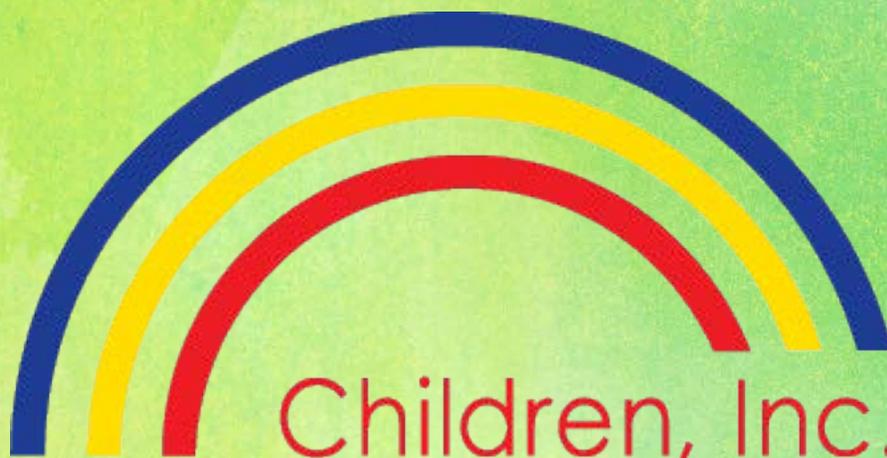


Grandparents as Parents Resource Guide



**Northern Kentucky
2018**

ACKNOWLEDGEMENTS



Lifelong Success Built HereSM

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FIRST STEPS

DAY ONE

IF YOU JUST STARTED CARING FOR YOUR GRANDCHILDREN...

If you recently began caring for your grandchildren, there are things you can start doing now to help you down the road. For starters, [save this Resource Guide](#), as there are many helpful tips and services listed that can assist you. Also, remember you are not alone. There are many support systems to help you, your children, and your grandchildren.

- Always ask any questions you have. If you do not understand the answer, ask for further explanation.
- If you have custody, take the custody papers with you everywhere. Make copies of them (you can do this at your local library) and keep them in your car, purse, and house.
- Respond to all correspondence. Do not assume the necessary information reached the appropriate person. If you receive a letter, respond to the person who sent the letter. If you have a phone message, respond to the person who left the message (even if you have to call multiple times). Always leave a message so the person knows you are trying to call them.
- Attend support groups. Meeting others who are in similar situations will give you the courage to get through the difficult days. [Refer to "Resources" in the back of this guide book for information on local support groups.](#)
- Do not expect to get an answer. Many people at the agencies you contact may not know how to deal with your situation. If you get an unclear answer, ask someone else. Do not be afraid to ask to speak with a supervisor or someone at the state level.
- Be sure to give full, accurate information to everyone from whom you seek help.
- Ask for the full name, agency represented, and phone number from everyone with whom you discuss your situation. Ask for business cards. Record this information in a notebook.
- There are many local resources that can provide you with general information on raising children. First, doctors offices. Contact your grandchild's pediatrician or medical clinic to identify other valuable resources and referrals. Second, hospitals. Many hospitals sponsor programs and activities regarding child development and child rearing. Call your local hospital to find out if they offer such programs. Third, libraries. Libraries are a great source for parenting books and other materials.

JOURNALING

Document anything that happens between you, your grandchild, and your grandchildren's parents. Write down all dates, times, and events related to the child and their parents. Keep a notebook handy to write down information as you think about it. Do this even when things are going fine. Journaling will be helpful if you have to go to court at a later date.

Below is more information on what you should journal about:

Health information:

- Medication
- Doctor's appointments
- Medical Provider contact information
- Insurance information
- Medical Bills

School information:

- Evaluations/ Grades
- School visits
- Information of a child's actions in school
- Teacher information
- Sports, clubs, and other activities

Legal Documents:

- Order from court
- Information about guardianship, custody, or adoption (any calls to the police should also be documented)
- Any other notes about child behaviors

Department for Community Based Services and other social services:

- Contacts
- Names
- Dates of communication

While you may not need to keep track of all this information, it can serve as a checklist and a reliable record of what has happened. Having a good record is the best way to care for yourself and your grandchild.

DOCUMENT BINDER

MAKE A BINDER OR FOLDER TO KEEP ALL IMPORTANT DOCUMENTS FOR YOUR GRANDCHILD. THE DOCUMENT BINDER WILL HELP YOU EASILY ACCESS DOCUMENTS WHEN YOU NEED THEM.

In the document binder you should have:

- Birth certificates, death certificates (ex. if your grandchild's parent is deceased), marriage records or divorce decrees for their parents
- Social Security cards (or at least the numbers) for the children.
- Health information: medical, dental, and immunization records. Try to obtain all medical records. Medical records can be obtained through the child's parents, a signed medical release of records by the parent, medical clinic, or the school may have the child's medical records on file.
- Legal information: power of attorney, custody, guardianship, adoption or other legal papers.
- Consent forms, like the Kentucky Caregiver Authorization Affidavit, signed for medical care and education. Refer to "Legal Resources" and "Forms" in the back of this guide book for more information and to complete the consent form.
- Education information: school papers (ex. report cards, evaluations, registration, etc.)
- Financial information: proof of your grandchild's income and assets (child support payments, trust fund, etc.) Proof of your income and assets (if you apply for public benefits, you'll need these). In addition, keep track of child care costs. Keep the receipts of everything you buy for the child.
- Citizenship papers for you and/or for your grandchildren
- Military papers for you or their parents

BIRTH CERTIFICATE

ONE OF THE MOST IMPORTANT DOCUMENTS YOU WILL NEED IS PROOF OF YOUR GRANDCHILD'S IDENTITY. MAKE SURE YOU HAVE A COPY OF YOUR GRANDCHILD'S BIRTH CERTIFICATE.

How do I apply?

In Person:

Office of Vital Statistics
275 East Main Street – 1E-A,
Frankfort KY 40621

The office is located on the first floor and opens at 8:00 AM Monday through Friday. Arrive before 3:30 PM. There may be a wait time of up-to an hour. For each certificate there is a \$10 charge.

By Mail: An application can be mailed to the Office of Vital Statistics (listed above). An application can also be picked up from your local Health Department to be mailed in. Refer to the "Forms" in the back of this guide book for the application.

There is a \$10 charge per birth certificate. Enclose a check or money order payable to the Kentucky State Treasurer to cover the cost of each certificate order. Please allow up to 30 working days for processing.

By Phone: Call 1 (800) 241-8322. You will need to

pay with a credit card. In addition, there is a \$5 handling fee along with the \$10 charge for the certificate. Typically, you receive your certificate within one week.

Online: Visit www.ky.gov. To order online, there is an additional shipping fee. The cost of the shipping fee depends upon the type of shipping chosen by the user.

NOTE: Do not mail original documents with the application. Make photocopies of the documents and submit the photocopies with the application.

Following information is needed:

- Full name at birth of the person for whom the certificate is requested
- Month, day, and year of birth
- County of birth
- Mother's maiden name
- Father's name
- Name, address, and phone number where the certificate is to be mailed

SOCIAL SECURITY

TO CLAIM YOUR GRANDCHILD AS A DEPENDENT ON YOUR INCOME TAX RETURNS, OBTAIN MEDICAL COVERAGE FOR THE CHILD, APPLY FOR GOVERNMENT SERVICES, AMONG OTHER THINGS- A SOCIAL SECURITY NUMBER IS NEEDED.

How do I apply?

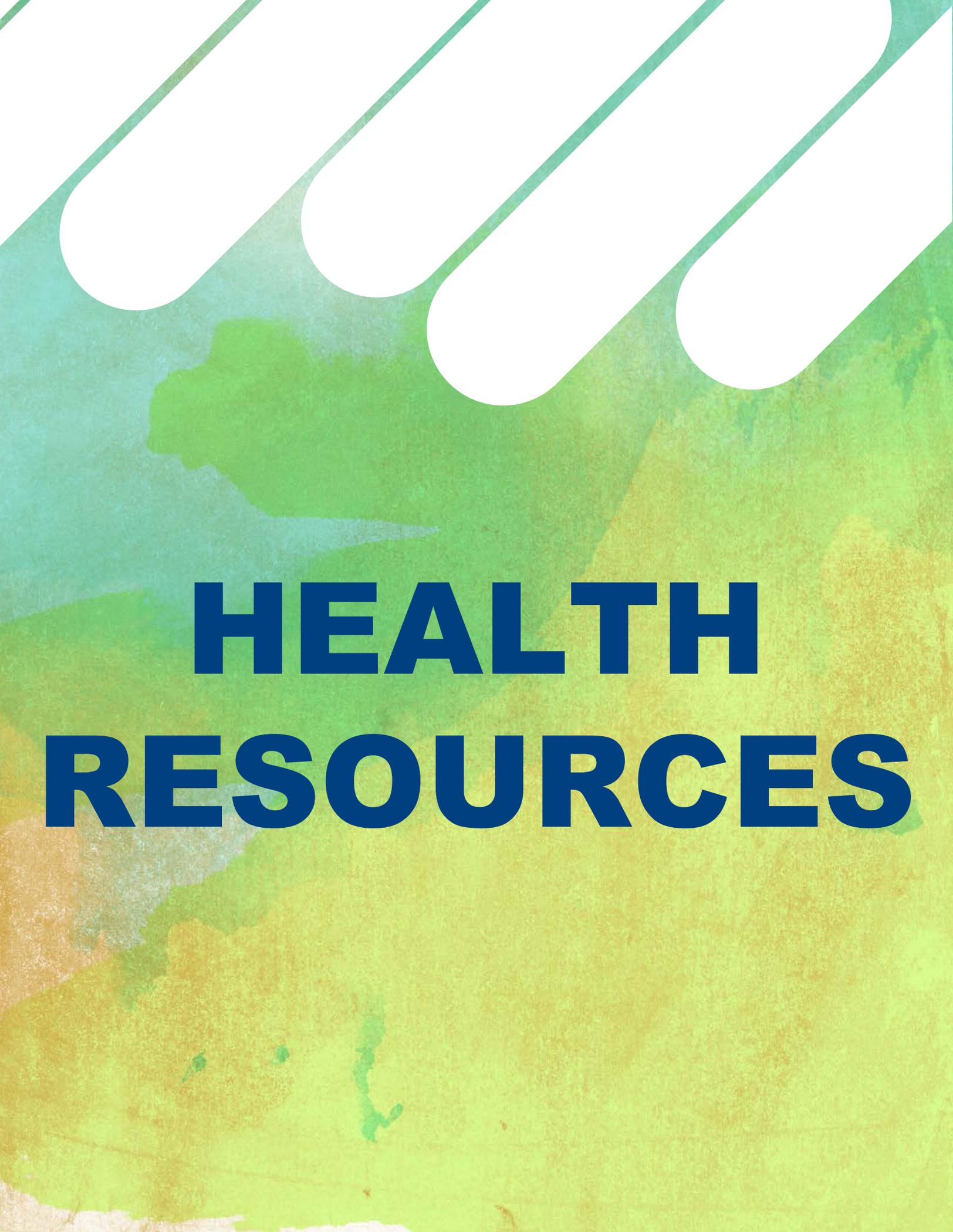
It is not necessary to be the child's legal guardian in order to obtain a Social Security card for them. Refer to the "Forms" section in the back of this guide book for the application. The form can be used to request either an original Social Security number or a replacement card. The form includes instructions for completing the application and lists the documents that must be submitted with it. U.S. Citizens need an original or a certified copy of a birth certificate or baptismal record. If you are signing the Social Security Application Form on behalf of your grandchild, you will need to provide proof of your identity as well.

NOTE: Do not mail the original documents with the application. Make photocopies of the documents, and submit the photocopies with the application.

Social Security provides income benefits to adults, older adults, and children. The Supplemental Security Income (SSI) program pays benefits to disabled adults and children who have limited income and resources. SSI benefits are also payable to people 65 and older without disabilities who meet the financial limits.

Northern Kentucky Social Security Office
7 Youell Street
Florence, KY 41042

For information on obtaining a Social Security Card or on Social Security programs, contact the Social Security Administration at 1(800) 772-1213 or visit the website at <https://ssa.gov> or go in person to the Social Security office at the address listed above.



HEALTH RESOURCES

BENEFIND

BENEFIND ALLOWS KENTUCKY FAMILIES TO APPLY FOR PUBLIC ASSISTANCE BENEFITS AND ACCESS INFORMATION THROUGH AN ONLINE WEBSITE.

Why use Benefind?

Typically, public assistance programs are income based. Benefind can be helpful to find what assistance program you qualify for and manage your benefits and information in one place.

Supplemental Nutrition Assistance Program (SNAP)

Formerly known as “food stamps,” SNAP helps individuals and families stretch their food budget and buy healthy foods.

Kentucky Transitional Assistance Program (KTAP)

provides cash assistance to families with children to help pay for basic needs such as rent, utilities, and other household expenses.

Kentucky Children’s Health Insurance Program (KCHIP)

provides free or low-cost health insurance for children younger than 19 without health insurance.

Medicaid offers assistance to help cover costs for needed medical care including preventive health care.

Child Care Assistance Program (CCAP) provides financial assistance to pay for quality child care.

To use Benefind, go to: <https://benefind.ky.gov>.

If you do not want to utilize Benefind, you may also use a paper application or report a change by contacting DCBS Family Support:

- Call 1 (855) 306-8959
- Mail or fax a paper application to:
DCBS Family Support
P.O. Box 2104
Frankfort, KY 40602
Fax Number: (502) 573-2007

MEDICAID

MEDICAID IS A PROGRAM FOR FAMILIES AND INDIVIDUALS THAT PROVIDES FREE OR LOW-COST HEALTH COVERAGE.

How do I apply?

In person: Visit local Department for Community Based Services (DCBS) Office. Refer to "Resources" in the back of this guide book for contact information.

By Mail: Mail in an application to the state or local Department for Community Based Services Office (DCBS).

Refer to "Resources" in the back of this guide book for contact information.

Also, refer to "Forms" in the back of this guide book for the application.

By Phone: Call 1 (855) 459-6328

Online: Visit the Benefind website: <https://benefind.ky.gov>

Following information is needed:

- Two forms of identification (ex. state driver's license, birth certificate, U.S. Passport)
- Proof of income (ex. pay stubs or a letter from employer stating the amount to be paid)
- Social Security information (for the applicant and the other members of the household)
- Information on Health Insurance Coverage (ex. includes any health insurance coverage the applicant may be offered from a job or spouse's job)
- NOTE: Additional documentation may be requested. It is also good practice to have the child's birth certificate when applying.

Medicaid income eligibility guidelines: children up to age 1 with family income up to 195% of the federal poverty level. Children ages 1 to 18 with family income up to 159% of the federal poverty level. Parents and other adults are covered with incomes up to 133% of the federal poverty level. Refer to the "Poverty Guidelines Chart" in the back of this guide book for more information.

THE KENTUCKY CHILDREN'S HEALTH INSURANCE PROGRAM (KCHIP)

The Kentucky Children's Health Insurance Program (KCHIP) is free or low-cost health insurance for children younger than 19 years old without health insurance. Children in families with incomes less than 213% of the federal poverty level are eligible. Refer to the "Poverty Guidelines Chart" in the back of this guide book for more information.

How do I Apply?

In Person: Visit local Department for Community Based Services Office (DCBS). An application can also be picked up from any local health department, doctor's office, hospital, pharmacy, or school. Refer to "Resources" in the back of this guide book for contact information.

By Mail: Mail in an application to the state or local Department for Community Based Services Office (DCBS).

Refer to "Resources" in the back of this guide book for contact information.

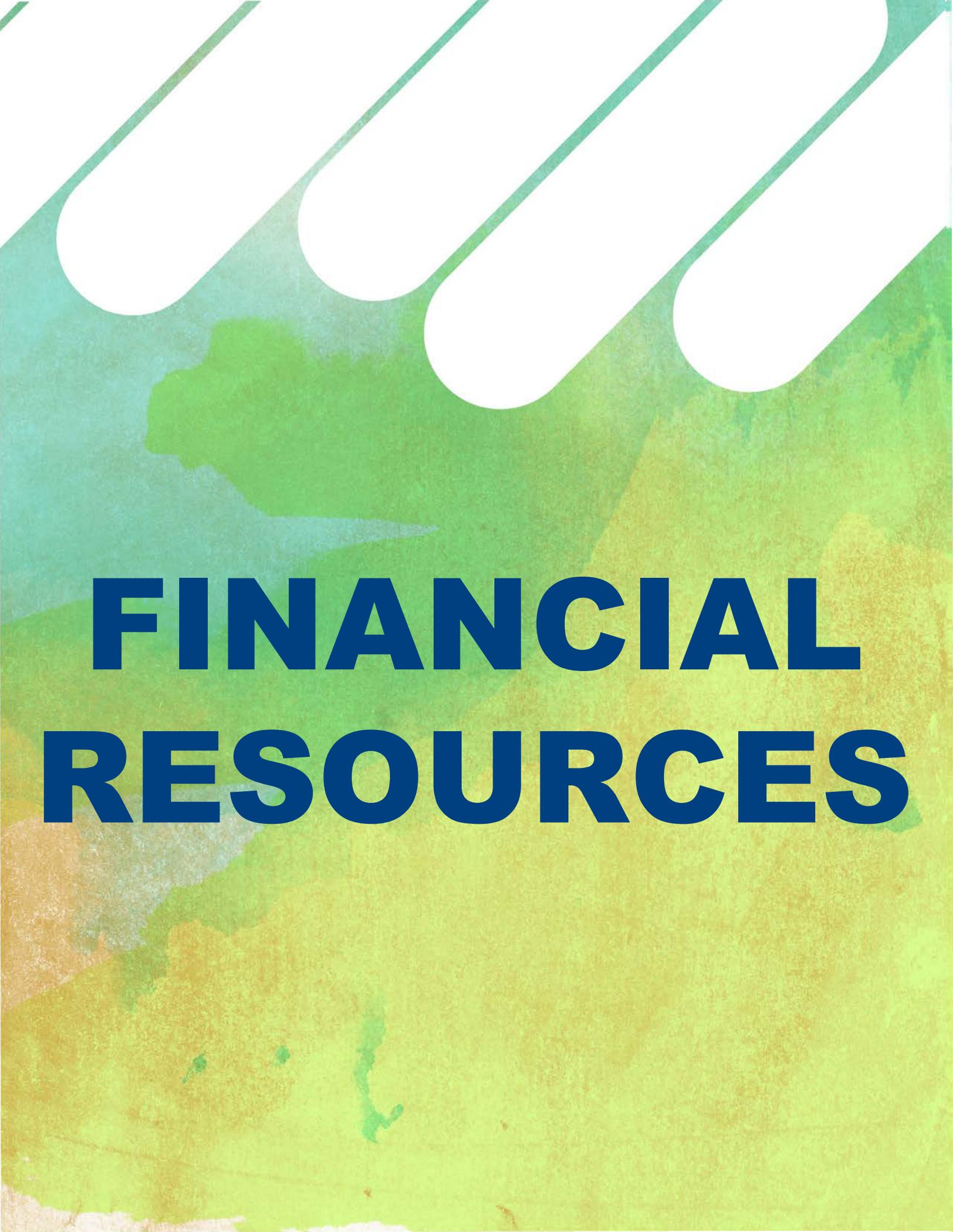
Also, refer to "Forms" in the back of this guide book for the application.

By Phone: Call 1 (855) 459-6328

Online: Visit the Benefind website at <https://benefind.ky.gov>

Following Information is needed:

- **Proof of income** (pay stubs or letter from employer stating your wages, your employer's name, address, phone number and an original signature.)
- **Proof of expenses for child care** (ex. receipts, statements, etc.)
- **Health insurance information for parent/grandparent** (copies of health insurance cards that have the name of the insurance company, group number and policy number, effective date, name of policy holder, names of people who are covered)
- **Proof of citizenship** (birth certificate, US Passport, or adoption papers)
- **Proof of identity** (current state driver's license; school photo ID; ID issued by state, federal or local government with photo, school record, or medical record)
- **Social Security numbers** (for each child)



FINANCIAL RESOURCES

KENTUCKY TRANSITIONAL ASSISTANCE PROGRAM (K-TAP)

K-TAP (Cash Assistance) provides financial aid to needy, dependent children in Kentucky, as well as parents or relatives with whom the children are living. K-TAP also helps families find jobs or receive training that leads to a job.

How do I Apply?

In person: Visit local Department for Community Based Services (DCBS) Office. Refer to "Resources" in the back of this guide book for contact information.

By Mail: Mail in an application to the state or local Department for Community Based Services Office (DCBS). Refer to "Resources" in the back of this guide book for contact information.

Also, refer to "Forms" in the back of this guide book for the application.

By Phone: Call 1 (855) 306-8959

Online: Visit the Benefind website at <https://benefind.ky.gov>

Following Information is Need:

- Social Security Number (for applicant and members of the household)
- Proof of Citizenship (birth certificate, US Passport, or adoption papers)
- It is good practice to have a birth certificate to refer to for birth information (ex. place of birth and date of birth)
- Proof of Expenses (ex. housing, gas, utilities)
- Proof of Income (ex. pay stubs or letter from employer stating your wages)
- Proof of Identity (ex. current state driver's license)

NOTE: A family can only use K-TAP for 60-Months (5 years) in a lifetime.

CHILD CARE ASSISTANCE PROGRAM (CCAP)

CHILD CARE ASSISTANCE PROGRAM (CCAP) OFFERS ACCESS TO QUALITY CHILD CARE BY PROVIDING FINANCIAL ASSISTANCE TO HELP COVER THE COST OF CHILD CARE.

To be eligible for the Child Care Assistance Program (CCAP) you must meet the following criteria:

- Resident of Kentucky: the child must be a U.S. citizen or qualified alien
- Have employment: an average twenty (20) hours per week for a single parent and forty (40) hours combined for a couple; or
- Have a child protective or preventive services authorization; or is participating in the Kentucky Works Program (a supportive service provided by K-TAP); or a teen parent attending high school or pursuing a general equivalency degree (GED); or has a child under age of thirteen (13); or if you request child care for children over the age of thirteen proof must be provided to show the child's inability to care for himself or herself.

CCAP INCOME LIMIT CHART (Effective April 1st, 2017)

Family Size	Annual Income	Monthly Income
2	\$25,984	\$2,165
3	\$32,672	\$2,723
4	\$39,360	\$3,280
5	\$46,048	\$3,837
6	\$52,736	\$4,395
7	\$59,424	\$4,952
8	\$66,112	\$5,509

How do I apply?

In Person: Visit local Department for Community Based Services Office (DCBS). Refer to "Resources" in the back of this guide book for contact information.

By Mail: Mail in an application to the state or local Department for Community Based Services Office (DCBS). Refer to "Resources" in the back of this guide book for contact information.

By Phone: Call 1 (855) 306-8959

Online: Visit the Benefind website at <https://benefind.ky.gov>

NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

THE NATIONAL FAMILY CAREGIVER PROGRAM FUNDS VARIOUS SUPPORTS THAT HELP FAMILY AND INFORMAL CAREGIVERS CARE. THE PROGRAM IS DESIGNED TO SUPPLEMENT AND SUPPORT FAMILY CAREGIVERS.

Eligibility:

- Grandparent or relative, age 55 or older, who is the primary caregiver of a minor child age 18 or younger
- Grandparent or relative, age 55 or older, who provides care to an individual with disability age 19 to 59. (Note: the caregiver in this case cannot be the disabled individual's parent)

Benefits of the National Family Caregiver Support Program:

The benefits of the National Family Caregiver Support Program is that primary caregivers receive the support they need in order to continue in their role as a family caregiver. Services include information to caregivers about available local services, assistance in accessing those services, educational opportunities, support group information, supplemental services, and respite care to provide temporary relief from the responsibilities of full-time caregiving.

Contact Information:

For more information, please contact the Aging and Disability Resource Center at the Northern Kentucky Area Development District:

- Phone: (859) 283-1885
- E-mail: adrc@nkadd.org
- Online: <http://www.nkadd.org/individuals/aging-disabled/national-family-caregiver-support>

The Northern Kentucky Area Development District also provides adoption, foster, and kinship care support groups for family members caring for other family members.

INCOME TAXES

TO CLAIM YOUR GRANDCHILD ON YOUR INCOME TAX RETURNS:

- The child can only be claimed by the grandparent or parent, not both. Two taxpayers cannot claim the same child.
- The child must be younger than 19 years old. However, if the child is a full-time college student, the child can be claimed until 24 years old. If the child has a disability, there is no age limit for being claimed. If the child earns money themselves, to be claimed as a dependent, their income cannot be used to support more than half of their needs.
- The grandchild must live with you for more than six months out of the tax year.
- Your income, as the grandparent, must be greater than the income of your grandchild's parent's to claim them as a dependent.
- NOTE: the grandchild should not be listed as your own child, but as a dependent that you support. You will be given the option to indicate your relationship as a grandparent and your support for the grandchild.

For more information, contact the Internal Revenue Service (IRS) at 1 (800) 829-1040 or call the Kentucky Department of Revenue at (502) 564-458 or visit <https://revenue.ky.gov>.

KENTUCKY RELATIVE CAREGIVER FINANCIAL SUPPORTS

On January 27, 2017, the Sixth Circuit Court ruled that the Cabinet for Health and Family Services (Cabinet) must provide foster care maintenance payments to “approved” relatives caring for children placed by the Cabinet. The ruling had been appealed, but in October 2017, the U.S. Supreme Court denied the request to hear the case, which means the Sixth Circuit Court’s ruling stands.

1) What does this ruling say?

This ruling says that approved relative caregivers (without permanent custody) of children placed by the Department for Community Based Services (DCBS) may be eligible for foster care payments if they meet certain criteria.

2) Who does this ruling not apply to?

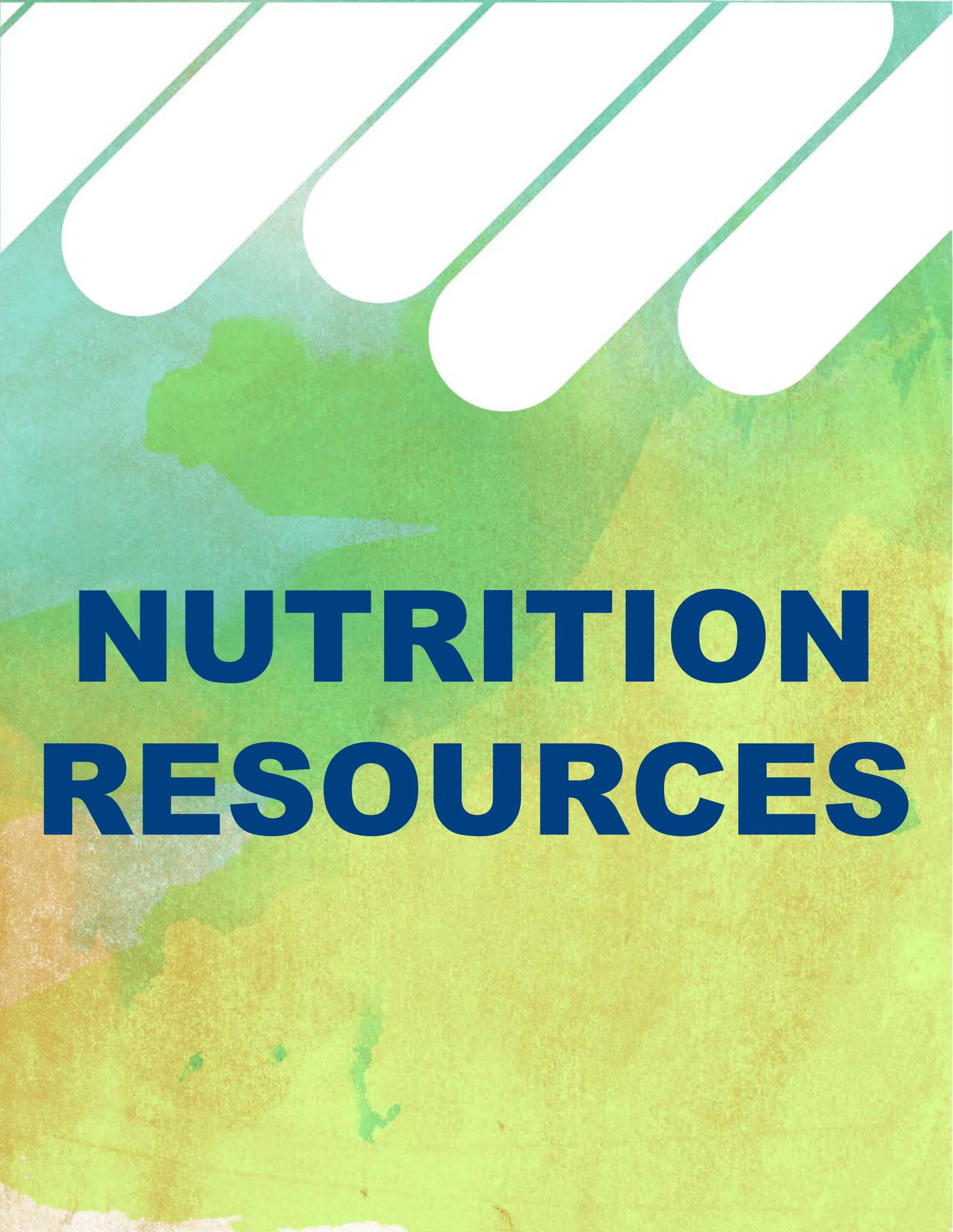
This ruling does not apply to situations where children are with a relative caregiver informally, which means DCBS did not remove the child from the parent and place the child with the relative. The ruling also does not apply to situations where a relative caregiver has permanent custody of a child.

3) How does the ruling affect the Kentucky Kinship Care Program?

This ruling does not directly affect the Kentucky Kinship Care Program. If you are part of that program, a child was placed in your care by DCBS, and you do not have permanent custody, you may be eligible for a foster care maintenance payments to help cover the costs of the child’s living expenses.

4) I am taking care of my relative child who was placed with me by DCBS. What do I do?

If you are caring for a relative child and believe you may be eligible for these payments, contact your social worker and keep a record of your communication. The Kinship Support Hotline at (877) 565-5608 may also have helpful information.



NUTRITION RESOURCES

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

SNAP (FORMERLY KNOWN AS "FOOD STAMPS") OFFERS NUTRITION ASSISTANCE TO MILLIONS OF ELIGIBLE, LOW-INCOME INDIVIDUALS AND FAMILIES .

How do I Apply?

In Person: Visit local Department for Community Based Services Office (DCBS). Refer to "Resources" in the back of this guide book for contact information.

By Mail: Mail in an application to the state or local Department for Community Based Services Office (DCBS). Refer to "Resources" in the back of this guide book for contact information.

Also, refer to "Forms" in the back of this guide book for the application.

By Phone: Call 1 (855) 306-8959.

Online: Visit the Benefind website at <https://benefind.ky.gov>

Following information is needed:

- Proof of identity (ex. current state driver's license; school photo ID; ID issued by state, federal, or local government with photo, school record, or medical record)
- Proof of who lives in your home (such as a lease or written statement)
- Proof that you live in Kentucky
- Proof of child care costs (ex. receipts, statements, etc.)
- Proof of income (ex. pay stubs or a letter from employer stating the applicant's wages)

SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, & CHILDREN (WIC)

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides specific supplemental foods for good health and nutrition during critical times of growth and development. Program participation is based on income, child's age, and health risk. Notably, you do not need to have legal custody of your grandchild to receive WIC, but you will have to prove that your grandchild lives with you. WIC makes it easier to provide nutritious food for children under the age of 5.

WIC Provides:

- A monthly food supply of nutritious food
- Nutrition education and services
- Breastfeeding promotion and education
- Access to maternal, prenatal and pediatric health-care services

How do I apply?

In person: Visit local health department. Refer to "Resources" in the back of this guide book for contact information.

By Mail: Mail in an application to the state or local Department for Community Based Services Office (DCBS). Refer to "Resources" in the back of this guide book for contact information.

By Phone: Call 1 (800) 462- 6122.

Online: For more program information: <http://chfs.ky.gov/dph/mch/ns/wic.htm>

You will need the following information:

- Proper ID (ex. current state driver's license, federal or local government ID with photo).
- Proof of residence (ex. household bills with current address and your name).
- Proof of Income (ex. pay stubs or letter from your employer stating wages). Information about your household income to help determine if you meet program guidelines

SCHOOL AND COMMUNITY NUTRITION

The Kentucky Department of Education offers various school and community nutrition services throughout the state. Schools, early childhood programs, or child care centers may offer nutrition programs to assist in providing healthy meals for children. Programs and services include:

Child and Adult Care Food Program (CACFP)

- Provides meal reimbursement to child care centers, head starts, adult day care centers, emergency shelters, afterschool programs, and family daycare homes for serving nutritious meals and encouraging healthy eating habits.

School Meals Programs

- The school meals programs offer the National School Lunch Program, School Breakfast Program, Seamless Summer Program, and the Special Milk Program. Each program reimburses public schools, private non-profit schools, after school programs, and residential child care institutions for providing healthy meals and snacks to children.

Summer Food Service Program (SFSP)

- The program ensures that low-income children receive nutritious meals when school is not in session.

For more information on the programs or to apply contact the Kentucky Department of Education:

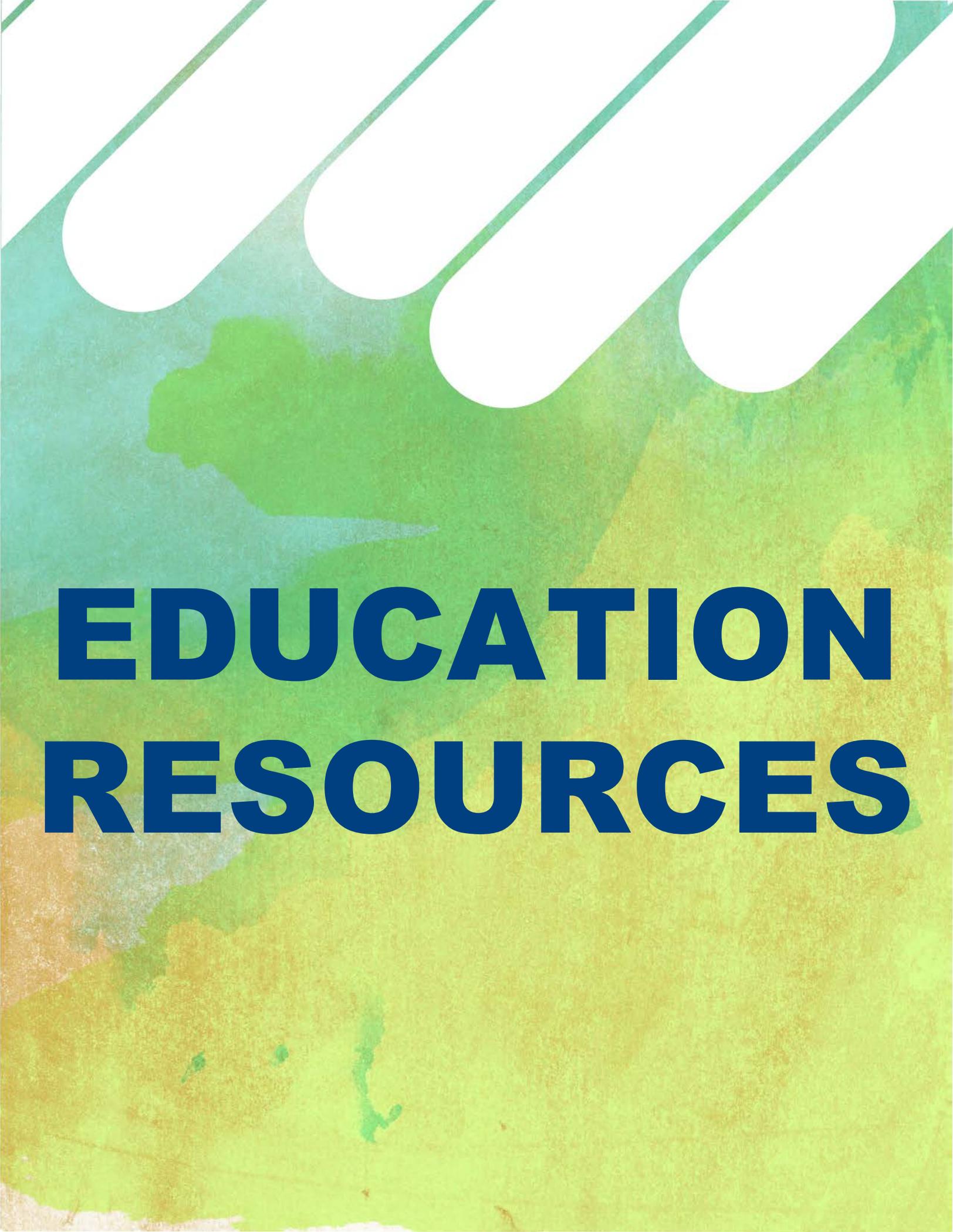
By Phone: (502) 562-5625

Address:

500 Mero Street
23rd Floor CPT
Frankfort, KY 40601
Fax: (502) 564-5519

Online: <https://education.ky.gov/federal/SCN/Pages/SchoolAndCommunityNutrition.aspx>

Refer to "Resources" in the back of this guide for additional information on local food assistance programs.



EDUCATION RESOURCES

CHILD CARE

IF YOU ARE A WORKING GRANDPARENT, YOU MAY HAVE TO FIND CHILD CARE FOR YOUR GRANDCHILD.

Finding child care can be a difficult task. There are multiple types of child care:

- in-home care
- family child care
- child care centers

In-home care provides care in your home. Family child care provides care in a caregiver's home. Child care centers provide care outside of the caregiver's home.

Finding the right type of child care for your grandchildren will vary depending on your needs. Child care needs may include hours of operation, individualized attention, and quality of the centers such as staff or planned activities.

Assistance in paying for your child care may be available if you are working or attending school. Refer to "Financial Resources" in this guide book for more information. If you receive child care assistance funding, there are guidelines the child care provider must meet in order to receive the assistance, such as licensing and other qualifications.

EARLY CHILDHOOD EDUCATION

Early childhood education programs offer a range of activities to help pre-school children develop physically, socially, mentally, and emotionally. Many programs are based on children's age and transition as the children get older.

Head Start is a popular, federally funded program for children age three to five in lower-income families. Some programs provide half-day, full-day, or year round programs. Early Head Start offers care for infants and toddlers. Notably, grandparents have to prove legal guardianship of their grandchildren to enroll them in a Head Start school. Reach out to your local school district for more information. To register for Early Head Start and Head Start or to find the nearest center, contact the Northern Kentucky Community Action Commission at (859) 655-2935 or visit <https://eclkc.ohs.acf.hhs.gov/center-locator>

Early Head Start:

Bright Days-Child Development Center
706 Park Ave
Newport, KY 41071 - 2056

Chapman Child Development Center
2500 Madison Ave
Covington, KY 41014 - 1658

Children, Inc.
419 Altamont Rd
Covington, KY 41011 - 1009

Eastside Child Development Center
1001 Scott St
Covington, KY 41011 - 3123

Eastside Child Development-Bellevue Location
500 Foote Avenue
Bellevue, KY 41074

Eastside Child Development Center-Newport Location
437 W 9th St
Newport, KY 41071 - 1314

Northern Kentucky Scholar House
402 West 6th Street
Newport, KY 41071 - 1285

Head Start:

Alexandria Head Start
51 Orchard Ln
Alexandria, KY 41001 - 1221

Boone Head Start
3261 Maplewood Drive
Burlington, KY 41005 - 9771

Dayton Head Start
701 5th Ave
Dayton, KY 41074 - 1301

Eastside Child Development Center
1001 Scott St
Covington, KY 41011 - 3123

Elsmere Center
1021 Capitol Ave
Elsmere, KY 41018 - 2477

Falmouth Center
409 Barkley St
Falmouth, KY 41040 - 1003

Newport Center
437 W 9th St
Newport, KY 41071 - 1314

Newport 8th Street
30 W 8th St
Newport, KY 41071 - 1362

NKCAC-Head Start No.2
(Home-based EHS)
502 W 9th St No 2
Newport, KY 41071 - 1317

Northern Kentucky Community Action Commission Head Start
502 W 9th St
Newport, KY 41071 - 1317

Williamstown
300 Helton St
Williamstown, KY 41097 - 9505
Register at: Williamstown Board of Education (859)824-4174

Early Head Start and Head Start Center:

Carroll County Child Development Center
619 9th St
Carrollton, KY 41008 - 1417
Register at: Carroll County Board of Education (502)732-7070 (ext. 2103)

Gallatin County
25 Boaz Dr
Warsaw, KY 41095 - 9510
Register at: Ohio Valley Educational Cooperative (502)647-3533 (ext. 226)

SCHOOL ENROLLMENT

TO ENROLL A CHILD IN SCHOOL, THE FIRST STEP IS TO CALL THE SCHOOL IN YOUR DISTRICT AND SCHEDULE AN APPOINTMENT TO MEET WITH THEM. TO FIND OUT WHICH SCHOOL IS IN YOUR DISTRICT, CALL THE BOARD OF EDUCATION LOCATED IN YOUR COUNTY.

Enroll your grandchild in school as soon as possible. Call your local school district to determine which school your grandchild will attend. To enroll, the following information is needed:

- Birth certificate
- Proof of immunization
- Previous school records (ex. if child attended another school)
- Proof of residency

NOTE: the information needed to enroll your grandchild in school may vary depending on the school district.

Enroll even if you are missing some of the paperwork. The student is allowed to enroll as long as their paperwork is completed soon after they have started school. Some school systems require that the grandparent has legal custody of the child in order to register the child for school. Yet, schools are required by state and federal law to take steps to help enroll students. Examples of these steps may include: waiving the requirements for parental signatures or arranging vaccinations at a local clinic instead of having an immunization record.

SCHOOL PROGRAMS

Ask your school district about any school programs that may be available to you or your grandchild. Many schools have before or after school programs for working parents and caregivers. In addition, public schools have lunch programs that offer free and reduced lunch plans for children that qualify. During the enrollment process, ask the school about eligibility for school lunch programs and how to apply. Additional school programs could include: early intervention programs for additional support needs or homework assistance, such as tutoring.

Family Resource & Youth Services Centers (FRYSCs)

- Family Resource & Youth Services Centers (FRYSCs) are a part of many schools in Kentucky. These centers are designed to help the student succeed by providing assistance to the student and family in accessing community resources and providing programs within the school.
- Family Resource Center staff can direct you to programs that you may not otherwise know about, such as help with clothing, food banks, child care, health care, support groups and parenting programs.
- Grandparents and relative caregivers can receive help from FRYSCs even if the child is not enrolled in school yet (such as infants, toddlers and preschoolers).
- Call your local elementary, middle, or high school and ask for the Family Resource Center or Youth Services Center, or call the school district's main office to find out how to contact the FRYSC in your area.

NORTHERN KENTUCKY SCHOOL DISTRICTS

Beechwood Independent Schools
54 Beechwood Road
Fort Mitchell, KY 41017
Phone: (859) 331-1220

Bellevue Independent Schools
219 Center Street
Bellevue, KY 41073
Phone: (859) 261-2108

Boone County Schools
8330 US Highway 42
Florence, KY 41042
Phone: (859) 283-1003
Fax: (859) 282-2376

Campbell County Schools
101 Orchard Lane
Alexandria, KY 41001
Phone: (859) 635-2173

Carroll County Schools
813 Hawkins Street
Carrollton, KY 41008
Phone: (502) 732-7070

Covington Independent Public Schools
25 E 7th St.
Covington, KY 41011
Phone: (859) 392-1000
Fax: (859) 292-5970

Dayton Independent School District
200 Clay Street
Dayton, KY 41074
Phone: (859) 491-6565
Fax: (859) 292-3995

Erlanger/Elsmere School District
500 Graves Avenue
Erlanger, KY 41018
Phone: (859) 727-2009
Fax: (859) 727-5653

Fort Thomas Independent Schools
28 N. Ft. Thomas Avenue
Fort Thomas, KY 41075
Phone: (859) 781-3333
Fax: (859) 442-4015

Gallatin County Schools
75 Boardwalk
Warsaw, KY 41095
Phone: (859) 567-1820
Fax: (859) 567-4528

Grant County Schools
820 Arnie Risen Blvd.
Williamstown, KY 41097
Phone: (859) 824-3323
Fax: (859) 824-3508

Kenton County School District
1055 Eaton Drive
Ft. Wright, KY 41017
Phone: (859) 344-8888
Fax: (859) 344-1531

Ludlow Independent Schools
525 Elm St.
Ludlow, KY 41016
Phone: (859) 261-8210
Fax: (859) 291-6811

Newport Independent Schools
30 West 8th Street
Newport, KY 41071
Phone: (859) 292-3001
Fax: (859) 292-3073

Owen County Schools
1600 Hwy 22E
Owenton, KY 40359
Phone: (502) 484-3934

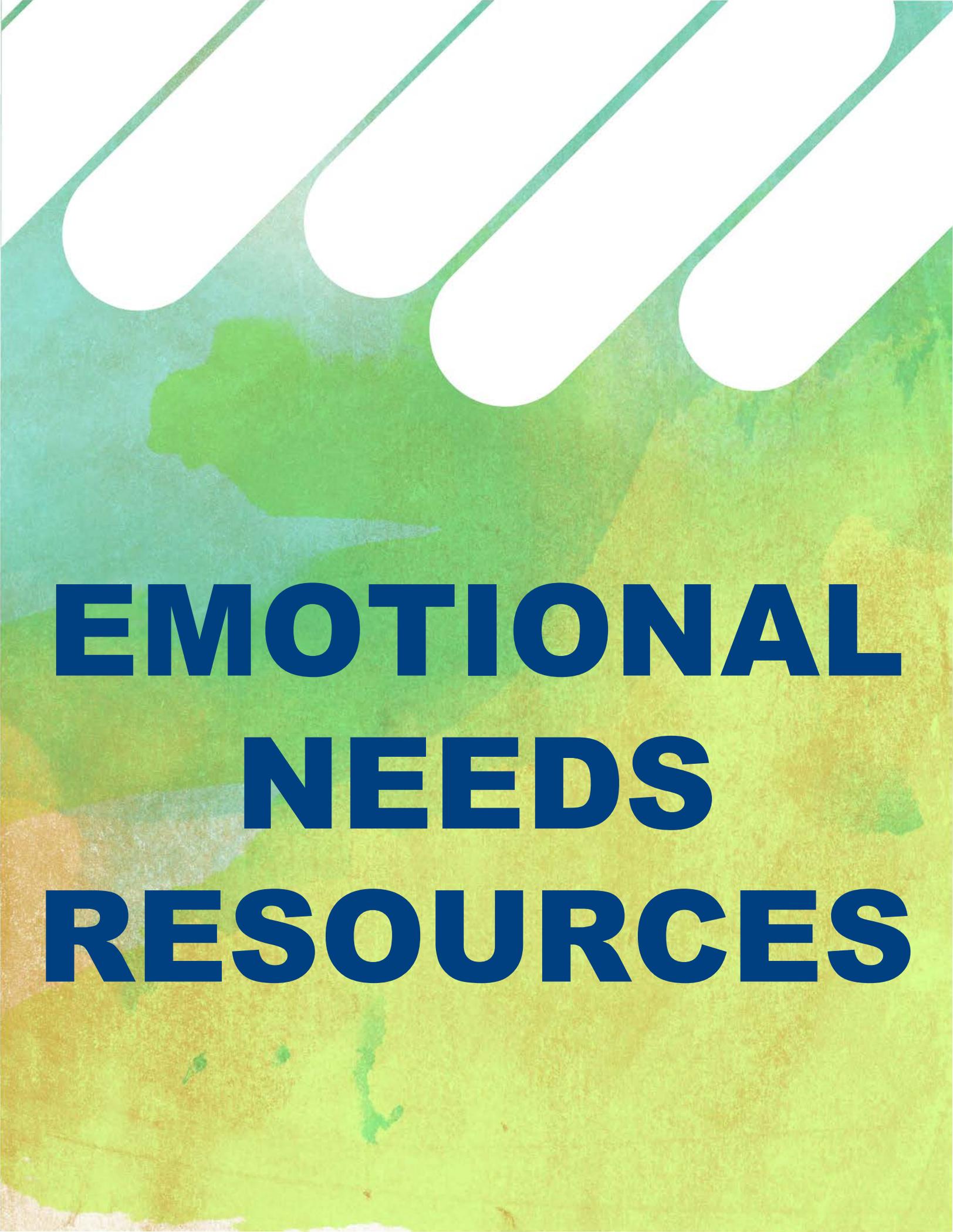
Pendleton County Schools
2525 Hwy 27 N
Falmouth, KY 41040
Phone: (859) 654-6911
Fax: (859) 654-6143

Silver Grove Independent Schools
P.O. Box 444
101 West 3rd Street
Silver Grove, Ky. 41085
Phone: (859) 441-3894
Fax: (859) 441-4299

Southgate Public School
6 William F. Blatt Avenue
Southgate, KY 41071
Phone: (859) 441-0743
Fax: (859) 441-6735

Walton-Verona Independent Schools
16 School Road
Walton, KY 41094-1038
Phone: (859) 485-4181
Fax: (859) 485-1810

Williamstown Independent Schools
300 Helton St.
Williamstown, KY 41097
Phone: (859) 824-7144
Fax: (859) 824-3237



**EMOTIONAL
NEEDS
RESOURCES**

HANDLING DIFFICULT EMOTIONS OF CHILDREN

Children raised by their grandparents may experience a variety of emotions. Grandparents can help their grandchildren through these changes by showing their unconditional love and support. This support will provide stability that children need to feel safe and secure.

Some children, prior to coming into their grandparent's care, have been exposed to prolonged stress. This stress can impact learning, behavior, or development. The signs of prolonged stress can emerge physically or emotionally. Also note there may be various behaviors your grandchild has that can be misinterpreted as misbehaving or as challenging authority, but are actually expressing their reaction to this stress. Children's behaviors are feelings in need of understanding.

In some cases, it could be beneficial to seek professional counseling support to define these difficult experiences, understand any physical or psychological reactions a child may exhibit, and to manage behaviors. Refer to "Resources" in the back of this guide book for information on local counseling services. Typically, counseling is covered under an insurance plan, including K-CHIP, as well as with a medical card. If you do not have either, most agencies have a sliding scale fee policy to cover services.

Also some children who have experienced trauma/prolonged stress may challenge authority in an attempt to prove that grandparents will treat them or react like previous adults. It takes time and consistent responses for children to trust adults who are offering them a safer relationship than what they previously experienced.

POSSIBLE SIGNS OF EXPOSURE TO PROLONGED STRESS

Signs of Prolonged Stress:

- 1) Children may have headaches, difficulty concentrating, poor memory, or other mental fatigue
- 2) Children might be nervous, easily startled, or have a rapid heartbeat
- 3) Children may sleep too much or too little
- 4) Children may experience aches and pains, muscle tensions, illness, digestive problems, or nausea
- 5) Children may have problems with self-regulation (ex. anger outbursts or reckless behavior). Includes irritability, edginess, or agitation
- 6) Children may struggle to describe feelings, communicate what they want, or have difficulty establishing social boundaries
- 7) Children may be anxious, distrust others, expect maltreatment, be depressed or isolate themselves
- 8) Children may re-experience the stress (ex. nightmares, flashbacks, and disturbing thoughts)

Any of the signs above can impact a child's ability to behave, learn, or heal. Children in kinship care experience a lot of feelings of uncertainty. They need to be reassured that they will be safe, stable, and taken care of in their new environment. Be honest with your grandchildren and encourage them to ask questions and talk through their feelings. By allowing a child to connect the dots between their thoughts, feelings, and actions overtime they can learn how to develop appropriate behaviors and responses to future situations.

SOLUTIONS FOR PROLONGED STRESS

While the effects of prolonged stress can seem scary, there are solutions you can put into place as a grandparent to help:

1) **Choices**

A child may challenge (rebel to) a grandparent's new authority and control. With children in these difficult situations, they may feel as though they have no control over anything. Giving a child the space to assert themselves, while maintaining structure and discipline, can be beneficial because it allows them to be more involved in decision making. Giving children choices allows them to have some control over the things that happen to them.

2) **Stable Environments**

The transition of grandchildren moving in and settling in comes with some challenges. By establishing a routine, you and your grandchild will feel more secure and structure in this new phase of life. Try to keep life as normal as possible for both you and your grandchildren. External order supports children's internal order. Children who are coming out of chaotic situations prior to moving in with a grandparent may have difficulty adjusting. Be aware that this is a normal response for a child to have when adjusting to an unfamiliar environment. In addition, set clear behavior expectations for your child to follow. It may be beneficial to provide visuals for the rules, routines, and daily schedule so your grandchildren can predict what will happen next. This will reassure children of the stability of the situation.

3) **Positive Relationships**

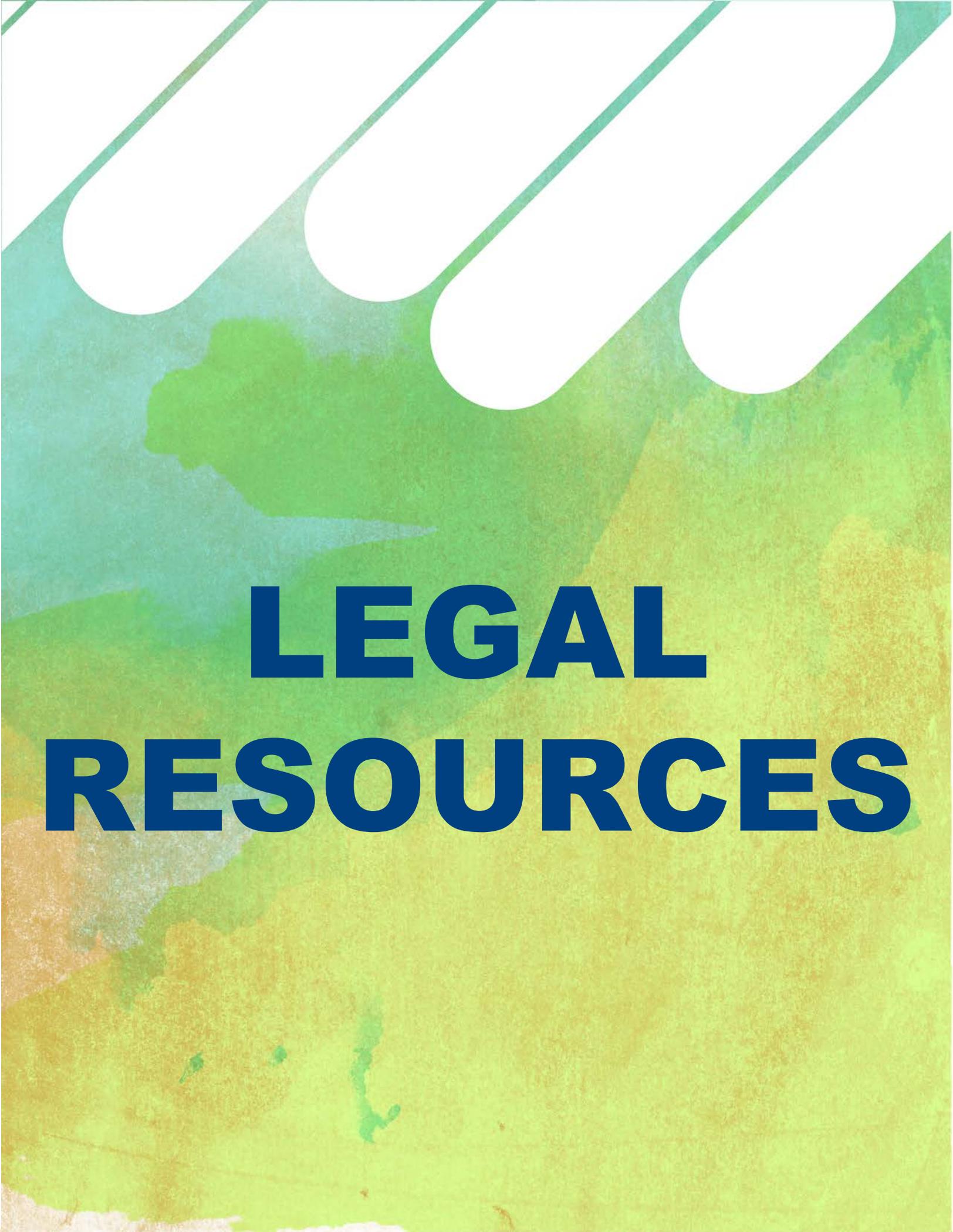
Be positive in your care by providing support and empowerment. Empower the child to have a healthy self-esteem and positive image about themselves. Also, provide support for children to have a sense of purpose in any activities or learning they choose to engage in, especially in providing positivity towards their future.

EMOTIONAL NEEDS OF GRANDPARENTS

The role of transitioning from a grandparent to a parent is a big change. During this transition time, it is important for grandparents and other relatives to remember to take care of themselves in addition to the child. Self-care is extremely important- when the caregiver is taken care of too the children will be better off as well. Be aware that it is okay to have mixed feelings about taking the role of a caregiver and know that these are normal feelings to have. Make time for yourself and take care of your own health too.

- 1) **Balance-** find time to rest and relax between work, home, and personal life. Take time to unplug from your busy schedule to relax.
- 2) **Health-** take care of your body. Make sure to eat, drink water, and get enough sleep.
- 3) **Be positive-** while you may face challenges; make sure to keep a positive perspective. Find the positive and happy things in what you do.

Remember to advocate for your grandchild and to advocate for your situation because others may be experiencing a similar situation as well. Do not be afraid to speak out for any resources, services, or additional help you or your grandchild may need. This could include advocating for additional education support, financial assistance, health care, legal resources, or other social support services. Remember that social connection can be the best way to promote self-care and reduce stress. Support groups are a great place to meet others that are in a similar situation and share experiences. Refer to “Resources” in the back of this guide for information on local support groups.



LEGAL RESOURCES

KENTUCKY CAREGIVER AUTHORIZATION

Even with insurance, consenting to health care for a child can be a challenge for relative caregivers who do not have legal custody. The Caregiver's Authorization Affidavit serves as a template for caregivers without legal custody to get the authorization needed to address the educational and medical needs of the children they care for. The form helps relative caregivers easily create an affidavit on their own without having to consult an attorney.

Refer to "Forms" in the back of this guide book for the Kentucky Caregiver Authorization Affidavit.

LEGAL TERMS DEFINED

Adjudicatory hearing: Held by the juvenile and/or family court to determine if there is enough evidence to prove that a child was abused, neglected, or abandoned or whether another legal basis exists for the state to intervene to protect the child. Also referred to as a “fact-finding hearing.”

Adoption: When one adopts a child, they have all the rights and responsibilities of a biological parent. The birth parents no longer have any rights.

Best interests of the child: The debate the court has when deciding what type of services, actions, and orders will best serve a child.

Case Permanency Plan: The casework document that outlines the outcomes, goals, and tasks necessary to ensure the safe return of the child.

Child Protective Services (CPS): The social services agency designated to receive reports, conduct investigations and assessments, and provide intervention and treatment services to children and families in which child maltreatment is reported to have occurred.

Court-Appointed Special Advocate (CASA): A person, usually a volunteer appointed by the court, who works to

ensure that the needs and interests of a child are fully protected.

Custody: When one is responsible for supporting and providing care for the child. In certain states, a child's parents may still retain some of their rights — even if another has physical custody. A parent can voluntarily relinquish custody of a child to another through a written legal agreement, or it can be formally ordered by the court.

Dispositional hearing: Hearings to determine what needs to happen with the child and the family while the case is in discussion (ex. where the child will live, who will have legal custody, and what services are needed to reduce the risk and to address the effects of maltreatment).

Due process: The principle that every person is entitled to a fair and unbiased legal process.

Fictive kin: People not related by birth or marriage who have an emotionally significant relationship with an individual.

Foster care: A substitute care for children placed away from their parents or guardians and for whom the state agency has placement and care responsibility.

LEGAL TERMS DEFINED (Continued)

Guardian ad litem (GAL): A lawyer appointed by the court who represents a child in any case involving child abuse. Usually this person considers the best interests of the child and may perform a variety of roles, including those of independent investigator, advocate, advisor, and guardian for the child.

Guardianship: When one has the duty to care for a child if the child is taken away from their parent (or other legal guardian by the courts). In some states, when someone takes guardianship of a child, a parent loses all their rights. The terms "custody" and "guardianship" can be mean different things in different states, so it is important to get the correct information for where you live.

Legal guardian: An adult to whom the court has given parental responsibility and authority for a child. Appointment as guardian requires the filing of a petition and approval by the court and can be done without terminating the parental rights of the child's parents.

Mediation: A voluntary process that allows the parties involved to agree on a permanency decision in the best interests of the child with the help of a trained, neutral, third party. Mediation generally avoids confrontational court hearings.

Protective custody: A form of custody required to remove a child from his or her home and place in out-of-home care. Law enforcement may place a child in protective custody based on an independent determination that the child's health, safety, and/or welfare is jeopardized. A child can also be placed in protective custody by court order.

Putative father: Legal term for a man who is not married to the child's mother and who is alleged or claims to be the biological father of a child.

Relinquishment: The voluntary termination or release of all parental rights and duties that legally frees a child to be adopted. This is sometimes referred to as a "surrender," or as making an adoption plan for one's child.

LEGAL TERMS DEFINED (CONTINUED)

Review hearing: Held by the juvenile or family court to review case progress (usually every 6 months) and to determine the need for continued court oversight.

Safety plan: A casework document developed when it is determined that a child is at risk of serious harm. In the safety plan, the caseworker targets the factors that are causing or contributing to the risk of imminent, serious harm to the child and identifies, along with the family, the interventions that will control the safety factors and assure the child's protection.

Service agreement: The casework document developed between the caseworker and the family that outlines the tasks necessary to achieve case goals and outcomes. A service agreement may also be known as a case plan.

Termination of Parental Rights (TPR): The voluntary or involuntary relinquishment of parental legal rights for the care, custody, and control of a child.

LEGAL RESOURCES

Children's Law Center, Inc: (859) 431-3313

- Non-profit legal service center protecting the right of children and youth through education, juvenile justice, children experiencing homelessness, children in need of protection, and more.

<http://www.childrenslawky.org>

Legal Aid of the Bluegrass: 1 (800) 928-4556 or (859) 233-4556

- Provides legal counsel in civil cases for persons with low income; coordinates Senior Benefits Counseling Program.

<https://lablaw.org>

Northern Kentucky Bar Association Lawyer Referral Service: (859) 781-1300

- Free referral to an attorney who is qualified to handle your legal problem

<https://www.nkybar.com/includes/referral.aspx>



RESOURCES

KENTUCKY RESOURCES

Adult and Child Health (Dept for Public Health): 1 (800) 462-6122

- For information on child health and family health improvement programs.

Cabinet for Health and Family Services (Ombudsman): 1 (800) 372-2973

- For more information, questions, or to express concerns on CHFS programs. These programs include child protective services, adult protective services, child support, K-TAP, Medicaid, SNAP, CCAP, WIC, and KCHIP. An Ombudsman can serve as an advocate for your case.

Child Abuse/Adult Abuse: (877) 597-2331

- To file an a report of any kind for child and/or adult abuse.

Child Care Resource and Referral: (877) 316-3552

- Provides referral to child care resources in your area.

Child Support Info/Enforcement Hotline: 1 (800) 248-1163

- For more information or questions concerning child support or enforcement. This number can be used to direct you where you need to go to gather information.

Department for Housing: 1 (800) 669-9777

- For information on fair housing rights and responsibilities and accepts complaints of housing discrimination. Also, provides general information on U.S. Housing and Urban Development (HUD) programs.

Food and Drug Administration:1 (800) FDA-4010

- For more information on food, dietary supplements, and cosmetic safety, as well as the Food Safety Modernization Act (FSMA).

Food Stamp Case Changes Reporting: 1 (800) 306-8959

- To file a report of changes concerning food stamps.

Foster Care Information: 1 (800) 232-5437

- For more information or question concerning adoption or foster care in Kentucky.

Home Health Agency Hotline:1 (800) 635-6290

- For more information or to file a complaint against your home health agency provider.

KENTUCKY RESOURCES

Immigrant Eligibility for Public Benefits: (859) 233-3840

- For information and assistance to obtain green cards, family petitions, and citizenship. Also, helps provide U.S. Visa for foreign nationals who are victims of crime, violence, or trafficking.

Kentucky Patient Access and Care (KenPAC) or Medicaid Member Services: (800) 635-2570

- For further assistance with managed care organization. These include: Aetna Better Health of Kentucky (formerly CoventryCares), Humana- CareSource, Anthem Health Plans of Kentucky, Passport Help Plan, and Wellcare of Kentucky. Also, for more information or questions related to the Medicaid program, including the Medicaid Waiver Management Application.

Kinship Families Coalition of Kentucky: (502) 895-8167

<http://kinshipky.org>

- For more information, questions, or resources concerning kinship care in Kentucky. Kinship Families has additional information on supports for kinship families by county such as support groups, legal resources, and other community resources.

Kinship Support Hotline: (877) 565-5608

- Offers supportive services including child care assistance, as well as links to support agencies for relative caregivers.

KY Physician's Care Program: 1 (800) 633-8100

- For information regarding Kentucky's Health Insurance Exchange and other health resources in the Commonwealth of Kentucky.

Medicaid Ombudsman: (502) 564-5080

- For more information on Medicaid or to file a complaint of unfair treatment in terms of Medicaid usage.

Parent Support Helpline: 1 (800) 244-5373

- offers free, confidential support 24 hours a day both to parents and child abuse victims, as well as information on local resources, child development, and reporting suspected abuse or neglect.

Poison Emergency and Information: 1 (800) 222-1222 or 1 (800) 722-5725

- For information on what to do if someone consumes or swallows a harmful substance.

State Health Insurance Assistance Program: (877) 293-7447

- The State Health Insurance Assistance Program (SHIP) provides information, counseling and assistance to seniors and disabled individuals, their families and caregivers. Use this number to speak to a SHIP counselor in your local area or reach state SHIP Office.

LOCAL RESOURCES

Families and Children

Brighton Center Inc. (859) 491-8303

<http://brightoncenter.com>

- Organization that works with individuals and families to reach self-sufficiency through family support services, education, employment, and leadership. Emergency services include rental assistance, food, utility assistance, clothing, prescription assistance, bus tokens, diapers, household items, and prescriptions for glasses, with some restrictions.

Catholic Social Services (859) 581-8974

<http://www.covingtoncharities.org>

- Catholic Charities helps individuals and families emotionally, financially, and physically with collaboration with social service organizations in the community. Provides adoption services, education and support to parents, includes housing development services, individual and family counseling, social advocacy and community building, and substance abuse services.

Children's Advocacy Center (859) 442-3200

<http://www.nkycac.org>

- The center provides services to children (0-17) who have been sexually abused, severely physically abused, and/or children who have witnessed violent crimes. Services are also offered to their non-offending caregivers, siblings, family members, and professionals throughout Northern Kentucky.

Child Care Services (859) 781-3511

<http://www.4cforchildren.org/contactus>

- For additional child care resources or to help find child care in your area.

Children's Home of Northern Kentucky (859) 261-8768

<https://www.chnk.org>

- For more information or questions concerning substance use disorder treatment specifically designed for youth recovering from addiction, programs for youth who have mental health needs, residential addiction treatment care, private child care (PCC) residential care, therapeutic day school, and therapeutic recreation.

First Steps (877) 417-8377

- early intervention system that provides services to children with developmental disabilities from birth to age 3 and their families. First Step offers comprehensive services through a variety of community agencies and service disciplines.

Redwood School & Rehabilitation Center (859) 331-0880

<https://www.redwoodnky.org>

- For children and adults with disabilities. Provides education, therapeutic services, early intervention, pre-school, and before and after youth programs.

211 United Way- Greater Cincinnati (513) 721-7900

<http://www.referweb.net/uwgc/>

- To speak to a trained professional who can connect you to essential community services. There is an additional database with local resources and contact information for service providers.

LOCAL RESOURCES

Health Services- Every county and region has a health department that offers most of the medical services that you and your grandchild will need. For example, the health department is a valuable resource to get your grandchild up to date on immunizations to enroll in school, for sports physicals, or for food vouchers. Most health departments have other helpful programs and offer applications for public assistance programs like WIC.

- Boone County Health Center (859) 341-4264 or (859) 363-2060
- Campbell County Health Center (859) 431-1704
- Carroll County Health Center (502) 732-6641
- Dressman Health Center (859) 431-3345
- Gallatin County Health Center (859) 567-2844
- Grant County Health Center (859) 824-5074
- HealthPoint Family Care (859) 655-6100
- Kenton County Health Department (859) 431-3345
- Northern Kentucky Independent District Health Department (859) 341-4264
- Owen County Health Center (502) 484-5736
- Pendleton County Health Center (859) 654-6985
- Three Rivers Health Department (502) 484-3412

For information on Medicaid, contact one of the Medicaid Member Managed Care Organizations:

- Aetena Better Health of Kentucky (855) 300-5528
- Anthem (855) 690-7784
- Humana CareSource (855) 852-7005
- Passport Health Plan (800) 578-0603
- WellCare of Kentucky (877) 389-9457

Counseling Services

Alcoholics Anonymous (859) 491-7181

<http://nkyaa.info>

- Offers support groups throughout the the Campbell County and Kenton County area at various times and locations.

Commonwealth Counseling Service (513) 922-1660

<http://cincinnati.counseling.org>

- Provides counseling and support for children, adolescents, adults, families, marriages, and substance abuse. Note: Medicare is accepted.

LOCAL RESOURCES

Family Nurturing Center (859) 525-3200

<http://familynurture.org>

- Offers parenting classes, counseling, and supervised visitation.

Family Service (859)-291-1121

<https://www.gcbhs.com>

- Family Service to Greater Cincinnati Behavioral Health Services- Northern Kentucky Office provides counseling for individuals, families, marriages, anger management, and substance abuse assessment. Note: there is a sliding scale fee and/or private insurance is also accepted.

Holly Hill Child & Family Solutions (859) 442-8500

<http://hollyhill-ky.org>

- For more information on assistance with individualized support for children and families, community support, case management, supervised visitation, therapy services, or residential treatment.

Inner Pathways (859) 342-6552

- Provides counseling services for children, teens, adults, and seniors; specializes in women's issues, bipolar disorder, and ADHD.

Mental Health Association (859) 431-1077

<http://www.mhankyswoh.org/>

- For information on depression, bipolar disorder, and other mental health issues or for referrals and support.

North Key Community Care Counseling Center (859) 331-3292

<http://www.northkey.org>

- Provides information and support for mental health, retardation, alcoholism, and drug abuse services to adults and children.

Positive Pathways (859) 746-9272

<http://positivepathway.com>

- Counseling for children, adolescents, adults, seniors. There are also various group therapy services available. Note: a sliding scale fee is available.

Recovery Network of Northern Kentucky (859) 431-2134

- Provides information and support for mental illness, substance abuse and homelessness. Also, offers job placement assistance, resume and interview help, computer training, support groups, and social activities

Therapeutic Collaborative (859) 572-0400

<http://www.tcwilder.com>

- Provides psychiatry and therapy. Specializes in children, adolescents, and families. Note: Medicaid is accepted.

LOCAL RESOURCES

Food Assistance

Be Concerned (859) 291-6789

<http://www.beconcerned.org>

- Provides groceries and toiletries to low income families weekly. In addition, you can shop by appointment at the food pantry. Also, offers clothing assistance.

Brighton Center-Choice Food Pantry (859) 491-8303

<http://brightoncenter.com>

- Provides food pantry services to families in Northern Kentucky. To receive services, individuals show proof of income, a picture ID or Social Security card, and proof of residency. Individuals can get food once a month. Also, offers clothing assistance.

St. Vincent DePaul (859) 341-3219

<http://www.svdpnky.org>

- Provides food and utility assistance to residents in Northern Kentucky. To receive services, individuals must show a picture ID, Social Security card, and a utility bill if they need assistance with utilities. Also offers clothing assistance. In addition, provides medications and medical equipment free of charge to those unable to pay.

United Ministries (859) 727-0300

<http://www.umnky.org>

- Provides access to food pantry services. Note: the service area is limited to Boone, Campbell, and Kenton counties (excludes cities of Covington, Ludlow, Bromley, Latonia, Newport, Alexandria, and Highland Heights). Also, offers clothing assistance.

Welcome House of Northern Kentucky (859) 431-8717

<http://welcomehouseky.org>

- Food pantry support to Northern Kentucky residents. Provides and distributes hygiene items, cleaning supplies, etc.

89D5F HA 9BH'C: '7CAAI BHM 6ASED SERVICES (DCBS)

Department of Community Based Services (DCBS): DCBS is a department of the Cabinet for Health and Family Services. The divisions of DCBS are Family Support (food stamps, medical, welfare, etc.) and Protection & Permanency (child and adult abuse and neglect, foster care, and adoptions, etc.)

Boone County

Address:

Victory Centre
8311 US Hwy 42, 1st Floor
Florence, KY 41042

Phone: (859) 371-8832

Fax: (859) 371-0265

Campbell County

Address:

Watertower Square, 4th Flr
601 Washington Avenue
Newport, KY 41071

Phone: (859) 292-6733

Fax: (859) 292-6684

Carroll County

Address:

P.O. Box 368
1720 Highland Ave.
Carrollton, KY 41008

Secondary Address:

1714 Highland Ave.
Carrollton, KY 41008

Phone: (502) 732-6681

Fax: (502) 732-8708

Secondary Fax: (502) 732-4144

Gallatin County

Address:

PO Box 875
100 West Market Street
Warsaw, KY 41095

Phone: (859) 567-7381

Fax: (859) 567-2341

89D5F HA 9BH'C: '7CAAI BHM 6ASED SERVICES (DCBS)

Grant County

Address:

120 North Main Street
Williamstown, KY 41097

Phone: (859) 824-4471 or (859)
824- 3381

Fax: (859) 824-7910

Kenton County

Address:

130 W. 43rd Street
Covington, KY 41015

Phone: (859) 292-6340

Fax: (859) 292-6365

Secondary Fax: (859) 292-6545

Owen County

Address:

75 Duke Avenue
Owenton, KY 40359

Phone: (502) 484-3937

Fax: (502) 484-0698

Pendleton County

Address:

500 Market Street
Falmouth, KY 41040

Phone: (859) 654-3381

Fax: (859) 654-5868

Kentucky Department of Community Based Services:

275 E. Main Street 3E-1
Frankfort, KY 40621
(502) 564- 37093

DCBS Family Support Phone: 1 (855) 306-8959

NOTE: All applications for Supplemental Nutrition Assistance Program (SNAP), the Kentucky Transitional Assistance Program (K-TAP), Kentucky Children's Health Insurance Program (K-CHIP), the Medicaid Programs, and the Child Care Assistance Program (CCAP) are taken at local Department for Community Based Services (DCBS) offices or online at <http://benefind.ky.gov>

EXTENSION OFFICES

Boone County Office

6028 Camp Ernst Road
P.O. Box 876
Burlington, KY 41005-0876
Phone: (859) 586-6101
<https://boone.ca.uky.edu>

Campbell County Office

3500 Alexandria Pike
Highland Heights, KY 41076-1705
Phone: (859) 572-2600
<https://campbell.ca.uky.edu>

Carroll County Office

500 Floyd Drive
Carrollton, KY 41008
Phone: (502) 732-7030
<https://carroll.ca.uky.edu>

Gallatin County Office

395 US Highway 42 West
P.O. Box 805
Warsaw, KY 41095-0805
Phone: (859) 567-5481
<https://gallatin.ca.uky.edu>

Grant County Office

105 Baton Rouge Road
Williamstown KY 41097
Phone: (859) 824-3355
<https://grant.ca.uky.edu>

Kenton County Office

10990 Marshall Road
Covington, KY 41015-9326
Phone: (859) 356-3155
<https://kenton.ca.uky.edu>

Owen County Office

265 Ellis Hwy
Owenton, KY 40359-9300
Phone: (502) 484-5703
<https://owen.ca.uky.edu>

Pendleton County Office

45 David Pribble Drive
Falmouth, KY 41040
Phone: (859) 654-3395
<https://pendleton.ca.uky.edu>

Extension offices are a great resource for further information and support services. Services include research based information, education classes and training programs in agriculture, family consumer sciences, and 4-H and youth development.

LOCAL RELATIVES SUPPORT GROUPS

Many grandparents or other relatives feel alone in their struggles of raising their grandchildren. These new emotions can be overwhelming. It is important to know that you are not alone. There are local support groups that allow participants to share their experiences with those who are in a similar situation. Support groups can offer a space to work through problems and offer a network of support to others in your area also raising relatives. Also, support groups can offer parenting tips and information about programs and services in your area that could benefit you and your grandchild.

Boone County: Relatives Raising Relatives & Others Group

Contact Mendy Eubank

Phone: (859) 466-9546

E-Mail: mendy.eubank@anthem.com

OR

Contact FRYSC Coordinator, Renee Wooten

Phone: (859) 282-4610 ext. 20318

E-Mail: Renee.wooten@boone.kyschools.us

Grant County: Relatives Raising Children

Contact Sheman Elementary Family Resource Center, Nancy Powell

Phone: (859) 428-5500

E-Mail: nancy.powell@grant.kyschools.us

Sherman Elementary Cafeteria

3987 Dixie Highway

Dry Ridge, KY 41035

OR

Contact Mason-Corinth Family Resource Center, Karla Hurley

Phone: (859) 824-9510

E-Mail: karla.hurley@grant.kyschools.us

225 Heekin Road

Williamstown, KY 41097

Kenton County: Relatives Raising Relatives

Contact Kenton County Cooperative Extension: Joan Bowling

Phone: (859) 356-3155

E-Mail: jbowling@uky.edu

OR

Contact Kenton County FRYSC Coordinator, Leah Langdon

Phone: (859) 957-0035

E-Mail: Leah.langdon@kenton.kyschools.us

OR

Contact Erlanger/Elsmere FRYSC Coordinator, Maryann Moore

E-Mail: Maryann.moore@erlanger.kyschools.us

Kenton County: Contact Turkey Foot Middle School, Michelle Arnold

Phone: 859-341-0216

E-mail: Michelle.arnold@kenton.kyschools.us

Campbell County: Contact Newport Independent Schools (NSTEP Program), Kristy McNally

E-Mail: krsity.mcnally@newport.kyschools.us

Kenton County: "Super Families"

Contact Ryland Heights Elementary, Susan Martin

E-Mail: Susan.martin@kenton.kyschools.us

For additional resource materials and training to anyone facilitating education/support groups for relatives raising children or for those considering developing and leading such groups visit <http://trc.uky.edu/grandparents/> for a project manual.

COMMUNITY ACTION

Community Action agencies offer programs and services to help people with low-incomes become self-sufficient. Community Action serves hard-working families, seniors, young adults, children, and all neighborhoods in your area. Community Action agencies work in collaboration with a variety of local, state, and federal organizations to provide support to low-income families. The focus areas of Community Action include development and support of the family and the community. Programs include emergency services such as food, utility, and rental payment assistance; housing assistance, nutrition and congregate meals, transportation and assistance for people with developmental disabilities, education programs, child care referrals, and other community resource referrals.

Northern Kentucky Community Action Commission

717 Madison Ave
Covington, KY 41011
Phone: (859) 581-6607
Fax: (859) 655-2949
www.nkcac.org

Boone County Neighborhood Center

6555 Nicholas Street
Suite A2
Florence, KY 41042
Phone: (859) 586-9250
Fax: (859) 586-7632

Campbell County Neighborhood Center

437 West Ninth Street
Newport, KY 41071
Phone: (859) 431-4177
Fax: (859) 655-8671

Carroll County Neighborhood Center

1302 Highland Avenue
Carrollton, KY 41008
Phone: (502) 732-5253
Fax: (502) 732-5259

Gallatin County Neighborhood Center

432 West Main Street
Warsaw, KY 41095
Phone: (859) 567-4660
Fax: (859) 567-2743

Grant County Neighborhood Center

1116 North Main Street
Williamstown, KY 41097
Phone: (859) 824-4768
Fax: (859) 824-1739

Kenton County Neighborhood Center

1561 Madison Avenue
Covington, KY 41011
Phone: (859) 291-8607
Fax: (859) 291-8617

Owen County Neighborhood Center

109 South Madison
Owenton, KY 40359
Phone: (502) 484-2116
Fax: (502) 484-1125

Pendleton County Neighborhood Center

311 Park Street
Falmouth, KY 41040
Phone: (859) 654-4054
Fax: (859) 654-1654

PUBLIC ASSISTANCE: ADDITIONAL QUESTIONS TO ASK

- 1) What types of services do you provide?
- 2) How can I receive an application?
- 3) What documents do you need from me?
 - a) What documents do you need to verify my identity? (Driver's License, Social Security card, etc.)
 - b) What documents do you need to verify my level of income? (Paycheck stubs, pension forms, Social Security check stubs, etc.)
 - c) If I don't have the documents, can someone at your agency help me get them or refer me to where I can get them?
 - d) What documents do you need to verify my child's identity? (Birth certificate, Social Security card, etc.)
- 4) What information do I have to provide to you?
 - a) If I don't have the proof I need to verify my identity or income, can I provide them to you later?
- 5) What forms do I need to complete?
- 6) If I cannot complete the application myself, can someone at your agency help me?
 - a) Does your organization charge a fee for providing the help I need? If so, how much?
- 7) Once I have completed the application, will I need to schedule an appointment to meet with someone so they can review it?
 - a) NOTE: if you make an appointment with the organization, plan to arrive 15 minutes before your meeting to fill out any forms they might need. Once the appointment is over, ask what the next step in the process will be, and how soon you can expect a decision.
- 8) How will I know when we have been approved for services?
- 9) When will I receive payment card or medical card?
- 10) How often do I have to update my records, and what is the process? Is it yearly review or every few months?
- 11) Do I have the right to appeal your decision, if I am unhappy with it?
- 12) If we move, or the child returns home, when do I need to notify you and how?
- 13) If I have additional questions, how do I reach you?
- 14) Can I have a copy of the policy regarding this program for my understanding and records?

POVERTY GUIDELINES

Depending on if a person's annual and monthly income falls above or below specific percentages of the poverty guidelines will determine financial eligibility for federal and state public assistance programs.

Refer to the "Poverty Guidelines Chart" below to see the poverty thresholds given household size and given annual income.

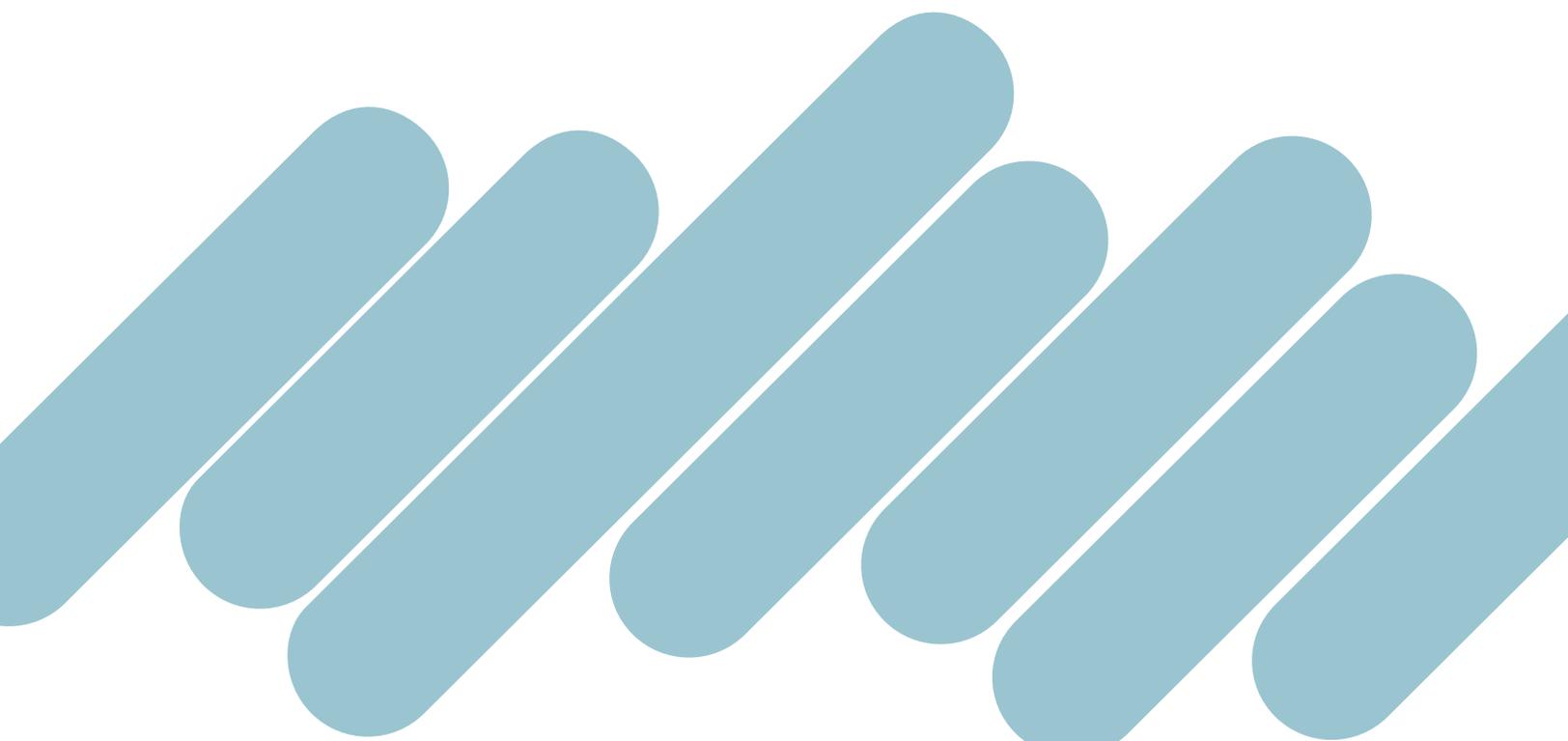
Household Size	100%	138%	150%	200%	250%	300%	400%
1	\$11,770	\$16,242	\$17,655	\$23,540	\$29,425	\$35,310	\$47,080
2	\$15,930	\$21,983	\$23,895	\$31,860	\$39,825	\$47,790	\$63,720
3	\$20,090	\$27,724	\$30,135	\$40,180	\$50,225	\$60,270	\$80,360
4	\$24,250	\$33,465	\$36,375	\$48,500	\$60,625	\$72,750	\$97,000
5	\$28,410	\$39,205	\$42,615	\$56,820	\$71,025	\$85,230	\$113,640
6	\$32,570	\$44,946	\$48,855	\$65,140	\$81,425	\$97,710	\$130,280
7	\$36,730	\$50,687	\$55,095	\$73,460	\$91,825	\$110,190	\$146,920
8	\$40,890	\$56,428	\$61,335	\$81,780	\$102,225	\$122,670	\$163,360



FORMS



KENTUCKY BIRTH CERTIFICATE



COMMONWEALTH OF KENTUCKY
STATE REGISTRAR OF VITAL STATISTICS



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

Please Print or Type All Information Required On This Form

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

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

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

Signature and telephone number of the person requesting this certificate:

_____ Signature Telephone

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

Certificates may also be ordered by the following methods:

Internet: Certificates may be ordered on the internet using a credit card (Visa, 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 in U.S. dollars drawn on a U.S. bank 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 U.S. Additional copies are \$10.00 U.S. 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:

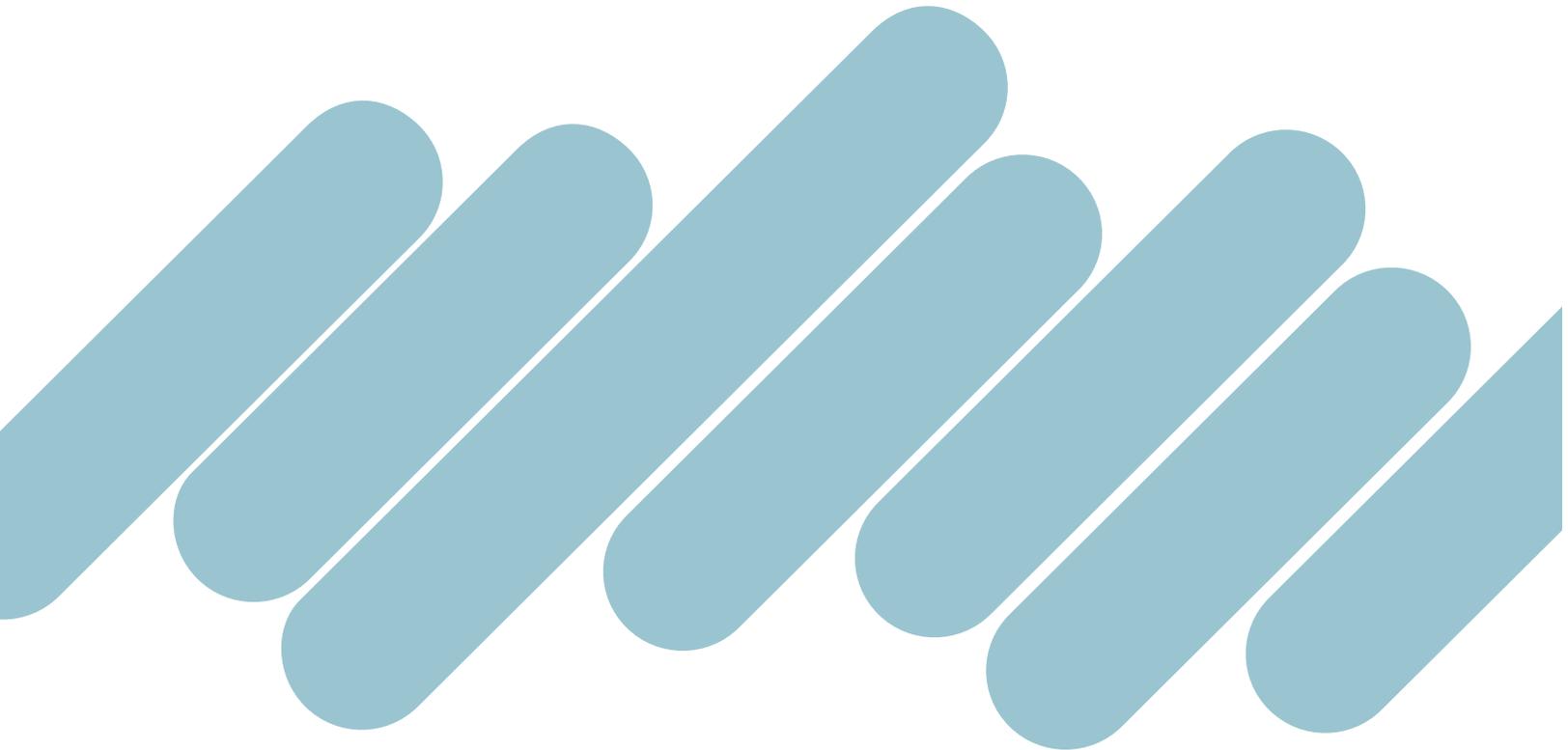
NAME

MAILING ADDRESS

CITY, STATE, ZIP CODE



SOCIAL SECURITY APPLICATION



SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Applying for a Social Security Card is free!

USE THIS APPLICATION TO:

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

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

Original Social Security Card

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

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

Replacement Social Security Card

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

Changing Information on Your Social Security Record

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

LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS

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

IF YOU HAVE ANY QUESTIONS

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

EVIDENCE DOCUMENTS

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

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

Evidence of Age

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

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

Evidence of Identity

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

As proof of your identity, you must provide a:

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

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

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

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

Evidence of U.S. Citizenship

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

Evidence of Immigration Status

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

HOW TO COMPLETE THIS APPLICATION

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

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

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

HOW TO SUBMIT THIS APPLICATION

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

PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

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

PRIVACY ACT STATEMENT

Collection and Use of Personal Information

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

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

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

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

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

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

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

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

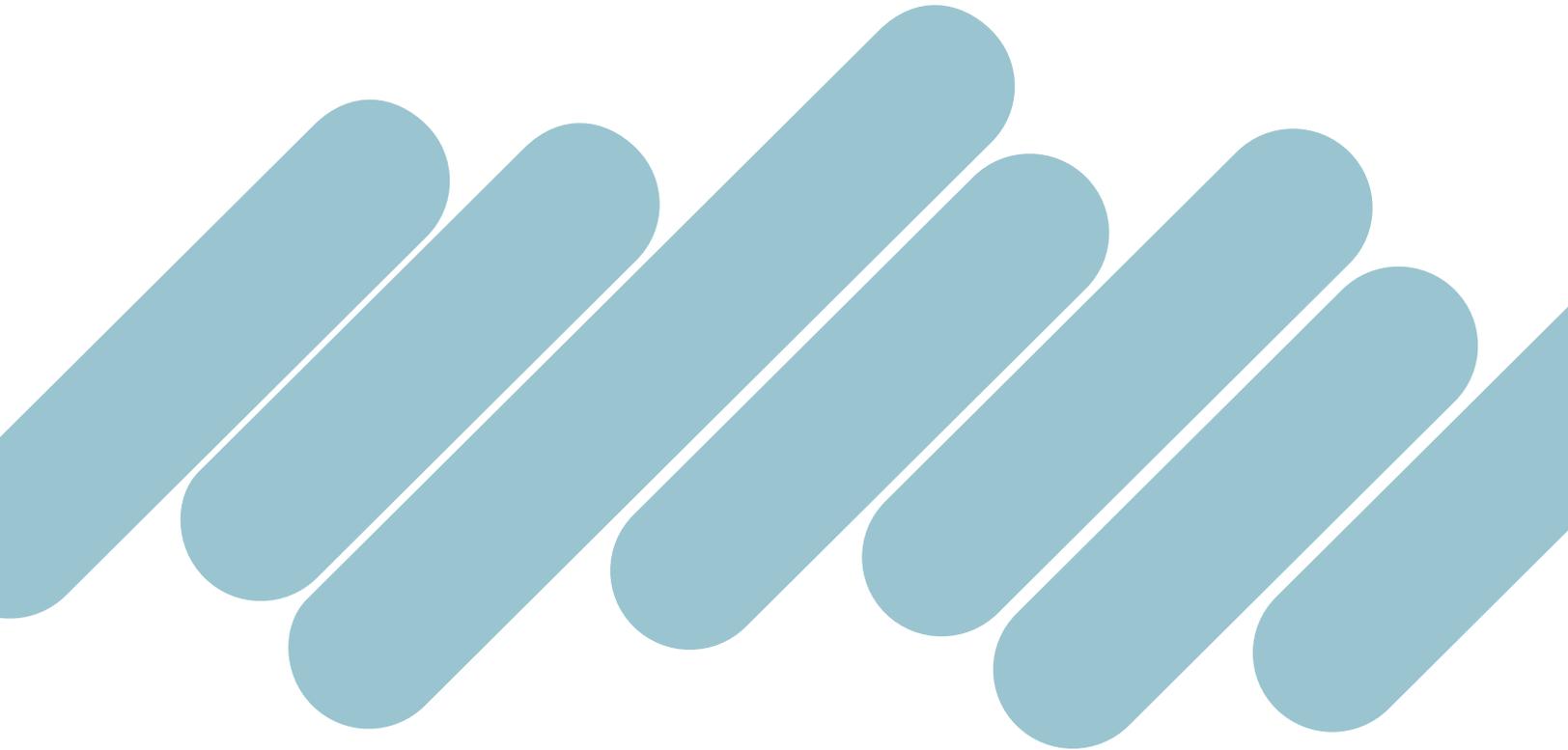
Form Approved
OMB No. 0960-0066

1	NAME TO BE SHOWN ON CARD		First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE		First	Full Middle Name	Last
	OTHER NAMES USED				
2	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"/>	
3	PLACE OF BIRTH (Do Not Abbreviate) City State or Foreign Country			4	DATE OF BIRTH MM/DD/YYYY
				Office Use Only	FCI
5	CITIZENSHIP (Check One)		<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Alien Allowed To Work	<input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3)
			<input type="checkbox"/> Other (See Instructions On Page 3)		
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No	7	RACE Select One or More (Your Response is Voluntary)	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> American Indian
			<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Other Pacific Islander
			<input type="checkbox"/> Asian	<input type="checkbox"/> White	
8	SEX		<input type="checkbox"/> Male	<input type="checkbox"/> Female	
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH		First	Full Middle Name	Last
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3)		<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"/> <input type="checkbox"/> Unknown		
10	A. PARENT/ FATHER'S NAME		First	Full Middle Name	Last
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)		<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"/> <input type="checkbox"/> Unknown		
11	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)				
12	Name shown on the most recent Social Security card issued for the person listed in item 1		First	Full Middle Name	Last
13	Enter any different date of birth if used on an earlier application for a card			MM/DD/YYYY	
14	TODAY'S DATE MM/DD/YYYY		15	DAYTIME PHONE NUMBER Area Code Number	
16	MAILING ADDRESS (Do Not Abbreviate)		Street Address, Apt. No., PO Box, Rural Route No.		
			City	State/Foreign Country	ZIP Code
17	I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best to my knowledge.				
	YOUR SIGNATURE		18	YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify _____	

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)					
NPN		DOC	NTI	CAN	
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	



MEDICAID APPLICATION





Health Coverage & Help Paying Costs

Application for More Than One Person

THINGS TO KNOW

<p>Use this application to see what insurance choices you qualify for</p>	<ul style="list-style-type: none"> • Free or low-cost coverage from Medicaid or the Kentucky Children's Health Insurance Program (KCHIP) • Payment Assistance that can help you pay for your health coverage • Affordable health insurance plans that offer comprehensive coverage to help you stay well
<p>Who is this application for?</p>	<p>Members of a household (spouses, partners, children, other) who:</p> <ul style="list-style-type: none"> • Live in Kentucky and plan to stay in Kentucky • Are included on your tax return, even if they don't live with you • Live with you, even if taxes are not filed
<p>Apply faster online</p>	<p>Apply faster online at www.kynect.ky.gov.</p>
<p>What you may need to apply</p>	<ul style="list-style-type: none"> • Your social security number (or document number if you are a legal immigrant) • Employer and income information (for example, paystubs, W-2 forms, or wage and tax statements)
<p>Why do we ask for this information?</p>	<p>We ask about your Social Security Number (SSN), your income and other information to see if you qualify for and if you can get any help paying for your health coverage costs.</p> <p>If you need help getting an SSN, call 1-800-772-1213 or visit socialsecurity.gov. TTY users should call 1-800-325-0778.</p> <p>We'll keep all the information you give us private, as required by law.</p>
<p>What happens next?</p>	<ul style="list-style-type: none"> • Mail or fax your completed, signed application to: <ul style="list-style-type: none"> Office of the Kentucky Health Benefit Exchange 12 Mill Creek Park Frankfort, KY 40601 <p>Fax: 1-502-573-2005</p> • If you do not have all the information we ask for, submit your application anyway. We will contact you for the missing information if we cannot complete the determination based on the information you give us. • If we can make a determination, we will send you detailed information about the steps you will need to follow to select a plan. You will need to go online, call us, or get assistance from an insurance agent or kynector to enroll in a plan.
<p>To get help</p>	<ul style="list-style-type: none"> • Online: www.kynect.ky.gov • By phone: Call Customer Service at 1-855- 4kynect (459-6328) • In person: Find a list of places near where you live by visiting our website or calling us. • Contact an insurance agent or kynector: Visit our website or call 1-855-4kynect (459-6328) for a list of insurance agents and kynectors near you. • Español: Llame a nuestro Servicio al Cliente gratis al 1-855- 4kynect (459-6328) • TTY users call 1-855-326-4654



Health Coverage & Help Paying Costs

Application for More Than One Person

STEP 1 Tell Us about Yourself (the Responsible Party)

Complete this part of the application with information about the Responsible Party (even if the Responsible Party is not applying for coverage). If you are completing this application for someone else, you must use **Appendix B** to enter your contact information.

1. First name, Middle initial, Last name & Suffix (as it appears on your Social Security card)			
2. Social Security Number (SSN)		We need your SSN if you want coverage and have a SSN. Giving us your SSN can be helpful if you don't want health coverage too since it can speed up the application process.	
3. If you want coverage and SSN is not provided, select the reason for not providing it.			
<input type="checkbox"/> Religious Objection		<input type="checkbox"/> Not eligible to receive SSN due to alien status	<input type="checkbox"/> Applied for SSN
<input type="checkbox"/> Do not have an SSN and may only be issued an SSN for a valid non-work reason		<input type="checkbox"/> Refuse to provide SSN	
4. If you are applying for health coverage, check here <input type="checkbox"/> and answer all questions. If you are not applying for health coverage, do not answer questions 26-32 on the next page.			
5. Date of Birth (mm/dd/yyyy)	6. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	7. Used tobacco at least 4 times a week in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Do you live in Kentucky and plan to stay in Kentucky? (Only required if you want coverage) <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Home Address - <input type="checkbox"/> Check here if you do not have a Home Address. You will still have to enter a Mailing Address below.			
10. City	11. State	12. Zip Code	13. County
14. Mailing Address (Only required if different from home address)			
15. City	16. State	17. Zip Code	18. County
19. Primary Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()		20. Secondary Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	
21. <input type="checkbox"/> Check here to allow kynect to send text message alerts to your primary phone number.		22. <input type="checkbox"/> Check here to allow kynect to send text message alerts to your secondary phone number.	
23. Preferred Spoken Language (if not English)		24. Preferred Written Language (if not English)	



If you need help with your application or to apply faster online, go to www.kynect.ky.gov or call 1-855-4kynect (459-6328). Para ayuda en Español, llame gratis al 1-855-4kynect (459-6328).

25. Do you, the Responsible Party, plan to file a federal income tax return for coverage year 2014?
(You can apply for health insurance even if you don't file a federal income tax return.)

- YES.** If yes, answer questions a–d. **NO.** If no, skip to question d.
- a. What will be your filing status? Married Filing Jointly Married Filing Separately
 Single Head of Household
- b. If married, what is your spouse's name? _____
- c. Do you have any tax dependents? Yes No
If yes, list name(s) of dependent(s): _____
- d. Are you claimed as a dependent on someone else's tax return? Yes No
If yes, list the name of the tax filer: _____
How are you related to the tax filer? _____

Answer the following questions only if you want coverage:

26. Are you offered health coverage from a job (including someone else's job, like a spouse's job)?
 Yes. If yes, you will need to complete and include **Appendix A** with this application. No

27. Do you want help paying for medical bills from the last 3 months? Yes No
If yes, which month(s)? _____

28. Are you a U.S. citizen or national? <input type="checkbox"/> Yes <input type="checkbox"/> No	29. If you are not a U.S. citizen or national, do you have immigration status? <input type="checkbox"/> Yes. Answer questions a–d below. a. Immigration Document Type: _____ b. Document ID Number: _____ c. Have you lived in the U.S. since 1996? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Are you a veteran or active-duty member of the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

30. Are you of Hispanic, Latino or Spanish origin? (OPTIONAL) Yes No

31. Race - (OPTIONAL)

<input type="checkbox"/> White	<input type="checkbox"/> American Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Samoan
<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other Pacific Islander

32. If you have lost a household member recently, you may be able to get help paying for his/her medical bills. Please give us the following information about the deceased family member:

Name: _____ Date of Birth: _____ Gender Male Female

Is this person of Hispanic, Latino or Spanish origin? (OPTIONAL) Yes No

Race (OPTIONAL): _____

STEP 2 Other Members of the Household

Next, you will need to give us information about the other members of your household (include all members of your household, even if they do not want health coverage). Include spouse, children, and others who live in Kentucky and plan to stay in Kentucky, are included on your tax return (even if they don't live with you), and live in your household, even if taxes are not filed. If you need to include more than four persons on this application, attach additional pages with their information.

Get started with the members of your tax household.



If you need help with your application or to apply faster online, go to www.kynect.ky.gov or call 1-855-4kynect (459-6328). Para ayuda en Español, llame gratis al 1-855-4kynect (459-6328).

STEP 3 Additional Questions

If the answer to the following questions is yes for more than one person, use additional sheets of paper to give us the details.

1. Is anyone that is applying for health coverage on this application **currently in prison or jail** or has been released in the past three months?

YES. If yes, answer questions a–d. **NO.** If no, go to question 2.

- a. Who? _____
b. When did this person enter prison? (mm/dd/yyyy) _____
c. When did this person leave prison? (mm/dd/yyyy) _____
d. Is this person currently waiting for a decision on charges? Yes No

2. Has anyone on this application had a **pregnancy end** (giving birth or losing a pregnancy) in the past three months or is **currently pregnant**?

YES. If yes, answer questions a–d. **NO.** If no, go to question 3.

- a. Who? _____
b. What is the due date or the last date of pregnancy? (mm/dd/yyyy) _____
c. How many children are/were expected with this pregnancy? _____
d. Would this person like to be referred to WIC (a program that offers food to women, infants & children)? Yes No

3. Is anyone on this application **American Indian or Alaska Native**?

YES. If yes, answer questions a and b. **NO.** If no, go to question 4.

- a. Who? _____
b. Is this person a member of a federally recognized tribe, band, nation, community or other group?
 Yes. If yes, answer questions c–e. No. If no, go to question 4.
c. What tribe? _____
d. What state is this tribe primarily located in? _____
e. Is this person eligible to receive or has ever received a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs? Yes No

4. Does anyone applying for health coverage on this application need help with activities of daily living (like bathing, dressing, etc.) or live in a medical facility or nursing home?

YES. If yes, who? _____ **NO.** If no, go to question 5.

5. Is anyone that is applying for coverage on this application **blind or permanently disabled**?

YES. If yes, who? _____ **NO.** If no, go to question 6.

6. Does anyone in your household that is applying for health coverage on this application currently have **other healthcare coverage**, including dental and major medical coverage that is not Medicaid or KCHIP?

YES. If yes, answer questions a–h.

NO. If no, go to question 7.

- a. Who? _____ f. Policy number _____
b. Type of coverage _____ g. Coverage start date _____
c. Name of policy holder _____ h. Coverage end date _____
d. Name of insurance company _____
e. Address of insurance company _____

7. Was anyone in your household receiving Medicaid when he/she became too old to be eligible for foster care placement? **YES.** If yes, who? _____

In what state did he/she live? _____ How old was he/she? _____

NO. If no, go to **Step 4** on **next page**.



If you need help with your application or to apply faster online, go to www.kynect.ky.gov or call 1-855-4kynect (459-6328). Para ayuda en Español, llame gratis al 1-855-4kynect (459-6328).

STEP 4 Income and Deductions

Use additional sheets of paper if you need to add more than two jobs.

Income from Job 1

1. Who earns this income?

2. Who is this person's employer?

Check here if income is from self-employment

3. What is the gross amount this person makes (before taxes)?
\$ _____

4. How often? Weekly Twice a month
 Every two weeks Monthly

Income from Job 2

5. Who earns this income?

6. Who is this person's employer?

Check here if income is from self-employment

7. What is the gross amount this person makes (before taxes)?
\$ _____

8. How often? Weekly Twice a month
 Every two weeks Monthly

9. **Additional Income:** Give us information about any additional income that household members on this application may receive. Do not include income from child support, Supplemental Security Income (SSI), veteran's income, or Worker's Compensation. If none, leave blank.

Type of Income	Who Receives it?	How Much?	How Often?		
<input type="checkbox"/> Social Security	_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Twice a month	<input type="checkbox"/> Monthly
<input type="checkbox"/> Pensions	_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Twice a month	<input type="checkbox"/> Monthly
<input type="checkbox"/> Interest or Dividend	_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Twice a month	<input type="checkbox"/> Monthly
<input type="checkbox"/> Disability Payments	_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Twice a month	<input type="checkbox"/> Monthly
<input type="checkbox"/> Unemployment	_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Twice a month	<input type="checkbox"/> Monthly
<input type="checkbox"/> Other _____	_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Twice a month	<input type="checkbox"/> Monthly

10. **Household Deductions:** Give us information about things that members of your household pay and that can be deducted on an income tax return. Giving us this information could make the cost of health insurance lower. If none, leave blank.

Type of Deduction	Who?	How much?	How often?		
<input type="checkbox"/> Alimony Paid	_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Twice a month	<input type="checkbox"/> Monthly
<input type="checkbox"/> Student Loan Interest	_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Twice a month	<input type="checkbox"/> Monthly
<input type="checkbox"/> Educator Expenses	_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Twice a month	<input type="checkbox"/> Monthly
<input type="checkbox"/> School Tuition & Fees	_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Twice a month	<input type="checkbox"/> Monthly

11. **Yearly Household Income:** What is your estimated **yearly** household income for the coverage year (including any monthly changes, bonuses, seasonal income, etc.)?

\$ _____



If you need help with your application or to apply faster online, go to www.kynect.ky.gov or call 1-855-4kynect (459-6328). Para ayuda en Español, llame gratis al 1-855-4kynect (459-6328).

STEP 5 Sign and Date this Application

- I am signing this application under penalty of perjury which means I have given true answers to all the questions on this form to the best of my knowledge and belief. I know that I may be subject to penalties under federal and/or state law if I provide false and/or untrue information.
- I know that I must tell kynect if anything changes from what I wrote on this application within 30 days of the change. I can visit kynect.ky.gov or call **1-855-4kynect (459-6328)** to report any changes. I understand that a change in my information could affect the eligibility for member(s) of my household.
- If I think kynect has made a mistake, I can appeal its decision. To appeal means to tell someone at kynect that I think the action is wrong, and ask for a fair review of the action. I know that I can be represented in the process by someone other than myself. My eligibility and other important information will be explained to me.
- I know that under federal law, discrimination is not permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting www.hhs.gov/ocr/office/file.
- I understand that kynect will check my answers using information in databases from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security, and/or any other trusted source. If the information does not match, I may be asked to send proof.

Renewal of coverage in future years: To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow kynect to use income data, including information from tax returns and other trusted data sources. kynect will send me a notice, let me make any changes, and I can opt out at any time.

Yes, renew my eligibility automatically for the next: (select one)

- 5 years (maximum allowed) 4 years 3 years 2 years 1 year
 Do not use information from tax returns or other data sources to renew my coverage.

Voter Registration: If I am not registered to vote or not registered where I currently live, I can choose to register to vote by checking yes below. If I check yes, I will receive a voter registration application in the mail. Checking yes or no below does not affect the outcome of this application.

- Yes**, I want to apply to register to vote. An application will be mailed to me. **No**, I don't want to register to vote.

If anyone on this application is eligible for Medicaid or KCHIP:

- I understand that if Medicaid pays for a medical expense, any other health insurance or legal settlement payments will go to Medicaid to reimburse it for the expense.
- I understand that my application may be reviewed to make sure that eligibility was determined correctly. If my application is reviewed, I must cooperate with the review.
- Does any child on this application have a parent living outside of the home? Yes No
- If yes, I give the Cabinet for Health and Family Services (CHFS), Child Support Office, the right to enforce medical support from the child's absent parent(s). If I think that cooperating with the Child Support Office will harm me or my children, I can tell CHFS and I may not have to cooperate.

Signature

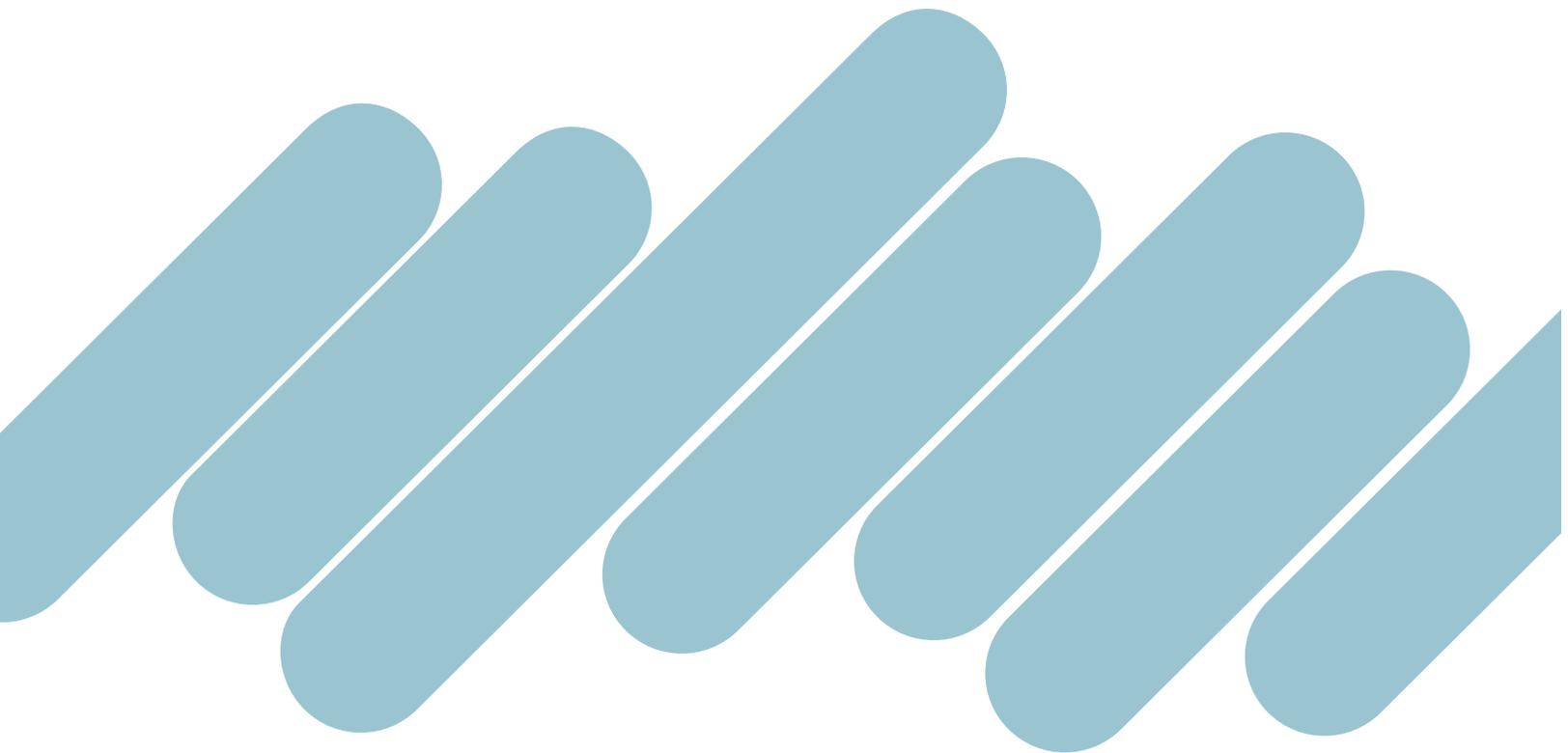
Date (mm/dd/yyyy)



If you need help with your application or to apply faster online, go to www.kynect.ky.gov or call **1-855-4kynect (459-6328)**. Para ayuda en Español, llame gratis al 1-855-4kynect (459-6328).



KENTUCKY CHILDREN'S HEALTH INSURANCE PROGRAM (KCHIP) APPLICATION



Kentucky Children's Health Insurance Program (KCHIP) Application



If you need help with this form or have questions about KCHIP,
call 1-877-KCHIP-18 (1-877-524-4718).
For TDD/TTY, call 711. All calls are free.
Para ayuda en español, llame al 1-800-662-5397.
Las llamadas son gratis.

Date Received
Office Use Only

1 General Contact Information

This application is for medical coverage for children under age 19 only. Anyone can apply on behalf of a child. We may need to contact you for more information to process the application so it is important that this section be complete and correct.

Contact Name:
First M.I. Last Maiden

Street Address:
Street Apt # City State ZIP Code

Mailing Address:
Street Apt # City State ZIP Code

Home Phone: Daytime/Cell Phone: County:

Email (optional): Do you need an interpreter? Yes No Language?

Relationship to Child:

2 Household Information--Caregiver/Responsible Party

List the name of person(s) who is the primary caregiver for the children this application is for. Example: Parent, Guardian, or Adoptive Parent. You do not need to list an adult living in the home such as step-parent, grandparent, other relatives, or non-relatives, unless that person is the legal guardian of the children.

Caregiver #1

Name: Social Security No.*
First M.I. Last Optional

Date of birth: Sex: Male Female U.S. Citizen: Yes No
mm/dd/yyyy

What is relationship to the child(ren):

Caregiver #2 (If Any)

Name: Social Security No.*
First M.I. Last Optional

Date of birth: Sex: Male Female U.S. Citizen: Yes No
mm/dd/yyyy

What is relationship to the child(ren):

**Social Security Number (SSN)- If you are applying for KCHIP for a child you are not required to provide your own SSN but we must have the child's SSN in order for the child to receive KCHIP. This policy is required by law. This policy is dictated by section 1137 (a)(1) of the Social Security Act and the Medicaid regulations of 42 CFR 435.910. If the applicant does not have a SSN, this application will be processed while the family applies for a SSN or receives assistance in applying for a SSN.*

Household Information--Children

List all the **children** for whom you are applying. These are children who live in your home and for whom you provide care. (This page may be copied to list more children)

Child #1

Name: Social Security No.
First M.I. Last

Date of birth: Place of Birth: Sex: Male Female
mm/dd/yyyy

U.S. Citizen: Yes No Does this child attend school?: Yes No If yes, what grade is child in?:

Does the caregiver pay child care for this person while he/she works?: Yes No **If Yes, please provide proof of payment (i.e. receipt, statement, etc.)**

How much do you pay? How Often?: (i.e. weekly, biweekly, monthly, bimonthly)

Race/Ethnicity: American Indian or Alaskan Native Asian Black or African American Hispanic or Latino White
Not Required Other Native Hawaiian or Other Pacific Islander

Preferred Physician/MCO
 (Managed Care Organization)

CoventryCares Kentucky Spirit Health Plan WellCare Passport Humana/Care Source

If one is not chosen one will be auto assigned to you.

Child #2

Name: Social Security No.
First M.I. Last

Date of birth: Place of Birth: Sex: Male Female
mm/dd/yyyy

U.S. Citizen: Yes No Does this child attend school?: Yes No If yes, what grade is child in?:

Does the caregiver pay child care for this person while he/she works?: Yes No **If Yes, please provide proof of payment (i.e. receipt, statement, etc.)**

How much do you pay? How Often?: (i.e. weekly, biweekly, monthly, bimonthly)

Race/Ethnicity: American Indian or Alaskan Native Asian Black or African American Hispanic or Latino White
Not Required Other Native Hawaiian or Other Pacific Islander

Preferred Physician/MCO
 (Managed Care Organization)

CoventryCares Kentucky Spirit Health Plan WellCare Passport Humana/Care Source

If one is not chosen one will be auto assigned to you.

List all the **children** for whom you are applying. These are children who live in your home and for whom you provide care. (This page may be copied to list more children)

Child #3

Name: Social Security No.

First

M.I.

Last

Date of birth: Place of Birth: Sex: Male Female
mm/dd/yyyy

U.S. Citizen: Yes No Does this child attend school?: Yes No If yes, what grade is child in?:

Does the caregiver pay child care for this person while he/she works?: Yes No **If Yes, please provide proof of payment (i.e. receipt, statement, etc.)**

How much do you pay? How Often?: (i.e. weekly, biweekly, monthly, bimonthly)

Race/Ethnicity: American Indian or Alaskan Native Asian Black or African American Hispanic or Latino White
Not Required
 Other Native Hawaiian or Other Pacific Islander

Preferred Physician/MCO
(Managed Care Organization)

CoventryCares Kentucky Spirit Health Plan WellCare Passport Humana/Care Source

If one is not chosen one will be auto assigned to you.

Child #4

Name: Social Security No.

First

M.I.

Last

Date of birth: Place of Birth: Sex: Male Female
mm/dd/yyyy

U.S. Citizen: Yes No Does this child attend school?: Yes No If yes, what grade is child in?:

Does the caregiver pay child care for this person while he/she works?: Yes No **If Yes, please provide proof of payment (i.e. receipt, statement, etc.)**

How much do you pay? How Often?: (i.e. weekly, biweekly, monthly, bimonthly)

Race/Ethnicity: American Indian or Alaskan Native Asian Black or African American Hispanic or Latino White
Not Required
 Other Native Hawaiian or Other Pacific Islander

Preferred Physician/MCO
(Managed Care Organization)

CoventryCares Kentucky Spirit Health Plan WellCare Passport Humana/Care Source

If one is not chosen one will be auto assigned to you.

List only the gross income (before taxes) of the parents living in the home, this only includes natural or adoptive parents. **Do not list** income for people living in the home such as a grandparents, aunts, uncles, cousins, or individuals related by marriage, such as a step-parent.

Earned Income:

For earned income two prior months' check stubs or a letter from the employer listing the amount of income must accompany the application. If you have income from self-employment, include the previous year's tax return and all schedule attachments with this application.

Name	Employer Name & Address	Pay Rate Before Taxes	Tip Wages If Applicable	Hours worked wkly	How Often Paid (wkly, biwkly, 2xmon.)	What day of week are you paid?	Start date of this job?

Unearned Income:

Examples of unearned income: Retirement, Survivors & Disability Insurance (RSDI), Social Security Disability Income (SSDI), Supplemental Security Income (SSI), alimony, child support, worker's compensation, black lung and unemployment. This must be verified with an award letter. If child support is received through Child Support Enforcement, you do not have to send proof of the payment amount. If child support is received directly from the absent parent or out of state, you must provide proof of payment.

Name	What Type?	Amount Received?	How Often Received?

1. Is anyone in your household currently enrolled in a health insurance plan? Yes No

If yes, list all members: _____

Please include copies of the front and back of all insurance cards.

2. When did coverage begin? (mm/dd/yyyy) _____

3. Has anyone in your household dropped/changed/lost health insurance in the last six months? Yes No

If yes, list all members: _____

4. When was it dropped/changed/lost? (mm/dd/yyyy) _____

Why? _____

Please indicate if you have lost insurance due to job loss, change in employment or divorce.

5. Do you have any unpaid medical bills from the prior three months for any children for whom you are applying? Yes No

6. Do you have any unpaid medical bills for the application month for any children for whom you are applying? Yes No

If yes please send in copies of proof of income for prior months. *Please be advised, prior medical bills **may not** be covered in all situations.*

5**Other Information--Continued**

Did anyone help you fill out this application? Yes No If yes, the person that helped you should complete this section.

Name: Daytime Phone:

First Last

Address:

Organization:

Did you review citizenship & identity documentation? Yes No Signature:

6**Citizenship/Identity****Citizenship**

For children born outside Kentucky, you will need to send proof of U.S. Citizenship such as a birth certificate, U.S. Passport, or adoption papers. Visit www.cdc.gov/nchs for a list of state vital record offices where you may request birth certificates.

For applicants who are not U.S. citizens, send proof of Permanent Resident Cards (green cards) or other form from U.S. Citizenship and Immigration Services.

Identity

For all children, send proof of identity. If you are sending a U.S. Passport, a Certificate of Naturalization (DHS Forms N-550 or N-570), or a Certificate of U.S. Citizenship (DHS Forms N-560 or N-561) for Citizenship items above, **YOU DO NOT NEED TO SEND PROOF OF IDENTITY.**

Proof of identity can be:

- A current state driver's license
- School ID with photo
- Military Dependent ID with photo
- ID issued by state, federal, or local government with photo
- School record including report card, day-care, or nursery school record
- Clinic, doctor or hospital record

The Attestation below needs to be signed for verification of all children if proof of identity is not available for children under age 16.

Attestation

My signature below is my statement that the identity of the children on this application is true and accurate. I sign this Attestation under penalty of perjury.

Signature: _____ Date Signed: _____

Relationship to child: _____

- I understand that this application is for children under age 19 only.
- I agree to the release of personal and financial information from this application form and supporting documents to the state agencies or their contractors that run this program so that they can evaluate it and verify eligibility.
- I understand that the information on this application will only be shared according to 42CFR 431.300-431.307.1 and any other applicable federal and state laws and regulations.
- If my child is approved for medical benefits through KCHIP or Medicaid, I assign all insurance and medical support benefits to Medicaid. If Medicaid pays my child's medical bills, then my insurance or other benefits (such as lawsuit settlements) must be used to pay Medicaid back. I agree to help and cooperate with Medicaid in identifying and collecting this money.
- I understand that I must report any changes to my family size or household income to the local office of the Department for Community Based Services (DCBS) within ten (10) days of the change.
- I understand that I may be asked to provide additional information to verify my child's eligibility for the program.
- I understand eligibility will not be affected by my race, color, ethnicity, national origin, age, disability, sex, religious creed, or political beliefs except where this is restricted by law.
- I have the right to appeal any eligibility decisions made by DCBS. I can get information on the appeal process from DCBS.
- I declare that all persons for whom this application is made are US citizens or are admitted under an approved alien status.
- I understand that anyone who gives false information or conceals information in order to receive or to continue to receive Medicaid or KCHIP benefits is subject to criminal action under federal law, state law, or both.
- If my child is granted KCHIP or Medicaid eligibility, I agree not to let anyone else use my child's medical card to receive benefits and I agree to comply with all other applicable state and federal Medicaid statutes and regulations governing the KCHIP and Medicaid programs.
- I understand that I may be liable for repaying for benefits that were fraudulently received.
- I certify, under penalty of perjury, the information, including citizenship or alien status, and the identity of all persons under age 16 listed on the application and provided by me in this statement is correct and true to the best of my knowledge and give my consent to make all necessary contacts to verify my statements.

Signature: _____

Date Signed: _____

Submit Application

Mail or fax the completed application and the documentation that needs to be included to the following:

<u>Mail:</u> KCHIP P.O. Box 55270 Lexington, KY 40555-5270	OR	<u>Fax:</u> KCHIP Fax #: 859-246-2890
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If you need help with this form or have questions about KCHIP, call our toll-free number 1-877-KCHIP-18 (1-877-524-4718). For TDD/TTY, call 711. All calls are free.

Para ayuda en español, llame al 1-800-662-5397. Las llamadas son gratis.

Under the Health Insurance Portability Accountability Act of 1997 (HIPAA), KCHIP is required to inform you of how your enrollment and/or medical information may be used and disclosed (provided to other business partners) through our regular course of business.

Print Form

If any of these things apply to you and your family, send proof of these documents. Let us know if you cannot get them. We may be able to help.

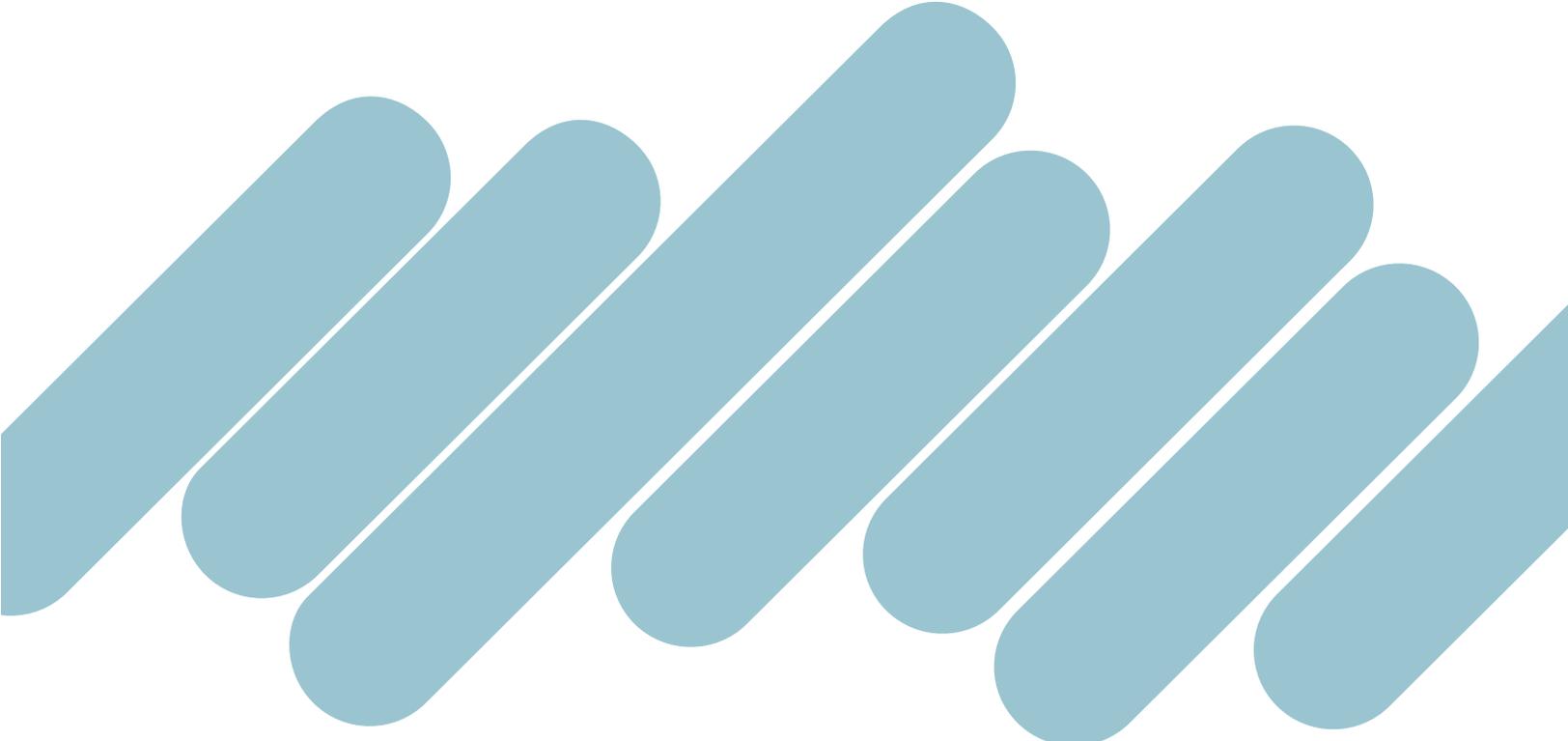
- | | |
|--------------------------|---|
| <input type="checkbox"/> | 1. For all applicants , send copies of health insurance cards (front and back). |
| <input type="checkbox"/> | 2. For children born outside Kentucky , send proof of U.S. Citizenship such as a birth certificate, U.S. Passport, or adoption papers. Visit www.cdc.gov/nchs for a list of state vital records offices where you may request birth certificates. |
| <input type="checkbox"/> | 3. For applicants who are not U.S. citizens , send proof of Permanent Resident Cards (green cards) or other forms from U.S. Citizenship and Immigration Services. |
| <input type="checkbox"/> | 4. For all children, send proof of identity. If you are sending a U.S. Passport, a Certificate of Naturalization (DHS Forms N-550 or N-570), or a Certificate of U.S. Citizenship (DHS Forms N-560 or N-561) for items 2 or 3 above, YOU DO NOT NEED TO SEND PROOF OF IDENTITY.

Proof of identity can be:
--A current state driver's license
--School ID with photo
--Military Dependent ID with photo, issued by state, federal or local government
--ID issued by state, federal, or local government with photo
--School record including report card, day-care, or nursery school record
--Clinic, doctor or hospital record

If you cannot get any of these documents to prove the identity of children under age 16, sign the attestation on page 5. |
| <input type="checkbox"/> | 5. For children and their parents who have earned income , send copies of all pay stubs from the last two (2) months or send a letter from the employer stating the amount that will be paid. If self-employed, send copies of last year's tax return and all schedule attachments. Step-Parents Grandparents and other non-parent caregivers do not have to send this information. |
| <input type="checkbox"/> | 6. For children and their parents who have unearned income , send proof of gross income (before taxes) for all money that is not from a job like Veteran's Benefits, worker's comp, and alimony. Proof could be award letters. Step-Parents Grandparents and other non-parent caregivers do not have to send this information. |
| <input type="checkbox"/> | 7. Proof of child care payments such as receipts, statements, etc. |
| <input type="checkbox"/> | 8. Court order and proof of alimony or child support payments. This would include payments being made or received by persons in the home. If it is paid through Child Support Enforcement, you must list as income but do not have to send proof |
| <input type="checkbox"/> | 9. In some cases, you may be able to get KCHIP/Medicaid coverage for the three (3) months before the application date. If you want to request coverage for the three (3) months before you apply, send proof of income for those months. |
| <input type="checkbox"/> | 10. Please be advised, prior medical bills may not be covered in all situations. |



**KENTUCKY TRANSITIONAL
ASSISTANCE PROGRAM (K-TAP)
APPLICATION**



INTENT TO APPLY FOR MEDICAID AND/OR K-TAP (CASH ASSISTANCE)

We want to be able to help you as soon as possible, so please answer the following questions.

Do you have a physical or mental problem which requires you to have special accommodations during your application interview, such as needing a sign language interpreter? Yes No

If yes, what do you need? _____

We can get a free interpreter for your interview if you have trouble speaking or understanding English.

Do you need an interpreter for your interview? Yes No

If yes, what language? _____

Important Information for All Applicants

- Anyone who wants to get K-TAP (cash assistance) or Medicaid benefits must give us his or her social security number and tell us about his or her citizenship and immigration status. If you do not have a social security number, we can help you get one. This will not delay your application.
- Giving or applying for a social security number is voluntary. Social security numbers are used to verify your family's income and to do computer matches with other agencies such as the Kentucky Office of Employment and Training, the Internal Revenue Service and other matching sources.
- Social security numbers will not be used to report anyone to the United States Citizenship and Immigration Services (USCIS).
- Anyone applying only for emergency Medicaid does not have to give us his or her social security number or tell us about his or her citizenship and immigration status.
- If you or anyone else in your home does not want to get benefits, then you do not have to tell us about your social security number, citizenship or immigration status. Other members of your household can still get benefits, if they qualify.
- Getting Medicaid or Kentucky Children's Health Insurance Program (KCHIP) benefits will not affect your or your family's ability to change your immigration status. An exception to this is the use of long-term institutional care, such as a nursing home.
- Getting K-TAP or Supplemental Security Insurance (SSI) could cause problems for immigrants who are trying to change their immigration status, especially if the benefits are your family's only income. If this applies to you, talk to an agency that helps immigrants with legal problems before you apply.
- Refugees and persons granted asylum may get any benefit, including K-TAP, without hurting their chances of changing their immigration status or becoming a U. S. citizen.

Part I - Right to Apply

If you live in Kentucky and want to apply for Medicaid and or K-TAP (cash assistance), complete this form. Send or take it to the local Department for Community Based Services office.

Once we get this form, an interview will be scheduled to complete the application process.

Benefits may be given from the date we get this form. The sooner we get this form and any required proof, the sooner you will know whether you will get K-TAP and or Medicaid.

I want to apply for: K-TAP (cash assistance)
 Medicaid (medical assistance)
 KCHIP (medical assistance)

My Name _____
(Last) (First) (Middle Initial)

My home address _____
(Street Address) (Apt.)

(City) (State) (Zip Code)

County _____

Telephone Number _____ Mine Nearby

My mailing address is different from my home address. My mailing address is:

(Mailing address)

(City) (State) (Zip Code)

Part II – Representative

If you would like someone to be interviewed in your absence, give us the following information:

Name of person _____

(Mailing Address)

We will send you a form for you to complete to authorize that person to apply for you.

Part III – Household Member Information

Applicant Section

List the people who live with you and for whom you want to get benefits. These people are **applicants**. Anyone for whom you do not want to get benefits is a **non-applicant** and is listed in the **Non-Applicant** section.

First Name / M.I. / Last Name	Social Security #	Relation to You	Birth Date	Sex M or F
		Self		

Non-Applicant Section

List any other people who live with you and for whom you do **not** want to get benefits. You do not have to give all of this information for these people, but the more information we have, the quicker we can process your application.

First Name / M.I. / Last Name	Social Security #	Relation to You	Birth Date	Sex M or F

Part IV – Rights, Responsibilities, and Signature

The information I give on this form is complete and true. I understand:

- If information I give is not true or I do not report all of the information needed, I may be subject to prosecution for fraud.
- Filling out this form is just the first step in the application process.
- I will complete an interview and give any needed information or proof of eligibility before an application can be processed.
- The information I have given on this form is subject to verification by federal, state, and local officials to determine if the information is true.
- None of the information given about non-applicants will be shared with the United States Citizenship and Immigration Services (USCIS).
- My caseworker will schedule an appointment for me to complete the application process.
- If I am unable to keep the appointment, I will contact my caseworker to make other arrangements.
- I have the right to request a fair hearing before an impartial hearing officer if I am dissatisfied with any action or inaction concerning my case in accordance with 921 KAR 2:055. I may request a fair hearing by calling or writing my worker or by writing to the Administrative Hearings Branch, 275 East Main Street, HS1E-D, Frankfort, Kentucky 40621.

Sign here _____ Today's date _____

In accordance with Federal law and the U.S. Department of Health and Human Services (HHS) policy, this Department cannot discriminate on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, contact HHS. Write to:

Department of Health and Human Services
Director, Office of Civil Rights
Room 506-F
200 Independence Avenue
Washington, DC 20201

Or call (202) 619-0403 (voice) or (202) 619-3257 (TTY). HHS is an equal opportunity provider and employer.

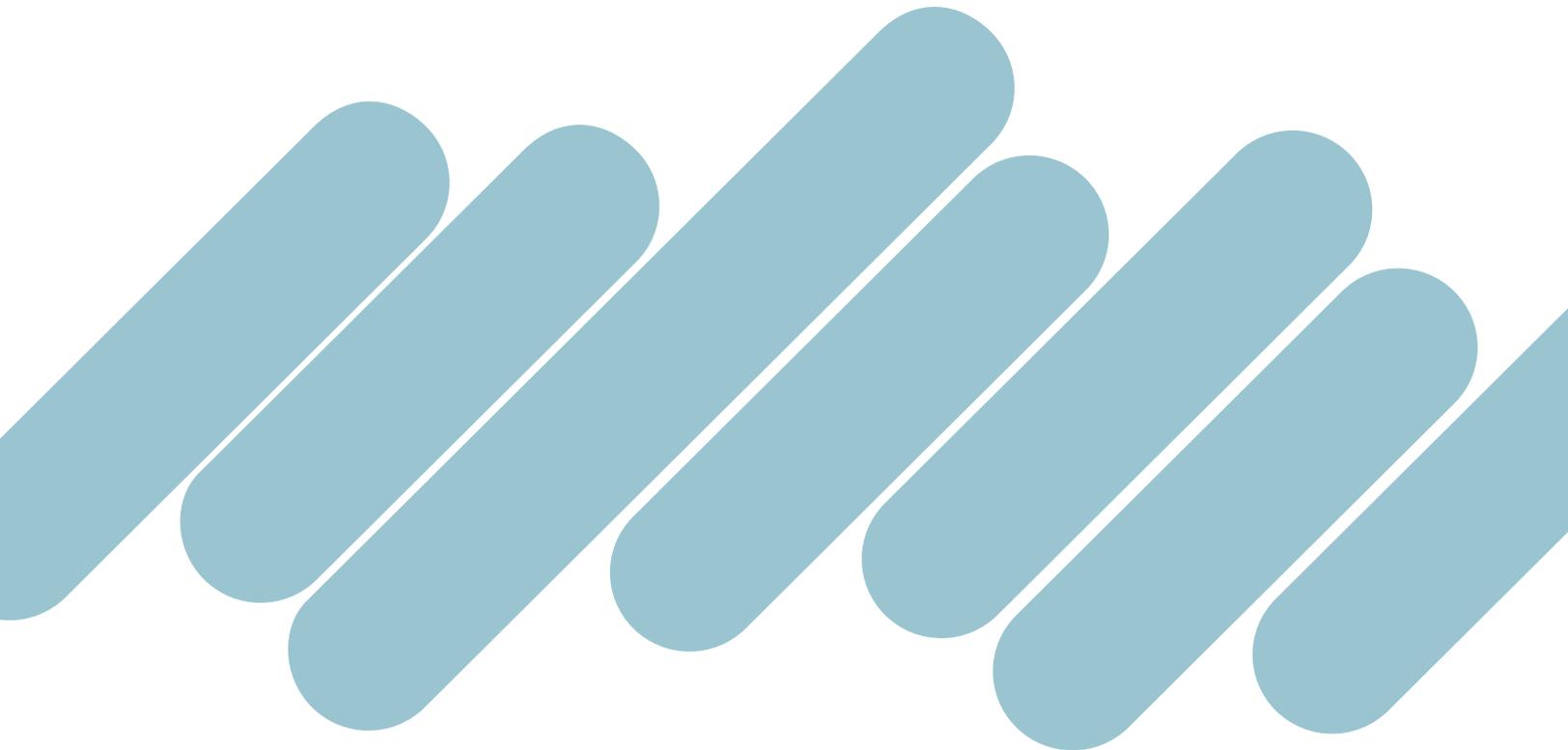
You may also file a complaint with the Cabinet for Health and Family Services. Call (502) 564-7770 or write to:

Cabinet for Health and Family Services
Office of Human Resource Management
EEO Compliance Branch
275 East Main Street, 5C-D
Frankfort, Kentucky 40621

If you have other complaints about your case, you can call the Ombudsman's Office at 1-800-372-2973. TTY is available at 1-800-627-4702.



**SUPPLEMENTAL NUTRITION
ASSISTANCE PROGRAM (SNAP)
APPLICATION**



Application for SNAP

What Is SNAP?

The Supplemental Nutrition Assistance Program (SNAP) is a program to help you buy food for good health. The benefits you receive from SNAP are called food benefits.

How Do I Get SNAP Benefits?

Step 1. Fill out an application.

Anyone may fill out an application. Answer as many questions as you can. **If you are applying for SNAP and can't fill out all 8 pages of the application today, be sure to fill out this page, sign it, and turn it in. But, then please fill out and turn in the rest of the application (pages 2-8) as soon as you can.**

Step 2. Return the application to us.

You can fax or mail your application to a local Department for Community Based Services (DCBS) office. Or, you can bring your application to a local DCBS office when it is open. When we get your application, an interview will be set up with you. You have the right to know soon whether you will get benefits. **The date we get this page with your name, address and signature starts the time that we have to determine if you are eligible for SNAP benefits. It is also the start date of SNAP benefits for you if you are eligible for benefits.**

Step 3. Talk with us.

At your interview, you will need to show us:

- Proof of who you are, such as your driver's license, social security card or alien documentation; ***See notice on page 3 about providing your social security number.**
- Proof of who lives in your home, such as a lease or written statement;
- Proof that you live in Kentucky;
- Proof of child care costs or child support paid; and
- Proof of money you have gotten in the past 60 days, including any check stubs.
- ***If you can't bring everything, come to the interview anyway. We will help you.**

Tell Us About You

Legal Name:

_____ (Last) _____ (First) _____ (Middle Initial) _____ (Social Security Number)

_____/_____/_____
(Date of Birth) (Mailing Address) (City) (State) (Zip code)

County of Residence _____ Telephone Number (____) _____ Yours Nearby

If your street address is different from your mailing address, write it below:

_____ (Street Address) _____ (City) _____ (State) _____ (Zip code)

Signature/Mark (X)	Witness (If signed by X)	Today's Date / /
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Do you have a physical or mental condition that requires you to have special accommodations, such as needing a sign language interpreter, during your application interview? Yes No
If yes, what do you need? _____

We can get a free interpreter for your interview if you have trouble speaking English. Do you need an interpreter during your interview? Yes No If yes, what language? _____

When Will I Get SNAP Benefits?

You may be able to get SNAP benefits by the 5th day after you apply. This is called Expedited Benefits. If you qualify for this, we need more than this page. See below about Expedited Benefits or ask us about this.

To get SNAP benefits, you will need to fill out all of this application. We need the **whole** application to decide if you are eligible, even if you are eligible for Expedited Benefits. The more information you give us the better job we can do. Give us all the information you can. If you need help, ask us and we will help you. You also need to turn in a copy of your ID such as your driver's license, social security card, or alien documentation.

Expedited Benefits – SNAP Benefits in 5 days

This is who can get SNAP benefits within 5 days:

- Households with less than \$150 in gross monthly income and assets; or
- Households with rent, mortgage and utilities that are more than the household's gross monthly income and assets; or
- Households with a migrant or seasonal farm worker and with assets of \$100 or less whose income is stopping or starting.

SNAP Benefits in 30 days:

If you don't get Expedited Benefits, you will get either a letter telling you:

- You are eligible for SNAP benefits and how much, or
- You are not eligible and why you are not eligible for SNAP benefits

Can I Choose to Have Someone Help Me?

You can choose to have someone help you. You don't have to do this. But, if you do, this person can fill out your application, answer questions for you, give information at your interview, and buy your food with an EBT card. We will be able to share information with this person.

Note: In-patient Drug and Alcohol Rehabilitation Centers **must** designate an employee to apply for any residents.

Representative :

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

(Mailing Address) (City) (State) (Zip Code)

(_____) _____
Phone Number

Information About Alien Status

You can apply for SNAP benefits for part of your household even if some members may not be eligible because of their immigration status. For example, parents who do not have legal immigrant status may apply for SNAP benefits for their children who are U.S. citizens or qualified legal immigrants. **Do not apply for people who don't have legal immigrant status.** We will not contact the U.S. Citizenship and Immigration Services (USCIS) about the people you don't apply for. We must use their income and assets to see if the rest of the household can get SNAP benefits. You don't have to give us the immigrant documents for the people you do not want SNAP benefits for. **Do not apply for people who are in the country illegally, but list their**

name, relationship and birth date in the table on Page 3. We check the immigration status of immigrants you apply for through the Systematic Alien Verification System operated by the USCIS. The information we receive may affect your SNAP benefits.

Information About Social Security Numbers

You can choose to give us the Social Security Number of each person in your household. We can give SNAP benefits only to the people who give us their Social Security Number or proof that they have applied for a Social Security Number. You don't have to give us the Social Security Number for the people you do not want SNAP benefits for.

You Will Not Be Discriminated Against

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, 1400 Independence Ave SW, Washington D.C. 20250-9410 or call (800) 795-3272 (Voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Tell Us About the People in Your Home

A SNAP household is a person or a group of people who live together **and** buy food and fix meals together. The group does not need to be related. **The following people must be one SNAP household if they live together even if they do not buy and fix meals together:**

- Yourself and your husband or wife,
- Your children who are under 22 (even if they have children of their own),
- Any parent of children under age 22,
- Other children under 18 who you take care of, and
- All other people who buy food and fix meals with you.

Instructions:

On the chart below, fill in the boxes for each of the people who live in your home. If you do not want to get benefits for someone, answer "no" to the first question below and fill in only their name, their relationship to you, and their date of birth.

If you choose to answer the questions about race and ethnicity, use the following coding:

*** Ethnicity**

H = Hispanic or Latino
N = Not Hispanic or Latino

****Race (Choose all that apply)**

B = Black or African American N=Native Hawaiian/other Pacific Islander
W = White A=Asian
I =American Indian or Alaskan Native

Apply for? Yes/No	First Name, M. I., Last Name	Social Security Number (#)	Relationship to you	Birth Date MM/DD/YY	Sex M or F	*Ethnicity	**Race	Citizen Yes/No
1.			SELF	/ /				
2.				/ /				
3.				/ /				
4.				/ /				
5.				/ /				
6.				/ /				
7.				/ /				
8.				/ /				

Note: By signing on page 7, I agree that all members of my household that are required will follow the work and training rules.

Is anyone a fleeing felon? Yes No Who? _____

Has anyone been convicted of a drug felony since 8/22/96? Yes No Who? _____

Is anyone getting food assistance from another state? Yes No What state? _____

Does anyone have a Kentucky EBT card? Yes No Who? _____

List anyone age 18 or over who is in college or trade school: _____

What Expenses Does Your Household Have?

To get the most SNAP benefits you can, tell us about your bills. Failure to report or give proof of any expenses will be seen as a statement by your household that you do not want to receive a deduction for the unreported expenses. Below, tell us about the bills your household pays.

Shelter and Utilities

How much is **your household's share** of the following expenses:

Rent: \$_____ per month

Lot Rent: \$_____ per month

Mortgage: \$_____ per month

If you pay taxes or insurance **separate** from your mortgage, list amounts below:

Property Taxes: \$_____ per _____

Homeowner's Insurance: \$_____ per _____

Check the boxes next to the utility bills you have to pay:

- Lights/Electricity Water Sewage
- Gas Garbage/Trash
- Telephone Extra charges from your landlord
- Other, explain _____

- Check here if any of the utility bills you have to pay are for heating or air conditioning.
- Check here if you got energy assistance (LIHEAP) in the past year at your current address.

Medical Expenses

If you have medical costs not paid by insurance for anyone who is disabled or over age 59, tell us. These could be doctor or hospital bills, medicine, transportation, health insurance premiums, or other medical expenses.

Who pays: _____ Amount: \$_____ per month

Day Care

If you have day care expenses for a child or an adult who lives with you, tell us.

Who gets care: _____ Who pays for the care: _____

Amount: \$_____ per month

Child Support

If anyone is paying **court-ordered** child support, tell us.

Who pays: _____ Amount: \$_____ per month

Help Paying Expenses

If you get help with any of your expenses, tell us:

Which Expense Was Paid?	Who Paid?	Amount Paid?

What Money Do People in Your Household Get?

List the person's name and the monthly amount. If you leave a space blank, we will take that to mean there is no money of this kind. Attach another sheet if needed.

Where the Money Comes From	Who Gets The Money	Amount per Month	Employer (if applicable)
Money From Work Before Taxes (Gross)			
Money From Work Before Taxes (Gross) 2nd Job			
Self-Employment or Odd Jobs			
Tips			
Social Security or SSI			
Veterans Benefits, Pensions or Retirement			
Unemployment or Worker's Compensation			
Child Support or Alimony			
Money from Friends or Relatives			
Other			

Has anyone been hired for a job but not paid yet? Yes No Who? _____

Has anyone quit a job in the last 30 days? Yes No Who? _____

Is anyone a migrant or seasonal farm worker? Yes No Who? _____

Is anyone on strike? Yes No Who? _____

What Assets Do People in Your Household Have?

List the total money everyone has in:

Cash \$ _____ Bank/Credit Union Accounts \$ _____

Stocks, bonds, savings certificates, or other assets \$ _____

Please read this information and sign and date page 7.

SNAP Rules

Follow these rules:

- **Don't** hide or give wrong information on purpose to get SNAP benefits.
- **Don't** use SNAP benefits to buy non-food items like alcohol or tobacco.
- **Don't** trade, sell or give away SNAP benefits.
- **Don't** use someone else's SNAP benefits for yourself.

SNAP Penalties

Anyone who breaks the above rules:

- **May not get SNAP benefits for 1 year for the first time, 2 years for the second time, and forever for the third time;**
- **May be fined up to \$250,000 or jailed up to 20 years, or both; and**
- **If a court finds you guilty of buying, selling or trading more than \$500 in SNAP benefits, you may not get SNAP benefits forever.**
- **If a court finds you guilty of trading SNAP benefits for firearms, ammunition, or explosives, you will lose benefits forever.**
- **If a court finds you guilty of trading SNAP benefits for controlled substances, you will lose benefits for two years the first time and forever the second time.**
- **You will not get SNAP benefits for 10 years if you are found guilty of getting or trying to get SNAP benefits in more than one household at a time. This penalty happens if you give wrong information about who you are or where you live.**

*****Giving wrong information on purpose may result in us taking legal action against you, either criminal or civil. It might also mean we reduce your benefits or take money back from you.***

What We Do With Your Information

If any information you give us is not correct, we may deny SNAP benefits. We will give your answers to law enforcement officials to catch persons fleeing to avoid the law. If you have a SNAP benefits overpayment, we will give your answers to federal and state agencies to collect the overpayment. We will deny assistance to people, if you do not give us their Social Security Number. We will use any Social Security Number given to us the same way we use the Social Security Number of persons getting assistance. We will not give your Social Security Number to the U.S. Citizenship and Immigration Services (USCIS).

Privacy Act

The collection of this information, including the social security number (SSN) of each household member, is authorized under the Food and Nutrition Act of 2008, as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in the Supplemental Nutrition Assistance Program. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management.

This information may be disclosed to other federal and state agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

If a SNAP claim arises against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action.

Providing the requested information, including the SSN of each household member, is voluntary. However, failure to provide an SSN will result in the denial of SNAP benefits to each individual failing to provide an SSN. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members.

We Check What You Tell Us

We use computer systems to verify your family's income and to do computer matches with other agencies such as the Office of Employment and Training, the Internal Revenue Service and other matching sources. If something you told us is different from what the computer system tells us, we will check to find out what is correct. We might check your information by contacting your employer, your bank or other people. If any part of the information on this application is incorrect, SNAP benefits may be denied and you may be subject to criminal prosecution rules for knowingly providing incorrect information. The information you give us may be checked by federal, state, and local officials to make sure it is true. Things we might check are any listed person's: Social Security Number, job and pay, bank account amount, amounts received from other sources like Social Security or

unemployment, and alien status.

Your Signature and Understanding

I understand:

- The questions on this application and what can happen if I hide information or give wrong information.
- I must give proof of information about my household.
- The DCBS office and the Quality Control unit may contact other people or organizations to get proof of my information.
- That the information I have provided on the application including the information concerning citizenship and alien status is subject to verification by Federal, State and local officials to determine if the information is true.
- That as an applicant for SNAP benefits, I am required to provide a social security number for everyone who lives in my home for whom I am applying for benefits. (Social Security numbers and immigration status does not have to be provided for members that are not applying for benefits.)
- That social security numbers shall be used for various state and federal matches through the Income and Eligibility Verification System (IEVS). These matches include, but are not limited to, Social Security, IRS, SSI, Wage Records, Unemployment Insurance, Child Support Enforcement records and other matches as provided for under the authority of IEVS. This information may be verified through collateral contacts when discrepancies are found. Information provided under IEVS, after verification, may affect eligibility for and amount of benefits.

I certify, under penalty of perjury, that:

- My answers are correct and complete to the best of my knowledge.
- My answer about citizenship or alien status of each person applying for assistance is correct.

Signature/Mark (X)	Witness (If signed by X)	Today's Date / /
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What Do Our Terms Mean?

We use these terms in the application. This is what they mean:

- Alien** A person who is not a U.S. citizen.
- EBT card** A plastic card that you use at the grocery store to buy food.
- Eligible** Meeting all of the guidelines to get SNAP benefits.
- Food benefits** The benefits you receive from SNAP.
- Household** A person or a group of people who live together and buy food and fix meals together.
- Quality Control** A DCBS unit that reviews some SNAP benefits cases to see if they are correct. If your case is chosen, the Quality Control unit will contact you.
- Work and Training Rules** Some people have to work or attend training to get SNAP benefits. If this is true for you or for other people in your household, we will tell you. You will have to follow the rules about work and training to get SNAP benefits.

Optional Release of Information

Help Us Help You!

You do not have to sign this, but it will help us get information we need to help you, without having to get your signature on specific requests.

You should know:

- We may need more information to decide if you can get assistance.
- If more information is needed from you, you will get a letter telling you what we need and the date you must get it to us.
- You are responsible to get the information or to ask us for help to get it.
- If you do not give us the information or ask for help by the due date, your application may be denied or your assistance may end.
- We may be able to use the release below to get the information we need. **But you still have to provide the information we request or ask for help.**
- We may attach a copy of this release to a form that asks other people or organizations (like your employer) for specific information needed about you or others in your household.

Print and sign your name below to give us permission to get needed information.

RELEASE OF INFORMATION

I hereby authorize any person or organization to give the Kentucky Department of Community Based Services requested information about me or other members of my household. A copy of this release is as valid as the original. This release does not apply to protected health information. This release is good for 12 months from the date signed.

Your Name (please print clearly)

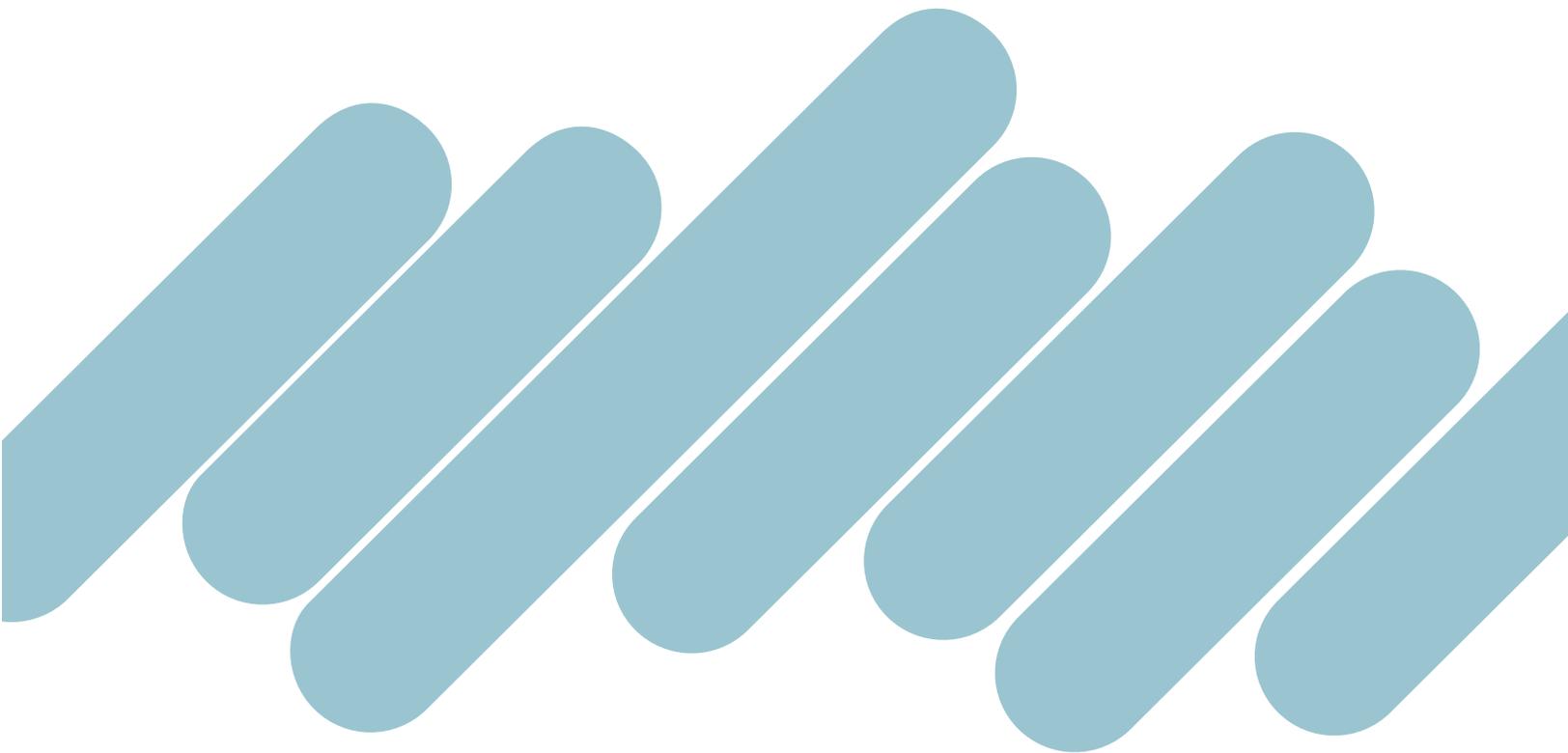
Signature or Mark

Witness (if signed by X)

Date



CAREGIVER AUTHORIZATION AFFIDAVIT



KENTUCKY

CAREGIVER'S AUTHORIZATION AFFIDAVIT

Use of this affidavit is authorized by KRS 405.024 and 158.144

If possible, seek the advice of an attorney if there are questions regarding the completion or use of this form. It is the purpose of this document to answer frequently asked questions or for clarification. The information given is not intended to serve as legal advice and cannot substitute for legal guidance.

Information and Instructions

Per statute this affidavit may be completed when a relative caregiver who is raising a child without legal custody or guardianship is seeking authorization for medical care and/or school-related decisions.

Per statute this Caregiver's Authorization Affidavit is valid for not more than one year after the date on which it is executed, but can be renewed annually unless revoked by the parent(s), de facto custodian, guardian, or legal custodian.

Under KRS 405.024 and 158.144 if any of the statements provided are incorrect, the relative caregiver could be committing a crime punishable by a fine, imprisonment, or both.

FOR SCHOOL OFFICIALS:

A person who relies on this affidavit has no obligation to make any further inquiry or investigation and will not be subject to criminal or civil liability or professional disciplinary action because of that reliance. A school official shall not honor the affidavit if you have reasonable grounds to believe that the affidavit is presented solely for the purpose of enrolling the minor in a school for the purpose of access to athletics programs or to circumvent school choice policies. This affidavit does not supersede the provisions of IDA, Section 504, or FERPA.

FOR HEALTH CARE PROVIDERS:

A person who relies on this affidavit has no obligation to make any further inquiry or investigation and will not be subject to criminal or civil liability or professional disciplinary action because of that reliance. A health care provider shall honor a caregiver's authorization to provide health care treatment to a minor, or the caregiver's decision to withhold such authorization, if the caregiver provides this affidavit. A health care provider shall refuse to honor the caregiver's decision to seek or refuse health care treatment if the provider has actual knowledge that a parent, de factor custodian, legal custodian or guardian has made a superseding decision to authorize or refuse health care treatment for the minor. These provisions shall not be construed to prohibit a health care provider from providing health care treatment for a condition that, left untreated, could reasonably be expected to substantially threaten the health or life of the minor.

FOR CAREGIVERS:

This form is to be completed for an individual child. If there is more than one child for which you need authorization for medical care and/or school-related decisions, you must complete one affidavit for each child. Your relationship to the child should be specified as great grandparent, grandparent, step-grandparent, aunt, uncle, great aunt, great uncle, brother, stepbrother, half-brother, sister, stepsister, half-sister, niece, nephew, cousin, or first cousin once removed, etc.

Frequently Asked Questions

Why do informal guardians need an affidavit?

Without legal custody or guardianship, it can be very difficult for relative caregivers to enroll children in school or access educational services or health care for them. But, many relatives do not want or cannot afford a legal relationship with the children in their care. Often, relatives step in to help stabilize the situation for children on a temporary basis, with the understanding that the parents will resume care once they are able.

What does the Kentucky Caregiver's Authorization Affidavit do?

The affidavit allows a relative caregiver to access key services for the children in their care without the need for legal custody or guardianship. Caregivers can complete an affidavit, under penalty of perjury, stating that they are the primary caregiver of the child, and then by presenting the form they can authorize health care treatment, educational services, and school enrollment.

What if I am unable to locate the parent(s) or legal guardian of the child?

Complete the Kentucky Caregiver's Authorization Affidavit and indicate the ways in which you attempted to locate the parent(s) or legal guardian in the space provided.

I have legal guardianship of my relative's child. Do I need to complete this affidavit?

No. If your guardianship is recognized by the courts then you already have the ability to authorize medical treatment or school-related decisions.

CAREGIVER'S AUTHORIZATION AFFIDAVIT (pg. 1 of 2)

The minor named below lives in my home and I am 18 years of age or older.

Name of minor: _____

Minor's birth date: _____

My name: _____

My relationship to the minor: _____

My home address: _____

Name(s) of the minor's parent(s), custodian(s), or guardian(s):

No one other than the parties listed above has legal standing in custody issues for the minor.

My relationship(s) to the parent(s), custodian(s), or guardian(s) is/are:

Check one or both (for example, if one parent is authorizing and the other cannot be located):

The minor's parent(s), custodian(s), or guardian(s) approve of my authorization for provision of health care treatment and/or making school-related decisions for the minor, as indicated by his/her/their signature(s) below:

Please check one or both: health care treatment school-related decisions.

X _____ X _____

I have made reasonable efforts to locate the minor's parent(s), custodian(s), or guardian(s), but he/she/they are unavailable to sign the affidavit because:

STATEMENTS & ADDITIONAL INFORMATION

- With a duly-executed affidavit, a caregiver:
 - shall be allowed to authorize the provision of health care treatment to the minor, or to withhold such authorization; and/or
 - shall be the person responsible for enrolling the minor in school and acting as the minor's legal contact with the school for the purposes of making decisions on enrollment, attendance, extracurricular activities, discipline, and all other school-related activities.

CAREGIVER’S AUTHORIZATION AFFIDAVIT (pg. 2 of 2)

STATEMENTS & ADDITIONAL INFORMATION (continued)

- “Caregiver” means an adult person with whom a minor resides, including a grandparent, stepgrandparent, stepparent, aunt, uncle, or any other adult relative.
- The decision of a relative caregiver to authorize or refuse educational services or health care treatment for the child shall be superseded by a decision of the child’s parent(s), de facto custodian, guardian, or legal custodian.
- An affidavit does not give a caregiver the status of a de facto custodian, guardian, or legal custodian of the minor.
- A caregiver is required to notify any health care provider or school to which the affidavit was presented if the minor ceases to reside with the caregiver or if the affidavit is revoked by the minor’s parent(s), de facto custodian(s), guardian(s), or legal custodian(s).
- This affidavit can do nothing to prohibit a health care provider from providing health care treatment for a condition that, left untreated, could reasonably be expected to substantially threaten the health or life of the minor.
- Authorization is valid for one (1) year and may be renewed annually unless revoked by the minor’s parent(s), de facto custodian, guardian, legal custodian, or caregiver.
- A person who knowingly makes a false statement shall be subject to criminal penalties.
- Nothing within this document is intended to serve as legal advice; all parties should seek legal advice from an attorney with any questions related to this document.
- For more information, see KRS 405.024 and KRS 158.144.

To the best of my knowledge, the information above is true and correct. I have read, understand, and accept the statements and additional information listed above.

TO BE SIGNED IN THE PRESENCE OF A NOTARY

Dated: _____ Signed: _____

NOTARY SECTION

State of _____

County of _____

The foregoing instrument was acknowledged before me on _____
by _____.

NOTARY PUBLIC

My commission expires: _____

