso en la misma ruta. Los traslados son válidos por una hora.

Schedules/Bus Stops

The schedule shows what time after every hour the bus will be at a specific stop. Key time points are noted on the schedule, so try to estimate how far your stop is from the time point so you will be there on time. Always plan to arrive at your stop a few minutes before the bus is scheduled to arrive.

GO Bus stops look like this so they are easy to spot. Bus stops are in specific locations where it is easy for the bus to stop and safe for you to board or exit. Do not try to stop the bus anywhere but at a designated bus stop.



Horarios/Paradas de Autobuses

Los autobuses están conometrados para recorrer las rutas en una hora. El horario muestra hora por hora cuando el autobús estará en una parada específica. En el horario encontrará puntos claves de acuerdo a la hora; trate de estimar cuán lejos es su parada del punto clave para que llegue a tiempo. Siempre trate de llegar a su parada unos cuantos minutos antes de la hora indicada.

Así lucen los rótulos de las paradas GO, de manera que son fáciles de reconocer. Las paradas están en lugares específicos donde es fácil para el autobús de parar, y seguro para los pasajeros abordararlo o bajarse de él. No trate de parar el autobús en ningún otro lugar que no sea la parada señalada.

GO, too

All GO buses are equipped with wheelchair lifts or access ramps and drivers are trained to assist passengers with disabilities. If, due to disabilities, you are unable to get to a bus stop or cannot ride the regular routes, we provide door-to-door service for people with disabilities, called GO, too. To qualify for this specialized Americans with Disabilities Act (ADA) service, you must complete an application and an in-person interview with Community Action staff. If you are eligible, you may request trips that begin and end anywhere within three-fourths of a mile of the regular bus routes. Reservations must be made at least one day in advance for this door-to-door service. Call 782-3162 x 238 for details.

GO, too

Todas los autobuses GO están equipados con elevadores o rampas para sillas de ruedas y los conductores han sido entrenados para ayudar a los pasajeros con discapacidades. Si debido a su incapacidad, usted no puede llegar a una parada o no puede viajar las rutas regulares, proveemos servicio de puerta a puerta para personas discapacitadas; llame a GO, también. Para hacer una reservación, favor de llamar al 782-3162 ext.238 al menos con un día por adelantado del día en que desee viajar. Usted deberá pasar por un proceso de elegibilidad para calificar para este servicio especial, bajo La Ley para los Estadounidenses con Incapacidades Físicas (Americans with Disabilities Act (ADA)). Llame al 782-3162 para más detalles.

Way to GO

GO Routes start at 7:00am and continue until 6:00pm Monday through Friday. GO to Work runs between 5:25am and 6:30am and travels to various employment locations along Campbell Lane, Scottsville Road and 31W By-pass. This service also links riders to other routes and shuttles.

La manera de ir

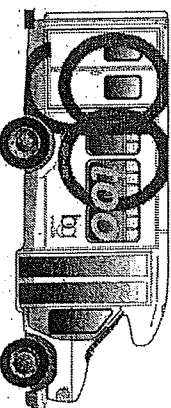
Los servicios GO comienzan a las 7am y continúan hasta las 6pm. El expreso VAMOS (GO) va de 5:25am a 6:30am y viaja a diferentes lugares a lo largo de empleo de Campbell Lane, Scottsville Road, y 31W By-pass. Este servicio liga también a jinetes a otras rutas y transportadores.

COURTESY NOTICE

Have Fare or Pass ready when boarding bus. Fares are Exact Change Cash or Passes only. Passenger may bring on board only the number of packages or items they can carry in one trip. For the comfort of all passengers on the GO, the following are prohibited:

- Profanity
- Solicitation
- Weapons
- Use of Alcohol or Tobacco Products

Driver has the right to refuse service. Animals other than Guide, or Assist, must be in an approved carrier that will fit under seat of bus.



GO Pass

\$5 5 rides	\$10 10 rides	\$20 20 rides
-----------------------	-------------------------	-------------------------

All ages, any time of day on Routes,
 GO to Work, or GO Shopping Shuttles
 Todos las edades, en cualquier
 momento del día.
Student Pass El Estudiante Boleto \$40/semester
 Routes & chuffas, unlimited rides
 (Full Time enrolled in area school)
 Rutas y chuffas, todas en un semestre
 (Tiempo Completo, inscrito en la escuela de área)

Transfer Point
 Shelter Point
 Greenway/Park Point
 Shelter/Transfer Point
 Community Action/Butler Admin. Bldg. Shelter/Transfer Point



www.casoky.org/transportation
 782-3162

782-3162
 www.casoky.org/transportation

Fares/Tarifas
 Exact Cash Fare or Passes Only

- | | |
|---|----------------|
| Adults (12 & older)
Adultos (12 años o mayores) | \$2.00 |
| Children (7-11 with an adult)
Niños (7-11 años con un adulto) | \$1.00 |
| Children (6 & under with an adult)
Niños (6 años o menor con un adulto) | FREE |
| Seniors (60+), Persons with Disabilities,
Medicare & Medicaid card holders (with
completed application)
(effective 7am-11am & 2pm-6pm)
Personas mayores (60 años+)
Discapacitados y Titulares de Tarjeta
Medicare y Medicaid (con aplicacion
completada) | \$1.00 |
| GO, too (all ages) (todas las edades)
Personal Care Attendants
No Discounts
Acompañantes de personas que
requieren cuidado personal. | \$2.00
FREE |



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Have Fare or Pass ready when boarding bus.
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 Profanity • Solicitation
 • Weapons • Use of Alcohol or Tobacco Products
 Driver has the right to refuse service.
 Animals other than Guide, or Assist, must be in an
 approved carrier that will fit under seat of bus.

Precio exacto del efectivo o boleto solamente

GO passes may be purchased from the driver, at WKU or at Community Action Donald C. Butler Administrative Building at 921 Beauty Avenue.
 Los boletos se pueden comprar solo en efectivo o boleto de un conductor en la oficina de la Administración de Servicios a la Comunidad Butler Administrative Building 921 Beauty Avenue.

RED LINE / ROUTE 1

- ★ :00 Community Action / Butler Admin. Bldg. (921 Beauty Ave.)
- ★ :05 Double Springs Manor Double Springs & Beauty Graham & Ragland/Scott Graham & Ida
- ★ :12 Salvation Army Main & Center (Federal Courthouse/Justice Center) College & Park Row
- ★ :15 Fountain Square Park City Hall/Courthouse College & 11th (Post Office)
- ★ :15 BG Towers (College Street) 13th & College 13th & Center D & F Market (Adams Street)
- ★ :21 Adams & 14th (Mills Properties) Forest & Old Morgantown 12th & Kentucky (Grant Village)
- ★ :25 Ky & 14th 12th & College
- ★ :28 Downtown State Street Stop BG Area Career Center Fairview Community Health Ctr. Lehman & Josephine Lehman & 31 W ByPass (CVS) Eastwood & Wright Fairview Plaza Kogers-31W ByPass High & 2nd
- ★ :39 Medical Center (Park Street) Graves Gilbert Clinic 3rd & Chestnut (Renaissance Vill.)
- ★ :41 Hope in Messiah Church (Old Louisville Rd. 7:43 am, 11:43 am & 4:43 pm ONLY)
- ★ :46 Education & Human Services Center (BG Parks & Rec.) Roland Bland Park/Skate Park Ida & Webb Webb & Scott
- ★ :50 HAAG Learning Center Community Action / Butler Admin. Bldg. (921 Beauty Ave.)

BLUE LINE / ROUTE 2

- ★ :00 Community Action / Butler Admin. Bldg. (921 Beauty Ave.) Jackson & Haven/Church Jackson & Main (Fairview Ct) Hobson Grove Park & House Main & Victoria Main & Court
- ★ :05 Argona Court Argona & Crowdsom Crowdsom & Glen Lily Audubon & Glen Lily Audubon & Strathmore Audubon & Old Morgantown Old Morgantown & S. Sunrise Tapp's Drive-In Lamplin Park
- ★ :15 Wal-Mart - Morgantown Rd. Jennings & Clover Rockcreek (Greenhaven Apts.) Loop/Skyline Trailer Park B.G. Technical College Dragon Way
- ★ :21 Western Gateway (Roses & Houchens) WKU - Jones Jaggers WKU MMT#H, Planetarium Main Public Library (State St.) Downtown State Street Stop Fountain Square Park National City Clock State & 8th (Circus Square) 5th & State 5th & High (Rosewood Manor) Medical Center (ER Entrance) Graves Gilbert Clinic 3rd & Chestnut (Renaissance Vill.)
- ★ :40 Education & Human Services Center (BG Parks & Rec.) Roland Bland Park/Skate Park Scott & Gordon Graham & Ragland Graham Street
- ★ :46 Sugar Maple Square H.O.T.E.L., Inc. Pearl & Lewis
- ★ :50 Community Action / Butler Admin. Bldg. (921 Beauty Ave.)

GREEN LINE / ROUTE 3

- ★ :00 Community Action / Butler Admin. Bldg. (921 Beauty Ave.) Double Springs & Gordon College & Park Row Fountain Square Park City Hall/Courthouse College & 11th (Post Office) BG Towers (12th & College) Broadway & Chestnut Broadway at Hope Harbor Scottsville Rd. at First Assembly of God Church Western & Ashley Circle
- ★ :15 BG Kidney Center Home Depot/Kohl's (Gary Farms Blvd.) Wal-Mart/Ragel/Lowe's Greenwood Mall (Carousal & J.C. Penney back door) Kogers/Sk-Mart
- ★ :26 Shive Lane at Shoney's Bryant Way at Willow Creek/ Greenwood Villa
- ★ :33 Bryant Way
- ★ :37 Bryant Way at Pedigo Way Convention Center/Hanhand Covington Woods Park 10th & Magnolia 10th & Kenton (International Center)
- ★ :55 Reservoir Park & Free Clinic 8th & State (Circus Square) Gordon & Scott
- ★ :55 Community Action / Butler Admin. Bldg. (921 Beauty Ave.)

To advertise with:
GOBG TRANSIT CELL
 Phone: 782-3162
 Email: gobgtransit@star.com
 Website: gobgtransit.com

YELLOW LINE / ROUTE 4

- ★ :00 Community Action / Butler Admin. Bldg. (921 Beauty Ave.) Payne & Main Woodford & Vine Vine & Glen Lily
- ★ :05 Pedigo Park Glen Lily & Stratford Collegeview & Glen Lily (Family Dollar Store) Collegeview & Old Morgantown S. Sunrise & Old Morgantown S. Sunrise & Morgantown Rd. Western Gateway
- ★ :13 (Roses & Houchens) Highland Heights & BG Estates Emmert & Russellville Rd. Emmert & Industrial Drive (Draughts Jr. College)
- ★ :18 WKU - South Campus Kogers (Campbell Lane) Western Place Apartments Daystar Village Lori Village
- ★ :24 Campus Pointe Apartments Subway
- ★ :28 Thornough Drive (Regency Apartments, College Suites Apts., BGJH)
- ★ :34 Highland & Western Village Manor & SKY (BY REQUEST ONLY)
- ★ :40 O'Shea (In curve of road) Michost & Highland Patrick Way & Smallhouse Ridgeman & Cabell Cabell & 31 W ByPass 31 W ByPass & 14th Broadway & 31 W ByPass Broadway & Chestnut Downtown State Street Stop State & 8th (Circus Square)
- ★ :50 Community Action / Butler Admin. Bldg. (921 Beauty Ave.)

PURPLE LINE / ROUTE 5

- ★ :02 Science & Tech. Hall (at stether)
- ★ :05 MMT#H (Front Doors) Community College
- ★ :09 Kogers
- ★ :13 Darvstar Village
- ★ :14 Lorri Village
- ★ :15 Campus Pointe Apts. Subway Stop
- ★ :17 Thornough Drive (Regency Apts., College Suites Apts., BGJH)
- ★ :23 WKU South Campus (On Nashville Rd.) Houchens Market
- ★ :26
- ★ :32
- ★ :35
- ★ :39
- ★ :43
- ★ :44
- ★ :45
- ★ :47
- ★ :49
- ★ :53
- ★ :56

Way to GO

GO Routes start at 7:00am and continue until 6:00pm Monday through Friday. GO to Work runs between 5:25am and 6:30am and travels to various employment locations along Campbell Lane, Scottsville Road and 31W By-pass. This service also links riders to other routes and shuttles.

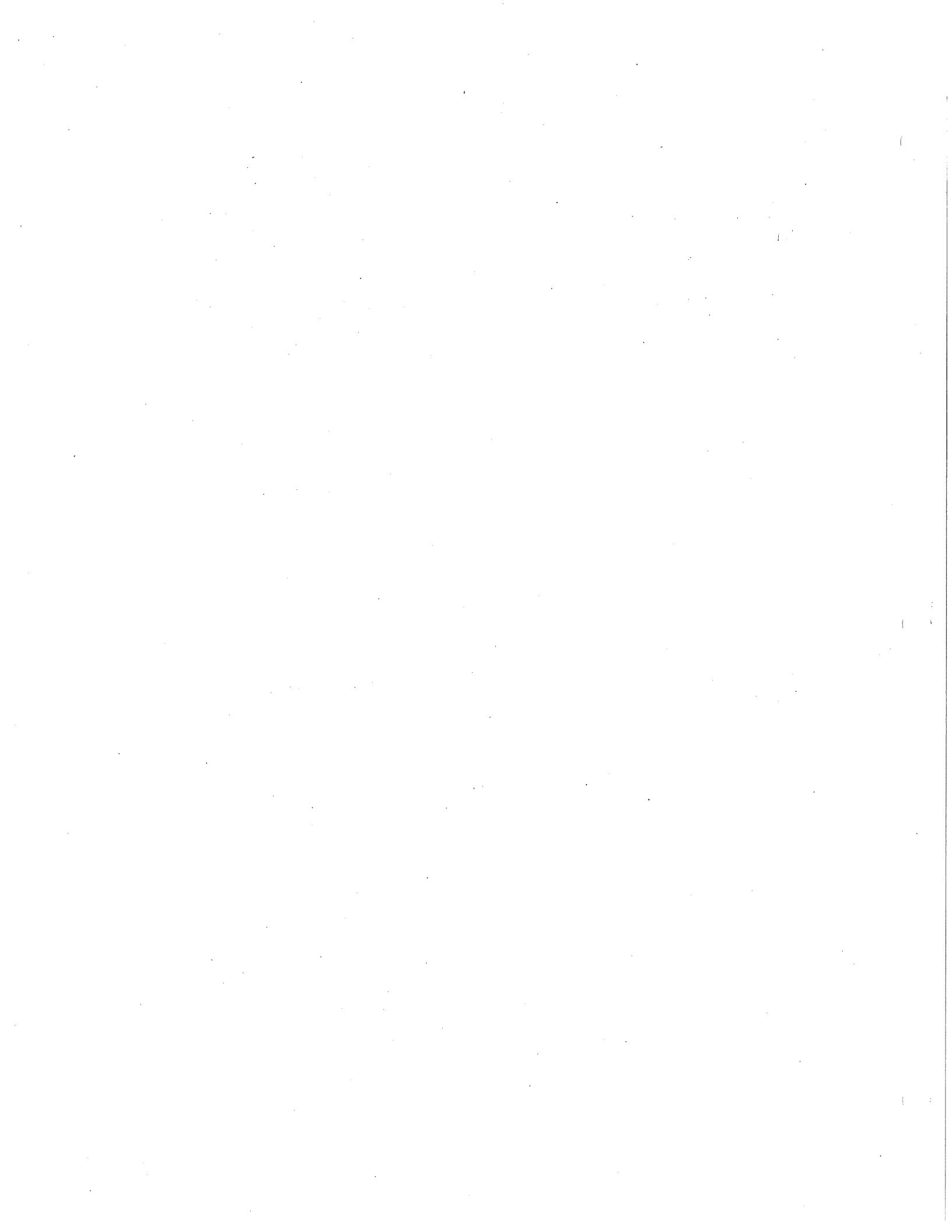
La manera de ir

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Glasgow Transit System

Scheduled Stops and Approximate Times

		1ST	2ND	3RD	4TH	5TH	6TH	7TH
Park Avenue Apartments	Stop #1	7:00	8:32	10:02	12:02	1:32	3:32	5:02
Park Avenue Shopping Center	Stop #2							
Regency Park Apartments	Stop #3							
Houchens #37, Happy Valley Road	Stop #4							
T J Samson Community Hospital	Stop #5	7:15	8:45	10:15	12:15	1:45	3:45	5:15
Drs. German/Flannery Offices	Stop #6							
Doctors Park, Dr. Bale	Stop #7							
Barren River Plaza	Stop #8							
Barren County Family YMCA	Stop #9							
Wal-Mart Superstore	Stop #10	7:30	9:00	10:30	12:30	2:30	4:00	5:30
K-Mart/Food Lion	Stop #11							
Barren County Health Care Center	Stop #12							
Bluegrass Place	Stop #13	7:45	9:15	10:45	12:45	2:45	4:15	5:45
Houchens #1, Southgate Plaza	Stop #14							
Dellwood Apartments	Stop #15							
Mayfield Plaza	Stop #16							
Robinson Court	Stop #17	8:00	9:30	11:00	1:00	3:00	4:30	6:00
Ralph Bunche Center	Stop #18							
Sam Terry & Landrum	Stop #19							
Save-A-Lot	Stop #20							
Public Square	Stop #21	8:15	9:45	11:15	1:15	3:15	4:45	6:15
Huntsman Manor	Stop #22							
Liberty Street School Apartments	Stop #23							
Humble & Bryan	Stop #24	8:30	10:00	11:30	1:30	3:30	5:00	6:30



Acknowledgment of Receiving Documents

Last First MI 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

