



Division of Reentry Services

# Reentry Resource Manual Jefferson County

***A SECOND CHANCE TO MAKE A FIRST IMPRESSION***

*Last Updated  
October 2025*

**This information is meant to assist in referring offenders to necessary services.**

**If you cannot find services you are looking for in this manual please try: <http://www.kycares.net>. This is an Internet site that offers a statewide guide to services.**

**If you have a cellphone with internet capabilities, <https://myky.info/#/> is a phone-friendly website that allows the user to find immediate resources and services depending on their gender, age, etc.**

**You can also use <https://metrounitedway.org/get-help-now/> for a wide range of services in and around the Louisville Metro area for community providers that are always.**

## Table of Contents

|                                                          |           |
|----------------------------------------------------------|-----------|
| Alcoholics/Narcotics/Gamblers Anonymous                  | 23-24     |
| Birth Certificates                                       | 62        |
| Child Development                                        | 64        |
| Clothing Assistance                                      | 66-67     |
| Colleges/Universities                                    | 59        |
| Community Service Sites                                  | 15-16     |
| Court Information                                        | 10-12     |
| Crisis Counseling and Hotlines                           | 48        |
| Cultural Services                                        | 75        |
| Dental Services                                          | 45-46     |
| Disabilities                                             | 60        |
| Domestic Violence Victim Services and Offender Treatment | 17        |
| Driver's License Information                             | 62        |
| Emergency Food                                           | 68-69     |
| Employment Assistance                                    | 49-51     |
| Family Services                                          | 52        |
| Financial Assistance                                     | 63        |
| GED/High School Diploma                                  | 55-56     |
| Health Insurance Assistance                              | 23-39     |
| HIV/AIDS Programs                                        | 69-71     |
| Housing, Halfway Houses, and Emergency Shelters          | 51        |
| Housing Authority of Louisville/Miscellaneous            | 51        |
| Impulse Control Counseling                               | 15        |
| Interpreters                                             | 58        |
| Legal Counsel and Aid                                    | 10        |
| Medical Care and Medication Assistance                   | 40-44     |
| Mental Health Services                                   | 41-42, 45 |
| Parenting Classes                                        | 62        |
| Planned Parenthood Sites                                 | 72        |
| Police Agencies                                          | 11-12     |
| Recreational and Leisure Opportunities                   | 74-75     |
| Reentry Directory                                        | 4-5       |
| Reentry Programs                                         | 5-7       |
| Senior Citizen Services                                  | 67        |
| Sex Offender Treatment/Referral Form                     | 17-18     |
| Social Security Cards                                    | 60-61     |
| Substance Abuse Treatment                                | 19-21     |
| Transportation                                           | 53-54     |
| Veteran's Services                                       | 68        |
| Vision Assistance                                        | 43        |
| Vocational Rehabilitation Services                       | 58-59     |

## Reentry Directory

| NAME                                                | Work Location                                                                               | E-MAIL                                                             | PHONE                         |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------|
| Carmen S. Aarden<br>Reentry Coordinator             | PROBATION & PAROLE<br>DISTRICT 16<br>410 W. CHESTNUT, 7TH<br>FLOOR<br>LOUISVILLE, 40202     | <a href="mailto:Carmen.Aarden@ky.gov">Carmen.Aarden@ky.gov</a>     | (502) 751-4402                |
| Adil Elmednoub<br>Reentry Employment<br>Coordinator | PROBATION & PAROLE<br>DISTRICT 16<br>410 W. CHESTNUT, 7TH<br>FLOOR<br>LOUISVILLE, 40202     | <a href="mailto:Adil.Elmednoub@ky.gov">Adil.Elmednoub@ky.gov</a>   | 502-554-3095                  |
| Sarah Gill<br>Reentry Coordinator                   | PROBATION & PAROLE<br>DISTRICT 17<br>1407 W. JEFFERSON ST,<br>STE 1000<br>LOUISVILLE, 40203 | <a href="mailto:Sarah.Gill@ky.gov">Sarah.Gill@ky.gov</a>           | (502) 322-3642                |
| Geni Baker<br>Reentry Employment<br>Coordinator     | PROBATION & PAROLE<br>DISTRICT 17<br>1407 W. JEFFERSON ST,<br>STE 1000<br>LOUISVILLE, 40203 | <a href="mailto:geni.baker@ky.gov">geni.baker@ky.gov</a>           | 502-270-9879                  |
| William Brown<br>Reentry Coordinator                | PROBATION & PAROLE<br>DISTRICT 18<br>5001 STEPHAN DRIVE,<br>LOUISVILLE, 40258               | <a href="mailto:william.brown@ky.gov">william.brown@ky.gov</a>     | (502) 262-8544                |
| Jesse Miller<br>Reentry Employment<br>Coordinator   | PROBATION & PAROLE<br>DISTRICT 18<br>5001 STEPHAN DRIVE,<br>LOUISVILLE, 40258               | <a href="mailto:Jesse.miller@ky.gov">Jesse.miller@ky.gov</a>       | 270-446-0149                  |
| Tiffany Adams<br>Reentry Coordinator                | PROBATION & AND PAROLE<br>DSITRICT 19<br>4710 CHAMPIONS TRACE LN<br>LOUISVILLE, KY 40218    | <a href="mailto:Tadams@ky.gov">Tadams@ky.gov</a>                   | 502-969-9001<br>502- 969-3637 |
| Adil Elmednoub<br>Reentry Employment<br>Coordinator | PROBATION & PAROLE<br>DISTRICT 19<br>4710 CHAMPIONS TRACE LN<br>#107 LOUISVILLE, KY 40218   | <a href="mailto:Adil.Elmednoub@ky.gov">Adil.Elmednoub@ky.gov</a>   | 502-554-3095                  |
| Vanessa Brewer<br>Region 4<br>Reentry Supervisor    | PROBATION & PAROLE<br>DISTRICT 19<br>4710 CHAMPIONS TRACE LN<br>#107 LOUISVILLE, KY 40218   | <a href="mailto:VanessaL.Brewer@ky.gov">VanessaL.Brewer@ky.gov</a> | (502) 553-7702                |

## Probation and Parole Offices by Zip Code

|             |                                                                                                                      |
|-------------|----------------------------------------------------------------------------------------------------------------------|
| District 16 | 40025, 40059, 40202, 40203, 40204, 40205,<br>40206, 40207, 40208, 40217, 40222, 40223,<br>40241, 40242, 40243, 40245 |
|-------------|----------------------------------------------------------------------------------------------------------------------|

|             |                                                                         |
|-------------|-------------------------------------------------------------------------|
| District 17 | 40210, 40211, 40212                                                     |
| District 18 | 40118, 40177, 40209, 40214, 40215, 40216,<br>40258, 40272               |
| District 19 | 40023, 40213, 40218, 40219, 40220, 40225,<br>40228, 40229, 40291, 40299 |

### **Greater Louisville Reentry Coalition**

Julie Barkley

Email: **[JBarkley@oparms.org](mailto:JBarkley@oparms.org)**

Phone: (502) 399-1990

### **Specific Reentry Programs/Classes**

- Goodwill Industries of Kentucky
- New Legacy Reentry Corporation
- PORTAL New Directions
- Moral Recognition Therapy (MRT)
- MRT Mentor
- MRT Anger Management
- MRT Staying Quit
- MRT Thinking for Good
- MRT Untangling Relationships
- MRT Parenting & Family Values
- DOC Community Course Catalog

### **Goodwill Industries of Kentucky**

## **GOODWILL WORKS**

Goodwill is dedicated to helping motivated job seekers who need help getting a foot in the door with employers or who may need a second chance to participate in the workforce.

Preparation and opportunity are the keys to success, and we offer a Work Ready Certificate to graduates of Goodwill's Soft Skills Academy. Currently, participants study and practice six concepts that significantly impact the ability to find and

maintain employment: attitude, conflict resolution, dependability, safety, self-presentation, and team building.

Further, through partnerships with employers across the state – and by matching job seekers with long-term career coaches – Goodwill is connecting Kentuckians with meaningful opportunities to find a career path and climb the ladder out of poverty.

For more information, call **1-844-GWK-WORK (1-844-495-9675)** or contact the Goodwill

Works office closest to you:

**Louisville Metro Area**

909 E. Broadway  
Louisville, KY 40204  
(502) 585-5221

**Lexington Area & Central Kentucky**

130 W. New Circle Rd., Ste. 110  
Lexington, KY 40505  
(859) 277-3661

**Somerset Area & Eastern Kentucky**

5828 South Hwy. 27  
Somerset, KY 42501  
(606) 561-0359

**Bowling Green Area & Western Kentucky**

1806 U.S. Hwy. 31W Bypass  
Bowling Green, KY 42101  
(270) 781-4930

**Pikeville**

126 Trivette Drive, Suite 104  
Pikeville, Ky 41501  
(606) 727-5020

**NEW LEGACY REENTRY CORPORATION** - Faith based community organization whose mission is to empower ex-offenders and veterans who are reentering society by fostering a New Legacy of hope and motivation via support services, education, employment, and community service. Our program utilizes seven core components to address the societal stigma and challenges that ex-offenders and homeless veterans face, as they find substantive ways to integrate, successfully, back into mainstream society. For more information about New

Legacy, please email [info@newlegacyrc.org](mailto:info@newlegacyrc.org) or call (502) 276-0660. You can visit us on the web at [www.newlegacyrc.org](http://www.newlegacyrc.org)

**Moral Reconciliation Therapy (MRT)** - This Evidence Based program combines group presentations and individual assignments, along with facilitator guidance when necessary. The program was designed in a criminal justice setting for offenders involved in the criminal justice system. MRT targets an offender's belief system and attempts to raise their level of moral reasoning in their decision-making process. The MRT program has been researched for over thirty years and has proven reduction in recidivism levels at multiple points of progress within the program, as well as after overall program completion. MRT is designed to achieve formal program completion after 12 in-group steps. The workbook for this program is entitled 'How to Escape Your Prison' and includes the use of a separate facilitator guide. Classes meet once or twice per week for 90 minute sessions per class. **This program received 90 days program credit upon completion.**

**MRT Mentor** - The MRT Mentoring program strives to ensure a higher success rate for those who have previously completed MRT. A Mentor within the MRT program will be held to a higher behavioral expectation than those participating in the MRT group. Mentorship is beneficial for both the offender serving as the mentor, as well as for the offenders participating in the MRT© program. As a mentor, this offender will be expected to revisit steps 1-4 from the offender's original 'How to Escape your Prison' workbook, along with completion of the 'Character Development' Workbook. Clients must have previously completed MRT for admission into the program. Classes meet once or twice per week for 90 minute sessions per class. **This program received 90 days program credit upon completion.**

**MRT Thinking for Good** - This Cognitive Behavioral program was developed to confront Anti-Social and Criminal Thinking errors. Completion entails 10 modules with a minimum of 10-12 group sessions utilizing the 'Thinking for Good' Workbook, and the completion of homework assignments prepared outside of group. Classes meet once or twice per week for 90 minute sessions per class. **This program received 60 days program credit upon completion.**

**Parenting & Family Values (MRT Parenting)** - This Cognitive-Behavioral program focuses on family values and individual priorities, and is appropriate for all parents, stepparents, and guardians. Completion of 12 modules and program attendance is required. Classes meet once or twice per week for 90 minute sessions per class. **This program received 90 days program credit upon completion.**

**MRT Anger Management** - This Cognitive-Behavioral program is designed to assist offenders in recognizing and overcoming anger. This program includes completion of 8 modules with a minimum of 8-10 group sessions utilizing the 'Coping with Anger' workbook, various supplemental materials, and the completion of homework assignments prepared outside of group. Classes meet once or twice per week for 90 minute sessions per class. **This program received 90 days program credit upon completion.**

**MRT Staying Quit** - This Cognitive-Behavioral program is designed to assist with relapse prevention by helping offenders to recognize risky situations, cravings, and triggers. This program requires completion of eight (8) modules over a minimum of 8-10 group sessions. Groups are open-ended and require the completion of the 'Staying Quit' workbook, as well as preparation of homework assignments outside of the group. Classes meet once or twice per week for 90 minute sessions per class. **This program received 60 days program credit upon completion.**

**MRT Untangling Relationships** - This Cognitive-Behavioral program focuses on providing treatment to offenders involved in addictive/co-dependent relationships – confronting the issues of manipulation and dependence. Targets domestic violence, unhealthy relationships, enabling, substance abusers and criminality. Offenders will be required to participate in a minimum of 12 group sessions, along with preparation of homework assignments outside of group. This program utilizes the 'Untangling Relationships' workbook. Classes meet once or twice per week for 90 minute sessions per class. **This program received 90 days program credit upon completion.**

**PORTAL New Directions** - This Life Skills program is designed to provide information and resources to address the most common reentry needs and barriers. Some barriers addressed in this program are housing, employment, transportation, money management, parenting, etc. Completion of this program is a minimum of 21 hours of group participation, and preparation and presentation of a Reentry/Maintenance plan in front of the group. PORTAL New Direction consists of 16-modules, facilitated no more than twice per week. **This program received 60 days program credit upon completion.**

**For more information, check out the KY DOC Course Catalog**  
**<https://corrections.ky.gov/Divisions/programs/Pages/community.aspx>**

**Jefferson Circuit Court Judges**  
<https://www.jeffersoncircuitcourt.com/judges>

|                                                      |                                  |                                                       |                                  |
|------------------------------------------------------|----------------------------------|-------------------------------------------------------|----------------------------------|
| <u>Division One:</u><br>Hon. Eric Haner              | (502) 595-4054<br>(502) 595-4942 | <u>Division Eight:</u><br>Hon. Jennifer Bryant Wilcox | (502) 595-4294<br>(502) 595-4256 |
| <u>Division Two:</u><br>Hon. Annie O'Connell         | (502) 595-4062<br>(502) 595-4947 | <u>Division Nine:</u><br>Hon. Sarah E. Clay           | (502) 595-4356<br>(502) 595-4153 |
| <u>Division Three:</u><br>Hon. Mitch Perry           | (502) 595-4919<br>(502) 595-4952 | <u>Division Ten:</u><br>Hon. Patricia 'Tish' Morris   | (502) 595-4327<br>(502) 595-4363 |
| <u>Division Four:</u><br>Hon. Julie Kaelin           | (502) 595-4604<br>(502) 595-4660 | <u>Division Eleven:</u><br>Hon. Brain Edwards         | (502) 595-4400<br>(502) 595-4421 |
| <u>Division Five:</u><br>Hon. Tracy E. Davis         | (502) 595-4799<br>(502) 595-4063 | <u>Division Twelve:</u><br>Hon. Susan Schultz Gibson  | (502) 595-3012<br>(502) 595-3044 |
| <u>Division Six:</u><br>Hon. Jessica E. Green        | (502) 595-4311<br>(502) 595-4233 | <u>Division Thirteen:</u><br>Hon. Ann Bailey Smith    | (502) 595-3011<br>(502) 595-4101 |
| <u>Division Seven:</u><br>Hon. Melissa Logan Bellows | (502) 595-4103<br>(502) 595-4248 |                                                       |                                  |

**Jefferson Family Court Judges**  
<https://www.jeffersonfamilycourt.com/>

|                                                    |                |                                                      |                |
|----------------------------------------------------|----------------|------------------------------------------------------|----------------|
| <u>Division One:</u> A-Brt<br>Hon. Angela Johnson  | (502) 595-4749 | <u>Division Six:</u> Mar-O<br>Hon. A. Christine Ward | (502) 595-4503 |
| <u>Division Two:</u> Bru-De<br>Hon. Shelley Santry | (502) 595-4543 | <u>Division Seven:</u> P-Sch<br>Hon. Denise Brown    | (502) 595-4163 |
| <u>Division Three:</u> Gr-Ja<br>Hon. Lori Goodwin  | (502) 595-4047 | <u>Division Eight:</u> Df-Go<br>Hon. Bryan Gatewood  | (502) 595-4643 |
| <u>Division Four:</u> Ti-Z<br>Hon. Lauren A. Ogden | (502) 595-4735 | <u>Division Nine:</u> Je-Map<br>Hon. Gina K. Calvert | (502) 595-4736 |
| <u>Division Five:</u> Sci-Th<br>Hon. Jessica Stone | (502) 595-3292 | <u>Division Ten:</u><br>Hon. Derwin L. Webb          | (502) 595-3323 |

## **Jefferson District Court Judges**

|                        |                |                                       |                                  |
|------------------------|----------------|---------------------------------------|----------------------------------|
| Donald E. Armstrong    | (502) 595-4632 | Anne Haynie                           | (502) 595-4611                   |
| Division 12            | (502) 595-3314 | David L. Holton                       | (502) 595-4999                   |
| David Bowles           | (502) 595-4990 | Katie King                            | (502) 595-4696                   |
| Stephanie Pearce Burke | (502) 595-4983 | Deane "Dee" McDonald                  | (502) 595-4992                   |
| Gina Kay Calvert       | (502) 595-4992 | Sandra L. McLaughlin                  | (502) 595-3013                   |
| Sheila A. Collins      | (502) 595-4995 | Anne Smith                            | (502) 595-4957                   |
| Sean Delahantey        | (502) 595-4991 | Michele Stengel                       | (502) 595-4989                   |
| Annette Karem          | (502) 595-4994 | Jennifer Wilcox<br>Erica Lee Williams | (502) 595-4997<br>(502) 595-4162 |

## **Circuit Court Clerks Office**

|                                                                                          |                                                                  |                                                           |                                                |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------|
| <u>District Court Warrant verification</u>                                               | (502) 595-3028                                                   | <u>Drivers License</u><br>Tim Sautel, Supervisor          | (502) 595-4924                                 |
| <u>Accounting</u>                                                                        | (502) 595-4458                                                   | FAX                                                       | (502) 595-3603                                 |
| <u>Adoptions/Terminations</u>                                                            | (502) 595-0887                                                   | <u>Family Court Clerks' Office</u>                        | (502) 595-3025/<br>4393/4410                   |
| <u>Archives/Records</u><br>Micrographics (basement)                                      | (502) 595-3034                                                   | Patsy Davis, Supervisor<br>Front Counter<br>E.P.O. Clerks | (502) 595-3480<br>(502) 595-4697               |
| <u>Circuit Civil File (file Room)</u><br>Bill Addison, Asst. Supervisor                  | (502) 595-4928                                                   | <u>Jury Pool</u><br>Bev Miller, Supervisor                | (502) 595-4156                                 |
| <u>Circuit Civil/Suit Desk</u>                                                           | (502) 595-3007/<br>4932/4935                                     | Answering Machine                                         | (502) 574-5879                                 |
| <u>Circuit Criminal</u><br>Glenn Weissrock, Supervisor                                   | (502) 595-3009                                                   | <u>Juvenile/Non-Support</u>                               | (502) 595-3116/<br>3117/4388/<br>4433          |
| <u>Circuit Clerks Executive Office</u><br>David Nicholson, Circuit Court<br>Clerk<br>FAX | (502) 595-3055<br>(502) 595-4629                                 | <u>Department of Juvenile Justice</u>                     | (502) 595-3161                                 |
| <u>Circuit Court Stepping Clerks</u>                                                     | (502) 595-3093                                                   | <u>Jefferson County Youth Center</u>                      | (502) 574-6175                                 |
| <u>Civil District/Small Claims</u><br>Sharon Barnett, Supervisor<br>FAX                  | (502) 595-3015/<br>3023/4475<br>(502) 595-4424<br>(502) 595-3024 | <u>Juvenile Detectives</u>                                | (502) 574-6134                                 |
| <u>Criminal Traffic Division</u>                                                         | (502) 595-3060/<br>3062/3063/<br>3064/4428/<br>4587              | <u>Mental Inquest/Disability</u><br>FAX                   | (502) 595-4053/<br>4841/4933<br>(502) 595-3629 |
|                                                                                          |                                                                  | <u>Pre-Trial</u><br>FAX                                   | (502) 595-4451<br>(502) 595-0097               |
|                                                                                          |                                                                  | <u>Mediation</u><br>Marjean Martin, Director              | (502) 595-3106<br>(502) 595-4142               |

## **Commonwealth Attorney's Office**

514 West Liberty Street  
Louisville, KY 40202  
(502) 595-2300 or (502) 595-2340  
FAX (502) 595-4650

## **Jefferson County Attorney's Office**

Main Number (502) 574-6336  
Child Support Division (502) 574-8300  
Child Support State information Line  
888-350-6806

## **Legal Services**

|                                                    |                |
|----------------------------------------------------|----------------|
| Jefferson Public Defenders Office                  | (502) 574-3800 |
| Legal Aid Society                                  | (502) 584-1254 |
| Louisville Bar Association Lawyer Referral Service | (502) 583-1801 |
| Fraud                                              | 1-800-372-2970 |

## **Local Police Agencies**

### **Louisville Metro Police Department**

<http://www.louisvilleky.gov/metropolice/>

|                          |                |                                |                |
|--------------------------|----------------|--------------------------------|----------------|
| Non-emergency/Dispatch   | (502) 574-7111 | <b>Criminal Investigation:</b> |                |
| Non-emergency/Dispatch   | (502) 574-2111 | Arson                          | (502) 574-2132 |
| Chief's Office           | (502) 574-7660 | Computer For. & Analysis       | (502) 574-7746 |
| Media Relations Office   | (502) 574-7762 | Crimes Against Seniors         | (502) 574-2278 |
| Photo Lab                | (502) 574-2081 | Evidence Technician Unit       | (502) 574-7036 |
| Property Room            | (502) 574-2411 | Fraud                          | (502) 574-7045 |
| Public Integrity Unit    | (502) 574-2136 | Homicide                       | (502) 574-7055 |
| Public Service           | (502) 574-2050 | Pawn                           | (502) 574-7650 |
| Crash (Report copies)    | (502) 574-2065 | Polygraph                      | (502) 574-2107 |
| RMS                      | (502) 574-2139 | Robbery                        | (502) 574-2474 |
| Tow Lot                  | (502) 574-7065 | Sex Crimes                     | (502) 574-7672 |
| Vehicle Impoundment      | (502) 574-7602 | Intelligence                   | (502) 574-7676 |
| <b>Divisions:</b>        |                | <b>Metro Units:</b>            |                |
| 1 <sup>st</sup> Division | (502) 574-7167 | Crimes Against Children Unit   | (502) 574-2465 |
| 2 <sup>nd</sup> Division | (502) 574-8478 | Narcotics                      | (502) 574-2057 |
| 3 <sup>rd</sup> Division | (502) 574-2135 |                                |                |
| 4 <sup>th</sup> Division | (502) 574-7010 | <b>Training:</b>               |                |
| 5 <sup>th</sup> Division | (502) 574-7636 | Taylor Blvd                    | (502) 574-7161 |
| 6 <sup>th</sup> Division | (502) 574-2187 |                                |                |
| 7 <sup>th</sup> Division | (502) 574-2133 |                                |                |
| 8 <sup>th</sup> Division | (502) 574-2258 |                                |                |

- **Anonymous Tip line - 502-574-LMPD (5673)**

### **To take out a warrant or Emergency Protective Order (EPO)**

Hall of Justice, 1st Floor  
600 W. Jefferson Street

EPO - available 24/7, 365 days a year  
Phone 502-595-3025

Domestic Violence Criminal Complaints - 8 am - 12:30 am (Monday - Friday) and 10 am - 6 pm (Saturday and Sunday)  
A prosecutor is available at these times.  
Phone 502-595-3025

Non-domestic Warrants - 7:30 am - 5 pm (Monday - Friday)  
Phone 502-574-0961      Please arrive by 4 pm

## **Jefferson County Sheriff's Department**

(Call here for NCIC and Circuit Court BW's)

(502) 574-5400

## **Other Police Departments**

|                                      |                         |
|--------------------------------------|-------------------------|
| Audubon Park Police Department       | (502) 574-5471          |
| St. Matthews Police Department       | (502) 893-9000          |
| Graymore/Devondale Police Department | (502) 425-5862          |
| Jeffersontown Police Department      | (502) 267-0503          |
| Prospect Police Department           | (502) 574-5471          |
| Shively Police Department            | (502) 448-6181          |
| West Buechel Police Department       | (502) 459-4401          |
| U of L Police                        | (502) 852-6111          |
| Airport Police                       | (502) 368-6524 ext. 264 |
| Hall of Justice Police               | (502) 574-6710          |

## **Metro Corrections Department**

|                                                                          |                |
|--------------------------------------------------------------------------|----------------|
| Records                                                                  | (502) 574-8778 |
| Home Incarceration Program (HIP)                                         | (502) 574-2286 |
| Court Monitoring Center                                                  | (502) 574-8759 |
| V.I.N.E. <a href="https://www.vinelink.com">https://www.vinelink.com</a> | 1-800-511-1670 |
| C.C.C.                                                                   | (502) 574-2087 |

## **Court Approved Community Service Sites**

### American Red Cross

Louisville Area Chapter  
510 E. Chestnut St. Louisville, KY 40202  
Mon-Fri  
8:00 a.m.-4:30 p.m.  
Contact: Karen Evans  
(502) 561-3601

### Cain Center for the Disabled, Inc.

924 East Liberty St. Louisville, KY 40204  
Mon-Fri  
8:00 a.m. - 4:00 p.m.  
Contact: Linda House  
(502) 589-3030

### Dare to Care

5803 Fern Valley Road Louisville, KY 40228  
(Warehouse work only)  
Mon-Fri  
7:00 a.m.-3:30 p.m.  
Contact: Billy Mattingly  
(502) 966-3821

### Gospel Missionary Baptist Church

3226 Vermont Ave. Louisville, KY 40211  
(7 days a week)  
9:00 a.m.-9:00 p.m.  
Contact: Bishop Dennis Lyons, Pastor  
(502) 774-5523

### Kentucky Harvest

1839 Brownsboro Road Louisville, KY 40206  
Flexible hours  
Seven days per week  
(Must have valid drivers license)  
Contact: Marc Curtis  
(502) 894-9999

### J.C.M.S. - The Healing Place

1020 West Market St. Louisville, KY 40202  
Mon-Fri  
9:00 a.m.-5:00 p.m.  
Contact: Becky Houchens  
(502) 585-4848

### Louisville Metro Community Action Partnership- West

3308 Chauncey St. Louisville, KY 40211  
Mon-Fri  
8:00 a.m.-4:00 p.m.  
Contact: Toni Phelps  
(502) 574-1157

### Louisville Metro Community Action Partnership - East

4810 Exeter Avenue Louisville, KY 40218  
Mon-Fri  
8:00 a.m.-4:00 p.m.  
Contact: Toni Phelps  
(502) 574-1157

### Louisville Metro Community Action Partnership

7219 Dixie Highway Louisville, KY 40258  
Contact: Toni Phelps  
(502) 574-1157

### Louisville Metro Community Action Partnership

1200 South Third St. Louisville, KY 40203  
Mon-Fri  
8:00 a.m.-4:00p.m.  
Contact- Toni Phelps  
(502) 574-1157

### Medical Foundation of Jefferson County

1500 Arlington Ave. Louisville, KY 40206  
(Traffic offenses only)  
Mon-Fri  
8:30 a.m.-4:30 p.m.  
Contact: Bill Roof  
(502) 736-6360

### Neighborhood House

201 N. 25<sup>th</sup> St. Louisville, KY 40212  
Mon-Fri  
9:00 a.m.-5:00 p.m.  
Contact: Carolyn Bissig  
(502) 774-2322

### New Directions Housing Corp.

1000 East Liberty St. Louisville, KY 40212  
Mon-Fri  
8:00 a.m.-4:30 p.m.  
Contact: Pam Stone  
(502) 589-2872

### New Jerusalem Apostolic Church

3701 W. Broadway Louisville, KY 40211  
Mon-Fri  
8:00 a.m.-4:00 p.m.  
(502) 778-8937 or (502) 774-4957

### Plymouth Community Renewal Ctr.

1626 W. Chestnut St. Louisville, KY 40203  
Mon-Fri  
9:00 a.m.-6:00 p.m.  
Contact: Frank Brooks  
(502) 583-7889

Recycling Ctr. East (20 or more hours)  
Min 21 years old  
595 Hubbards Lane Louisville, KY 40207  
Tues-Sat  
10:00 a.m.-5:00 p.m.  
Contact: Thomas Gibson  
(502) 896-1293

Recycling Ctr. South (20 or more hours)  
Min 18 years old  
1710 Saffron Drive/Dixie Louisville, KY 40258  
Tues-Sat  
10:00 a.m.-5:00 p.m.  
Contact: Dennis Yocum  
(502) 933-5682

Recycling Ctr. Eastend (20 or more hours)  
Min 21 years old  
9300 Whipps Mill Rd. Louisville, KY 40242  
Tues-Sat  
10:00 a.m.-5:00 p.m.  
Contact: Mike Duncan  
(502) 327-7542

Recycling Ctr. South (20 or more hours)  
Min 21 years old  
7201 Outer Loop Louisville, KY 40228  
Tues-Sat  
10:00 a.m.-5:00 p.m.  
Contact: Jean Hatton  
(502) 231-1669

Rock Cosmopolitan Church  
4701 E. Manslick Rd. Louisville, KY 40219  
Mon-Sat  
10:00 a.m.-3:00 p.m.  
(502) 961-5766

Wayside Christian Mission  
432 E. Jefferson St. Louisville, KY 40202  
Mon-Fri  
8:00 a.m.-4:30 p.m.  
Sat  
9:00 a.m.-3:00 p.m.  
Contact: Nina Mosley  
(502) 584-3711

## **Domestic Violence Offender Treatment Programs**

A list of certified providers can be located at:

<https://www.chfs.ky.gov/agencies/dCBS/dpp/csb/Pages/battererintervention.aspx>

D.V.O.T. providers are certified individually not by program. The counselor's name will appear on this list.  
Note: This list changes frequently.

Center for Women and Families

(502) 581-7200

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

New Beginnings

(502) 459-0391

Springhaven (formerly Lincoln Train DV Program)

1-270-769-1234

Victim Information and Notification Everyday (VINE)

(502) 511-1670

<https://www.vinelink.com/vinelink/initMap.do>

## **Impulse Control Counseling**

Michael Wardford (502) 589-8009

# Batterers Intervention Program

## KENTUCKY CABINET FOR HEALTH & FAMILY SERVICES CERTIFIED BATTERER INTERVENTION PROVIDERS

March 6, 2018

### AA & Associates

3038 Breckinridge Lane, Suite 204  
Louisville, KY 40220  
(502) 896-6900

### Bridge the Gap Addiction and Mental Health Services

Hazel Parrish  
115 Garvin Place, Suite 1210  
Louisville, KY 40220  
(502) 574-2268

### Brighter Days Counseling

Chris Florio  
302 N. 1<sup>st</sup> Ave, Suite 1  
La Grange, KY 40031  
(502) 265-0003

### Clear Vision Counseling

Dan McDonald  
7160 Dixie, HWY  
Louisville, KY 40258  
(502) 995-3350

### Creative Spirits Counseling Center

Cassandra Gray  
♀ 12730 Townepark Way, Suite 201  
Louisville, KY 40243  
(502) 254-9555  
(502) 254-9554 Fax  
(Clases en Español)

409 Washington St. Suite 1  
♀ Shelbyville, KY 40065  
(502) 633-5054  
(502) 254-9554 Fax  
(Clases en Español)

### Dave Harmon & Associates, Inc.

Dave Harmon, Al Perkins  
(Professional Towers Building)  
♀ 4010 Dupont Circle, Suite 226  
Louisville, KY 40207  
(502) 896-8006  
(502) 896-8055 Fax

(Professional Centre Building)  
♀ 3934 Dixie Hwy, Suite 310  
Louisville, KY 40216  
(502) 896-8006

(Iroquois Manor – Above & Beyond)  
♀ 5330 S. 3rd Street, Suite 234  
Louisville, KY 40214  
(502) 896-8006

### Dobbs & Associates, Inc.

Ronald Dobbs  
3801 Springhurst Blvd, Suite 101  
Louisville, Kentucky 40241  
(502) 394-0101

♀ 4100 Breckinridge Lane, Suite 126  
Louisville, Kentucky 40218  
(502) 394-0101

(Lyles Mall)  
♀ 2600 W. Broadway, Suite 209  
Louisville, Kentucky 40211  
(502) 394-0101

### East End Counseling

Maurice Williamson - (502) 599-6652  
Michael Wardford - (502) 589-8009  
(at AA & Associates)  
♀ 4006 Dutchmans Ln, Suite 200  
Louisville, KY 40207

### Fresh Start Educational and Counseling Center Inc.

Steven M. Kelsey, PhD, M. Ed, LPCC  
♀ 4936 Hazelwood Avenue  
(Spirit Filled New Life Church Facility)  
Louisville, KY 40214  
(502) 235-0238  
(502) 409-9356 Fax

### Life Management, Inc.

Dr. Maurice McCormick  
♀ 116 Bauer Ave 2<sup>nd</sup> floor  
Louisville, KY 40207  
(502) 419-5605

### Linda Merkle

♀ 1939 Goldsmith Lane, Suite 102  
Louisville, Kentucky 40218  
(502) 693-2453

10611 W. Manslick Rd  
Louisville, Kentucky 40118  
(502) 693-2453

### Mandala House

Colgan Tyler  
1190 East Broadway  
Louisville, KY 40204  
(502) 551-0615  
(Clases en Español)

### Miller Counseling

Narjie Miller  
♀ 4815 N. Preston Hwy, Suite 14  
Shepherdsville, KY 40165  
(502) 955-1009  
(502) 593-3621  
(502) 921-9762 Fax

### New Beginnings

Leo Hobbs  
4400 Breckinridge Lane, Suite 126  
Louisville, Kentucky 40218  
(502) 493-7794  
(502) 493-7795 Fax

(Lyles Mall)  
2600 W. Broadway, Suite 209  
Louisville, Kentucky 40211  
(502) 493-7794

♀ 1512 Crums Lane, Suite 214  
Louisville, Kentucky 40216  
(502) 493-7794

606 Crystal Place, Suite 8  
La Grange, KY 40031  
(502) 222-5722

### Peaceful Solutions Counseling

Shawna Vasquez  
♀ 5454 New Cut Road #6  
Louisville, KY 40214  
(502) 333-0218

### Portland Counseling

Maurice Williamson - (502) 599-6652  
Michael Wardford - (502) 589-8009  
♀ 1800 Portland Ave. (Promise Bldg)  
Louisville, KY 40212

### Solange Pilares

2042 Buechel Bank Road  
Louisville, KY 40218  
(770) 597-1434  
(Clases en Español)

### West End Counseling Services (Downtown Location)

Michael Wardford  
(Heyburn Bldg)  
♀ 332 W. Broadway, Suite 902  
Louisville, KY 40202  
(502) 589-8009  
(502) 822-1470 Fax  
(Clases en Español)

3508 Dumesnil St  
Louisville, KY 40211  
(502) 589-8009

(Located at Bethlehem Baptist Church)  
5708 Preston Highway  
Louisville, KY 40219  
(502) 589-8009  
(Clases en Español)

### William Green

1729 Hwy 44 East, Suite A  
Shepherdsville, KY 40165  
(502) 543-4766  
(502) 493-2827

2303 Hurstbourne Village Dr, Suite 1100  
Louisville, KY 40299  
(502) 493-2827  
(502) 349-6190 Fax

313 W. Madison St  
La Grange, KY 40031  
(502) 225-9936

♀ - Female groups available at these locations

**KENTUCKY DEPARTMENT OF CORRECTIONS**  
**DIVISION OF MENTAL HEALTH**  
**SEX OFFENDER TREATMENT PROGRAM (SOTP)**  
**COMMUNITY COMPONENT**  
**JEFFERSON COUNTY**

The Sex Offender Treatment Program is housed in the East Office of Probation and Parole. Clients are referred into this program by 1) court order; 2) Parole Board Order; 3) request for evaluation is made by a Probation and Parole Officer. The Officer needs to complete a *Sex Offender Treatment Program Community Services Referral Form* (see next page) and submit it along with a copy of the PSI and any pertinent information.

The Sex Offender Treatment Program, community component, is a three-phased program designed to assist sexual offenders in acquiring skills to prevent relapse. The length of time necessary to complete treatment is solely determined by the efforts of the client in completing Therapy Tasks. Two to four years is a realistic range.

For further information contact Bruce Campbell (ext. 234), or (502) 933-1719.  
<https://corrections.ky.gov/Divisions/healthservices/Pages/sotp.aspx>

## SEX OFFENDER TREATMENT PROGRAM

**COMMUNITY SERVICES REFERRAL FORM**

- ☐ Parole  
☐ Felony Probation  
☐ Misdemeanant Probation

NAME: \_\_\_\_\_ INMATE NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ DATE REFERRED: \_\_\_\_\_  
DATE PROBATED/PAROLED: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ UNDER KRS 197.400 AND KRS 439.340?  
☐ YES ☐ NO

BEST TIME TO REACH HIM/HER? \_\_\_\_\_  
IF PROBATED, LENGTH OF PROBATION: \_\_\_\_\_

MAXIMUM EXPIRATION DATE: \_\_\_\_\_  
LEVEL OF SUPERVISION: \_\_\_\_\_

CURRENT OFFENSE (S): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SENTENCE: \_\_\_\_\_

PRIOR SEX OFFENSE (S): \_\_\_\_\_  
\_\_\_\_\_

PRIOR/CURRENT COUNSELING: \_\_\_\_\_  
\_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PROBATION/PAROLE OFFICER

ADMITS SEX OFFENSE: ☐ YES ☐ NO  
WANTS TREATMENT: ☐ YES ☐ NO

**PLEASE ATTACH PSI AND ANY PAROLE/PROBATION SPECIFICATIONS.**

**DEPARTMENT OF CORRECTIONS**  
**DIVISION OF MENTAL HEALTH**  
**SUBSTANCE ABUSE PROGRAM (SAP)**  
**JEFFERSON COUNTY**

The Jefferson County Substance Abuse Program began in 1994. Its mission is to provide assessment, referral and case management services to clients being seen by Probation and Parole Officers in Jefferson County. Social Service Clinicians are located in each office to provide services. Clients need to be referred if 1) they are court ordered for a substance abuse evaluation and/or treatment; 2) they are Parole Board Ordered for services, and 3) they admit use or have a positive drug test. Clients being seen after being paroled who are graduates of an institutional SAP program need to be seen immediately by a Social Service Clinician. A *Referral for Alcohol/Drug Treatment/Assessment* form (see copy) needs to be completed and given to the Social Service Clinician when a referral is made.

For further information, contact the Social Service Clinician(s) in your office or any of the following locations.

**SAP Agency Referral List**

**AA & ASSOCIATES**

4006 Dutchman's Lane Suite 200  
Louisville, KY 40207  
(502) 896-6900  
Fax: (502) 896-8607

CONTACT: receptionist  
ASSESSMENT FEE: \$25.00  
GROUP FEE: \$20.00

**ABOVE AND BEYOND COUNSELING**

5404 Valley Station Road, Suite 102  
Louisville, KY. 40272  
(505) 935-3700

CONTACT: Don Thomas  
ASSESSMENT FEE: \$10  
EDUCATION/PRE-TX \$30  
GROUP \$20

Iroquois Manor  
5330 S. 3<sup>rd</sup> St. Suite 234  
Louisville, KY 40214  
(502) 447-1397

**ALCOHOL ABUSE AND AWARENESS**

4400 Breckenridge Lane, Suite 100  
Louisville, Ky. 40218  
(502) 493-2706 / (502) 714-3924 / (502) 714-3045

ASSESSMENT FEE: \$20  
GROUP FEE: \$20

**ALCOHOL EDUCATION & COUNSELING SERVICES**

6801 Dixie Highway  
Dixie Manor, Suite 130  
Louisville, KY. 40258  
(502) 933-4504

CONTACT: Barbara  
ASSESSMENT FEE: \$10  
GROUP FEE: \$20

108 Daventry Lane, Suite 101 and 103  
Louisville, Ky. 40223  
(502) 714-3045 / (502) 714-3924

**ALL ABOUT CHANGE**

5103 Preston Hwy #2  
Louisville KY 40213  
(502) 969-0600

**BETTER ALTERNATIVES COUNSELING**

Medical Arts Building, Suite 1138  
1169 Eastern Parkway  
Louisville, KY. 40217  
(502) 454-6350

CONTACT: Receptionist  
ASSESSMENT FEE: \$25  
GROUP FEE: \$20 of sliding

**DAVE HARMON & ASSOCIATES**

4010 Dupont Circle, Suite 226  
Louisville, KY. 40207  
(502) 896-8006

CONTACT: Margaret  
ASSESSMENT FEE: \$20  
GROUP FEE: \$20

Eastern Star Baptist Church  
824 South 24<sup>TH</sup> Street  
Louisville, KY. 40211  
(502) 896-8006

3934 Dixie Highway  
Louisville, KY 40216  
(502) 896-8006

**GREATER LOISVILLE COUNSELING CENTER**

332 W. Broadway Suite 905  
Louisville, KY 40202  
(502) 587-9737

CONTACT: Keith McKenzie  
ASSESSMENT FEE: \$15  
GROUP FEE: \$15

**KENTUCKY DRIVING SCHOOL**

3715 Bardstown Road, Suite 403  
Louisville, KY 40218  
(502) 456-5266 or (502) 451-7230

CONTACT: Receptionist  
ASSESSMENT FEE: \$10

**LEAP**

4738 Rockford Plaza  
Louisville, KY 40216  
Phone: (502) 447-1391

CONTACT: Receptionist  
ASSESSMENT FEE: \$20  
GROUP FEE: \$20

4229 Bardstown Road, Suite 102  
Louisville, KY 40218  
(502) 447-1391 OR (502) 876-8751

**NEW BEGINNINGS**

2210 Meadow Drive, Suite 5  
Louisville, KY 40218  
(502) 459-0391

CONTACT: Vivian  
ASSESSMENT FEE: \$10  
GROUP FEE: \$15

1512 Crums Lane, Suite 214  
Shively, KY 40216  
(502) 459-0391

2600 W. Broadway, Suite 209  
Lyles Mall  
Louisville, KY. 40211  
(502) 459-0391

**NEW AGE COUNSELING**

2900 West Broadway Suite 224  
Louisville KY 40211  
(502) 708-2877

**WESTEND COUNSELING SERVICES**

323 W. Broadway Suite 503  
Louisville, KY 40202  
(502) 589-8009

CONTACT: Mike Wardford  
ASSESSMENT FEE: \$20.00  
GROUP FEE: \$20.00  
Sliding scale available

**AA Central Office**

GREATER LOUISVILLE INTERGROUP INC.  
332 W. BROADWAY ROOM 620  
LOUISVILLE KY 40202  
(502) 582-1849  
Website: <http://www.loukyaa.org>  
Big Book Online: [www.aa.org/bigbookonline](http://www.aa.org/bigbookonline)

**Gambler's Anonymous**

Website: <http://www.gamblersanonymous.org/mtgdirKY.html>  
Louisville Hotline Number: (888) 442-0628

**Jefferson Alcohol and Drug Abuse Center – J A D A C**

600 S Preston ST  
Louisville KY 40217  
(502) 583-3951

**Narcotics Anonymous**

Website: <http://www.nalouisville.net>  
Louisville area helpline: (502) 499-4423

|                       |                                                                                                                              |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------|
| 8:00am<br>O/L/S/D/W   | <b>Reach for Recovery</b><br>Jefferson Street Community Center<br>800 E. Liberty St., Louisville, KY 40204                   |
| 10:00am<br>O/D/W      | <b>Starting Over</b><br>C-2 Hall, Center Jin the meeting room!<br>6605 Lower Hunters Trace<br>Louisville, KY 40258           |
| 10:30am<br>S/D/L/S    | <b>Hope For Us</b><br>21 Presbyterian Church<br>350 W. McClinton Ave., Scottsburg, IN 47170                                  |
| 12:00pm<br>O/D/W      | <b>Acape Group</b><br>Northwest Clifton Campus<br>1331 Vernon Ave., Louisville, KY 40206<br>(Masks required, masks provided) |
| 12:00pm<br>O/D/W      | <b>Another Chance Group</b><br>First Presbyterian Church<br>626 Main St., Shelbyville, KY 40065                              |
| 1:30pm<br>O/D/W       | <b>Love the Desire</b><br>First Lutheran Church [Dining Hall]<br>417 E. Broadway, Louisville, KY 40202                       |
| 5:00pm<br>C/L/S/D/W   | <b>Just Us</b><br>Christ Church Cathedral<br>(Parkin the back, use the back door)<br>425 S. 2nd St., Louisville, KY 40202    |
| 6:00pm<br>O/D/W       | <b>Standings for Serenity</b><br>Sole Painter Club<br>200 S. Joe Prather Hwy.<br>Vine Grove, KY 40275                        |
| 6:30pm<br>O/D/W       | <b>Freedom Spirit</b><br>Liberty Place<br>1435 S. Shelby St., Louisville, KY 40217                                           |
| 7:00pm<br>O/D/W       | <b>Talk to E-2</b><br>Hillsdale Baptist Church<br>4734 E. Pages Ln., Louisville, KY 40272                                    |
| 7:30pm<br>O/L/S       | <b>2024 Night Live</b><br>Brown Memorial Church<br>809 W. Chestnut St., Louisville, KY 40203                                 |
| 7:30pm<br>O/D/W       | <b>Standing for Something</b><br>Chapel of St. Philip (door to the right)<br>236 Woodbine St., Louisville, KY 40208          |
| 7:30pm<br>O/D/W       | <b>Home Sweet Home</b><br>The Next Step<br>306 Big Indian Rd. NE, Carydon, IN 47112                                          |
| 7:30pm<br>O/BTS/W     | <b>Just for Today</b><br>Nelson County Public Library<br>200 Campbell/Kennan, Bardonia, KY 40004                             |
| 8:00am<br>C/L/S/D/S/W | <b>Step Up Group</b><br>The Healing Place<br>1020 W. Market St., Louisville, KY 40202                                        |

|                     |                                                                                             |
|---------------------|---------------------------------------------------------------------------------------------|
| 9:00am<br>O/C/C     | <b>Just4Today (Meets Every Day)</b><br>Zoom Id: 738 8913 6682<br>Password: just4today       |
| 7:00 pm<br>O/D      | <b>Miracle on 22<sup>nd</sup> St. (Sunday)</b><br>Zoom Id: 444 527 8813<br>Password: 220001 |
| 12:00pm<br>O/D      | <b>Agape Group (Monday thru Saturday)</b><br>Zoom Id: 964 122 9636<br>Password: 302198      |
| 7:00pm<br>C/LS/O/WM | <b>Women in Recovery (Thursday)</b><br>Zoom Id: 812 6437 5978<br>Password: 6eBfQL           |
| 10:00am<br>C/C/WM   | <b>Women in Recovery (Saturday)</b><br>Zoom Id: 812 6437 5978<br>Password: 6eBfQL           |

|  |
|--|
|  |
|  |

[illegible]

## **Health Insurance Assistance:**

Kentucky Health Benefit Exchange:

KHBE.ky.gov

<https://healthbenefitexchange.ky.gov/Pages/index.aspx>

Kynect:

Assistance & Support programs for Kentuckians

<https://kynect.ky.gov/benefits/>

Affordable Care Act information:

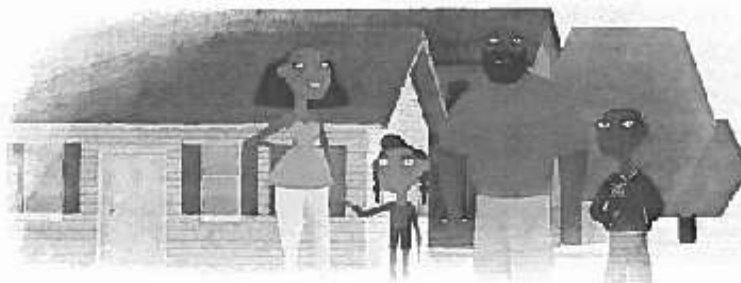
<https://kyenroll.ky.gov/>

[www.kynect.ky.gov](http://www.kynect.ky.gov)

1-855-4kynect

For other information, contact Kentucky Health Cooperative at (502) 498-5564 or by visiting [www.mykyhc.org](http://www.mykyhc.org)

## Individuals and Families fact sheet



**kynect**

Kentucky's Healthcare Connection

Quality Health Coverage. For Every Kentuckian.

### Getting Kentuckians Covered.

Kentuckians can now buy health coverage a new way: through kynect, Kentucky's Healthcare Connection. Kynect offers choices of health plans at a good value. Coverage cannot be denied or canceled, even if you have a condition like high blood pressure or diabetes.

kynect helps you find quality coverage. It helps even if you were denied coverage before or could not afford it. It's a new kind of health insurance marketplace – convenient and easy to use.

### It's easy to apply.

Just fill out one application to see if you can save money. Kynect shows plans and prices. It also checks for low-cost or free coverage through Medicaid and KCHIP, the Kentucky Children's Health Insurance Program.

### Help to shop for free.

There are plenty of places to find out more about kynect. You can visit [kynect.ky.gov](http://kynect.ky.gov) or call customer service at 1-855-4kynect (459-6328), TTY: 1-855-328-4664. We have special groups trained and ready to help you.

• Insurance Agents • Kynectors • Customer Service • DCBS Offices

All these groups can help you find the best healthcare plan for you, your family and your budget. To find the right help for you, go to [kynect.ky.gov](http://kynect.ky.gov) or call 1-855-4kynect.

### Quality plans to meet your needs.

Kynect health plans offer peace of mind. All plans cover essential health benefits like doctor visits, trips to the hospital or emergency room, medicine and care for pregnant women and children.

### Plans you can afford.

Many people know they need health insurance, but are concerned about cost. To make sure health coverage is affordable, kynect helps people find out if they qualify for:

**Help with monthly bills:** Just enter your income to see if you qualify. Payment assistance can lower your monthly bill.

**Help with out-of-pocket costs:** You may qualify for discounts on out-of-pocket expenses, like the co-payment when you go to the doctor.

**Medicaid:** Medicaid is low-cost health coverage for those who qualify, including people with disabilities and lower incomes. There are no premiums, but there may be some co-payments.

### Compare health plans more simply.

With kynect, comparing different health plans is simple. Health plans offered on kynect are in one of four new metal categories: Bronze, Silver, Gold and Platinum. As the metal level increases in value from Bronze to Platinum, so does the percentage of medical expenses that the plan covers. For example, you could choose a Platinum plan with a higher premium and pay a lower out-of-pocket cost. Or you could choose a Bronze plan with a lower premium and pay a higher out-of-pocket cost.



[kynect.ky.gov](http://kynect.ky.gov)

1-855-4kynect (459-6328)

In the chart below, you can see how different people may qualify for government help with the cost of health insurance. These examples are only estimates and may not apply to your situation. Costs will also vary based on what metal level of plan is selected.

### Many people qualify for help with insurance payments.

| You are                                              | You qualify for                                                                                                                          | Your estimated cost to buy health insurance                                                                    |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| An individual 18 or older making less than \$16,105* | Medicaid, a government program                                                                                                           | No cost                                                                                                        |
| An individual 18 or older making \$20,000*           | Payment assistance that you can use to pay for your insurance premium, and special discounts to pay less when you receive medical care** | Your estimated cost is \$67 per month or \$800 per year, if you pick the second-least-expensive Silver plan    |
| An individual 18 or older making over \$45,980*      | You do not qualify for payment assistance or special discounts, but you are still eligible to buy health insurance through Kynect        |                                                                                                                |
| A family of four making less than \$32,913*          | Medicaid, a government program                                                                                                           | No cost                                                                                                        |
| A family of four making \$48,000*                    | Payment assistance that you can use to pay for your insurance premium, and special discounts to pay less when you receive medical care** | Your estimated cost is \$262 per month or \$3,024 per year if you pick the second-least-expensive Silver plan  |
| A family of four making \$80,000*                    | A tax credit that you can use to pay for your insurance premium**                                                                        | Your estimated cost is \$634 per month or \$7,600 per year, if you pick the second-least-expensive Silver plan |
| A family of four making over \$94,200*               | You do not qualify for payment assistance or special discounts, but you are still eligible to buy health insurance through Kynect        |                                                                                                                |

\*These limits are based on the year 2014. \*\*The next step through Kynect to be eligible for payment assistance and special discounts

### Apply today.

The new federal law requires most people over age 18 to have public or private health insurance or face fines beginning in 2014. You may be eligible for Medicaid and KCHIP right now. Or, you may be eligible for 2014 coverage through a special enrollment. Open enrollment for 2015 coverage is November 15, 2014-February 15, 2015.



kynect.ky.gov

1-866-4kynect (469-6328)



# Health Coverage & Help Paying Costs Application for One Person

THINGS TO KNOW

|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Use this application to see what insurance choices you qualify for | <ul style="list-style-type: none"> <li>Free or low-cost insurance from Medicaid or the Kentucky Children's Health Insurance Program (KCHIP)</li> <li>Payment Assistance that can help you pay for your health coverage</li> <li>Affordable health insurance plans that offer comprehensive coverage to help you stay well</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Who is this application for?                                       | <p>Single individuals who:</p> <ul style="list-style-type: none"> <li>Live in Kentucky and plan to stay in Kentucky</li> <li>Do not have any dependents and cannot be claimed as a dependent on someone else's tax return</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Apply faster online                                                | Apply faster online at <a href="http://www.kynect.ky.gov">www.kynect.ky.gov</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| What you may need to apply                                         | <ul style="list-style-type: none"> <li>Your social security number (or document number if you are a legal immigrant)</li> <li>Employer and income information (for example, paystubs, W-2 forms, or wage and tax statements)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Why do we ask for this information?                                | <p>We ask about your <b>Social Security Number (SSN)</b>, your <b>income</b> 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 <a href="http://socialsecurity.gov">socialsecurity.gov</a>. 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>                                                                                                                                                                                                                                                                                                                                                                      |
| What happens next?                                                 | <ul style="list-style-type: none"> <li>Mail or fax your completed, signed application to:</li> </ul> <p style="text-align: center;"><b>Office of the Kentucky Health Benefit Exchange</b><br/>12 Mill Creek Park<br/>Frankfort, KY 40601</p> <p style="text-align: center;">Fax: 1-502-573-2005</p> <ul style="list-style-type: none"> <li>If you don't 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.</li> <li>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.</li> </ul> |
| To get help                                                        | <ul style="list-style-type: none"> <li>Online: <a href="http://www.kynect.ky.gov">www.kynect.ky.gov</a></li> <li>By phone: Call Customer Service at <b>1-855-4kynect (459-6328)</b></li> <li>In person: Find a list of places near where you live by visiting our website or calling us.</li> <li>En Español: Llame a nuestro Servicio al Cliente gratis al <b>1-855-4kynect (459-6328)</b></li> <li>For TTY services call <b>1-855-326-4654</b></li> </ul>                                                                                                                                                                                                                                                                                                                                                                    |



# Health Coverage & Help Paying Costs Application for One Person

## STEP 1 Tell Us about Yourself

If someone else is helping you fill out this application, use Appendix B to give us that person's 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. We use SSNs to check income and other information to see if you are eligible for help with health coverage costs. |            |
| 3. If you want coverage and SSN is not provided, select 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"/> Does not have an SSN and may only be issued an SSN for a valid non-work reason                                                                                                                                          |                                                                                                                             | <input type="checkbox"/> Applied for SSN                                                                                                                                |            |
|                                                                                                                                                                                                                                                  |                                                                                                                             | <input type="checkbox"/> Refuse to provide SSN                                                                                                                          |            |
| 4. Date of Birth (mm/dd/yyyy)                                                                                                                                                                                                                    | 5. Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female                                                  | 6. Used tobacco at least 4 times a week in the past 6 months?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                               |            |
| 7. Do you live in Kentucky and plan to stay in Kentucky? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                |                                                                                                                             |                                                                                                                                                                         |            |
| 8. 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.                                                                                                   |                                                                                                                             |                                                                                                                                                                         |            |
| 9. City                                                                                                                                                                                                                                          | 10. State                                                                                                                   | 11. Zip Code                                                                                                                                                            | 12. County |
| 13. Mailing Address (Only required if different from home address)                                                                                                                                                                               |                                                                                                                             |                                                                                                                                                                         |            |
| 14. City                                                                                                                                                                                                                                         | 15. State                                                                                                                   | 16. Zip Code                                                                                                                                                            | 17. County |
| 18. Primary Phone Number<br>( ) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell                                                                                                                        | 19. Secondary Phone Number<br>( ) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell |                                                                                                                                                                         |            |
| 20. <input type="checkbox"/> Check here to allow kynect to send text message alerts to your primary phone number.                                                                                                                                |                                                                                                                             | 21. <input type="checkbox"/> Check here to allow kynect to send text message alerts to your secondary phone number.                                                     |            |
| 22. Preferred Spoken Language (if not English)                                                                                                                                                                                                   |                                                                                                                             | 23. Preferred Written Language (if not English)                                                                                                                         |            |
| 24. Have you had a pregnancy end (giving birth or losing a pregnancy) in the past three months or are you currently pregnant? <input type="checkbox"/> Yes. If yes, answer questions a-c. <input type="checkbox"/> No                            |                                                                                                                             |                                                                                                                                                                         |            |
| a. What is the due date or the last date of pregnancy? (mm/dd/yyyy) _____                                                                                                                                                                        |                                                                                                                             |                                                                                                                                                                         |            |
| b. How many children are/were expected with this pregnancy? _____                                                                                                                                                                                |                                                                                                                             |                                                                                                                                                                         |            |
| c. Would you like to be referred to the program that offers food to Women, Infants and Children (WIC)? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                  |                                                                                                                             |                                                                                                                                                                         |            |
| 25. Are you offered health coverage from a job (including someone else's job, like a parent's job)?<br><input type="checkbox"/> Yes. If yes, you will need to complete and include Appendix A with this application. <input type="checkbox"/> No |                                                                                                                             |                                                                                                                                                                         |            |
| 26. Do you want help paying for medical bills from the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, which month(s)? _____                                                                                  |                                                                                                                             |                                                                                                                                                                         |            |



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

Form KHBE-111

Rev. 8-30-13

Page 2 of 5

27. Do you 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 & b. ☐ NO. If no, go to question b.

a. Will you file as a single person with no dependents? ☐ Yes ☐ No  
If No, stop using this form. Use the *Health Coverage & Help Paying Costs Application for More Than One Person* to include your tax dependents (even if you do not want to apply for health coverage for them.)

b. Are you claimed as a dependent on someone else's tax return? ☐ Yes ☐ No  
If Yes, stop using this form. You will need to apply for coverage with the person claiming you on their tax return (even if that person does not want coverage.)

28. Are you a U.S. citizen or national?

☐ Yes ☐ No

29. If you are not a U.S. citizen or national, do you have immigration status?

☐ Yes. Answer questions a-d below.

a. Immigration Document Type: \_\_\_\_\_

b. Document ID Number: \_\_\_\_\_

c. Have you lived in the U.S. since 1996? ☐ Yes ☐ No

d. Are you a veteran or active-duty member of the U.S. military? ☐ Yes ☐ 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 are American Indian or Alaska Native, are you a member of a federally recognized tribe, band, nation, community or other group? ☐ Yes. If yes, answer questions a-c. ☐ No

a. What is the name of the tribe? \_\_\_\_\_

b. What state is the tribe primarily located in? \_\_\_\_\_

c. Are you eligible to receive or have you 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

35. Are you currently in prison or jail or have you been released in the past three months?

☐ Yes. If yes, answer questions a-c. ☐ No

a. When did you enter prison? (mm/dd/yyyy) \_\_\_\_\_

b. When did you leave prison? (mm/dd/yyyy) \_\_\_\_\_

c. Are you currently waiting for a decision on charges? ☐ Yes ☐ No

36. Do you need help with activities of daily living (like bathing, dressing, etc.) or live in a medical facility or nursing home?

☐ Yes ☐ No

37. Are you blind or permanently disabled? ☐ Yes ☐ No

38. Were you receiving Medicaid when you became too old to be eligible for foster care placement? ☐ Yes ☐ No

If yes, in what state were you living? \_\_\_\_\_ How old were you? \_\_\_\_\_

39. If you are filling out this application on behalf of a person who recently passed away, enter the deceased person's date of death: \_\_\_\_\_



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

Form KHBE-111

Rev. 8-30-13

Page 3 of 5

### STEP 3 Other Healthcare Coverage

Do you have health coverage now, including dental and major medical coverage that is not Medicaid or KCHIP?

☐ YES. If yes, complete the information below.

☐ NO.

Type of coverage \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of policy holder \_\_\_\_\_ Coverage start date \_\_\_\_\_

Name of insurance company \_\_\_\_\_ Coverage end date \_\_\_\_\_

Insurance Company's Address \_\_\_\_\_

### STEP 4 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 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](http://kynect.ky.gov) or call 1-855-4kynect (459-6328) to report any changes.
- 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](http://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 I am eligible for Medicaid:**

- 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.

Signature \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_



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

Form KHBE-111

Rev. 8-30-13

Page 5 of 5



# Health Coverage & Help Paying Costs

## Application for More Than One Person

THINGS TO KNOW

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



# 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"/> Do not have an SSN and may only be issued an SSN for a valid non-work reason                                                                                                                   |                                                                            | <input type="checkbox"/> Applied for SSN                                                                                                                                     |            |
| <input type="checkbox"/> Refuse to provide SSN                                                                                                                                                                          |                                                                            |                                                                                                                                                                              |            |
| 4. If you are applying for health coverage, check here <input type="checkbox"/> and answer all questions.<br>If you are <b>not</b> applying for health coverage, <b>do not</b> answer questions 26-32 on the next page. |                                                                            |                                                                                                                                                                              |            |
| 5. Date of Birth (mm/dd/yyyy)                                                                                                                                                                                           | 6. Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female | 7. Used tobacco at least 4 times a week in the past 6 months?<br><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<br>( )                                                                                               |                                                                            | 20. Secondary Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell<br>( )                                                  |            |
| 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](http://www.kynect.ky.gov) or call 1-855-4kynect (459-6328). Para ayuda en Español, llame gratis al 1-855-4kynect (459-6328).

Form KHBE-110

Rev. 8-30-13

Page 2 of 9

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?

☐ Yes ☐ No

29. If you are not a U.S. citizen or national, do you have immigration status?

☐ Yes. Answer questions a–d below.

a. Immigration Document Type: \_\_\_\_\_

b. Document ID Number: \_\_\_\_\_

c. Have you lived in the U.S. since 1996? ☐ Yes ☐ No

d. Are you a veteran or active-duty member of the U.S. military? ☐ Yes ☐ No

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

31. Race - (OPTIONAL)

☐ White

☐ American Indian

☐ Filipino

☐ Vietnamese

☐ Guamanian or Chamorro

☐ Black or African

☐ Alaska Native

☐ Japanese

☐ Other Asian

☐ Samoan

☐ American

☐ Asian Indian

☐ Korean

☐ Native Hawaiian

☐ Other Pacific Islander

☐ Chinese

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

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

☐ Female

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](http://www.kynect.ky.gov) or call 1-855-4kynect (459-6328). Para ayuda en Español, llame gratis al 1-855-4kynect (459-6328).

Form KHBE-110

Rev. 8-30-13

Page 3 of 9

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. First name, Middle initial, Last name and Suffix (as it appears on Social Security card)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2. Relationship to you                                                                                                                                                                   |  |
| 3. Social Security Number (SSN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                              | We need PERSON 2's SSN if PERSON 2 wants coverage and has a SSN. Giving us the SSN can be helpful if not applying for health coverage too since it can speed up the application process. |  |
| 4. If PERSON 2 wants coverage and SSN is not provided, select 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"/> Newborn without SSN<br><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                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
| 5. If PERSON 2 is applying for health coverage, check here <input type="checkbox"/> and answer all questions.<br>If PERSON 2 is <b>not</b> applying for health coverage, <b>do not</b> answer questions 13-18.                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
| 6. Date of Birth (mm/dd/yyyy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7. Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                                                                                                                                                                                                                                   | 8. Used tobacco at least 4 times a week in the past 6 months?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                |  |
| 9. Does PERSON 2 live at the same address as the RESPONSIBLE PARTY?<br><input type="checkbox"/> Yes. If yes, do not enter an address below. <input type="checkbox"/> No. If no, enter PERSON 2's address below.                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
| 10. Home Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 11. Mailing Address (Required if different from Home Address)                                                                                                                            |  |
| 12. Does PERSON 2 plan to file a federal income tax return for coverage year 2014?<br>(Individuals can apply for health insurance even if they don't file a federal income tax return.)                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
| <input type="checkbox"/> YES. If yes, answer questions a-d. <input type="checkbox"/> NO. If no, skip to question d.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
| a. What will be PERSON 2's filing status? <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately<br><input type="checkbox"/> Single <input type="checkbox"/> Head of Household                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
| b. If married, what is the spouse's name? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
| c. Does PERSON 2 have any tax dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list name(s) of dependent(s): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
| d. Is PERSON 2 claimed as a dependent on someone else's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please list the name of the tax filer: _____<br>How is PERSON 2 related to the tax filer? _____                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
| 13. Is PERSON 2 offered health coverage from a job (including someone else's job, like a parent's or spouse's job)?<br><input type="checkbox"/> Yes. If yes, you will need to complete and include Appendix A with this application. <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
| 14. Does PERSON 2 want help paying for medical bills from the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, which month(s)? _____                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
| 15. Is PERSON 2 a U.S. citizen or national?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 16. If not a U.S. citizen or national, does PERSON 2 have immigration status?<br><input type="checkbox"/> Yes. Answer questions a-d below.<br>a. Immigration Document Type: _____<br>b. Document ID Number: _____<br>c. Has PERSON 2 lived in the U.S. since 1996? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>d. Is PERSON 2 a veteran or active-duty member of the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                                                          |  |
| 17. Is PERSON 2 of Hispanic, Latino or Spanish origin? (OPTIONAL) <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
| 18. 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<br><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<br><input type="checkbox"/> Chinese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |



Form KHBE-110

Rev. 8-30-13

Page 4 of 9

## Person 3

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. First name, Middle initial, Last name & Suffix (as it appears on Social Security card)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2. Relationship to you                                                                                                                                                                   |  |
| 3. Social Security Number (SSN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              | We need PERSON 3's SSN if PERSON 3 wants coverage and has a SSN. Giving us the SSN can be helpful if not applying for health coverage too since it can speed up the application process. |  |
| 4. If PERSON 3 wants coverage and SSN is not provided, select reason for not providing it.<br><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"/> Newborn without SSN<br><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                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
| 5. If PERSON 3 is applying for health coverage, check here <input type="checkbox"/> and answer all questions.<br>If PERSON 3 is not applying for health coverage, do not answer questions 13-18.                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
| 6. Date of Birth (mm/dd/yyyy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7. Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                                                                                                                                                                                                                                   | 8. Used tobacco at least 4 times a week in the past 6 months?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                |  |
| 9. Does PERSON 3 live at the same address as the RESPONSIBLE PARTY?<br><input type="checkbox"/> Yes. If yes, do not enter an address below. <input type="checkbox"/> No. If no, enter PERSON 3's address below.                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
| 10. Home Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 11. Mailing Address (Required if different from Home Address)                                                                                                                            |  |
| 12. Does PERSON 3 plan to file a federal income tax return for coverage year 2014?<br>(Individuals can apply for health insurance even if they don't file a federal income tax return.)<br><input type="checkbox"/> YES. If yes, answer questions a-d. <input type="checkbox"/> NO. If no, skip to question d.                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
| a. What will be PERSON 3's filing status? <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately<br><input type="checkbox"/> Single <input type="checkbox"/> Head of Household                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
| b. If married, what is the spouse's name? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
| c. Does PERSON 3 have any tax dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list name(s) of dependent(s): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
| d. Is PERSON 3 claimed as a dependent on someone else's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please list the name of the tax filer: _____<br>How is PERSON 3 related to the tax filer? _____                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
| 13. Is PERSON 3 offered health coverage from a job (including someone else's job, like a parent's or spouse's job)?<br><input type="checkbox"/> Yes. If yes, you will need to complete and include Appendix A with this application. <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
| 14. Does PERSON 3 want help paying for medical bills from the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, which month(s)? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
| 15. Is PERSON 3 a U.S. citizen or national?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 16. If not a U.S. citizen or national, does PERSON 3 have immigration status?<br><input type="checkbox"/> Yes. Answer questions a-d below.<br>a. Immigration Document Type: _____<br>b. Document ID Number: _____<br>c. Has PERSON 3 lived in the U.S. since 1996? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>d. Is PERSON 3 a veteran or active-duty member of the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                                                          |  |
| 17. Is PERSON 3 of Hispanic, Latino or Spanish origin? (OPTIONAL) <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
| 18. Race - (OPTIONAL)<br><input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Guamanian or Chamorro<br><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<br><input type="checkbox"/> Chinese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |



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

Form KHBE-110

Rev. 8-30-13

Page 5 of 9

## Person 4

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. First name, Middle initial, Last name & Suffix (as it appears on Social Security card)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            | 2. Relationship to you                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 3. Social Security Number (SSN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            | We need PERSON 4's SSN if PERSON 4 wants coverage and has a SSN. Giving us the SSN can be helpful if not applying for health coverage too since it can speed up the application process.                                                                                                                                                                                                                                                                     |  |
| 4. If PERSON 4 wants coverage and SSN is not provided, select reason for not providing it.<br><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"/> Newborn without SSN<br><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                                                                                                                                                            |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 5. If PERSON 4 is applying for health coverage, check here <input type="checkbox"/> and answer all questions.<br>If PERSON 4 is not applying for health coverage, do not answer questions 13-18.                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 6. Date of Birth (mm/dd/yyyy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7. Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female | 8. Used tobacco at least 4 times a week in the past 6 months?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                    |  |
| 9. Does PERSON 4 live at the same address as the RESPONSIBLE PARTY?<br><input type="checkbox"/> Yes. If yes, do not enter an address below. <input type="checkbox"/> No. If no, enter PERSON 4's address below.                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 10. Home Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | 11. Mailing Address (Required if different from Home Address)                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 12. Does PERSON 4 plan to file a federal income tax return for coverage year 2014?<br>(Individuals can apply for health insurance even if they don't file a federal income tax return.)<br><input type="checkbox"/> YES. If yes, answer questions a-d. <input type="checkbox"/> NO. If no, skip to question d.                                                                                                                                                                                                                                                                                                               |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| a. What will be Person 4's filing status? <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately<br><input type="checkbox"/> Single <input type="checkbox"/> Head of Household                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| b. If married, what is the spouse's name? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| c. Does PERSON 4 have any tax dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list name(s) of dependent(s): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| d. Is PERSON 4 claimed as a dependent on someone else's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please list the name of the tax filer: _____<br>How is PERSON 4 related to the tax filer? _____                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 13. Is PERSON 4 offered health coverage from a job (including someone else's job, like a parent's or spouse's job)?<br><input type="checkbox"/> Yes. If yes, you will need to complete and include Appendix A with this application. <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 14. Does PERSON 4 want help paying for medical bills from the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, which month(s)? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 15. Is PERSON 4 a U.S. citizen or national?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            | 16. If not a U.S. citizen or national, does PERSON 4 have immigration status?<br><input type="checkbox"/> Yes. Answer questions a-d below.<br>a. Immigration Document Type: _____<br>b. Document ID Number: _____<br>c. Has PERSON 4 lived in the U.S. since 1996? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>d. Is PERSON 4 a veteran or active-duty member of the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 17. Is PERSON 4 of Hispanic, Latino or Spanish origin? (OPTIONAL) <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 18. Race - (OPTIONAL)<br><input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Guamanian or Chamorro<br><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<br><input type="checkbox"/> Chinese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |



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

Form KHBE-110

Rev. 8-30-13

Page 6 of 9

## 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? \_\_\_\_\_

b. Type of coverage \_\_\_\_\_

c. Name of policy holder \_\_\_\_\_

d. Name of insurance company \_\_\_\_\_

e. Address of insurance company \_\_\_\_\_

f. Policy number \_\_\_\_\_

g. Coverage start date \_\_\_\_\_

h. Coverage end date \_\_\_\_\_

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](http://www.kynect.ky.gov) or call 1-855-4kynect (459-6328). Para ayuda en Español, llame gratis al 1-855-4kynect (459-6328).

Form KHBE-110

Rev. 8-30-13

Page 7 of 9

## 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](http://www.kynect.ky.gov) or call 1-855-4kynect (459-6328). Para ayuda en Español, llame gratis al 1-855-4kynect (459-6328).

Form KHBE-110

Rev. 8-30-13

Page 8 of 9

## 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](http://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](http://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](http://www.kynect.ky.gov) or call 1-855-4kynect (459-6328). Para ayuda en Español, llame gratis al 1-855-4kynect (459-6328).

Form KHBE-110

Rev. 8-30-13

Page 9 of 9

## **Medical Care Assistance**

### Emergency Room-University Hospital

(502) 562-3015

### University Hospital – Main Line

(502) 562-3000

### University Primary Care Clinic

550 S. Jackson St. Louisville, KY 40202

(502) 562-4000

### AIM Clinic (Internal Medicine)

(502) 561-8686

### Cardiology/Pulmonary Clinic

(502) 561-8686

### Dental Clinic

(502) 852-7660

### Family Medicine Clinic

(502) 562-6503

### Neurology Clinic

(502) 562-6511

### OB/GYN Clinic

(502) 561-8850

### Orthopedic Clinic

(502) 562-6501

### Psychiatry Clinic

(502) 852-5866

### Surgery Clinic

(502) 562-6511

### WINGS Clinic (HIV)

(502) 561-8844

### University C & Y Health Clinic

(Medical card with C & Y required)

555 S. Floyd St. Louisville, KY 40202

(502) 852-5321

### University Child Health Specialists

230 E. Broadway Louisville, KY 40202

(502) 629-8990

### Phoenix Health Center

**Healthcare for the Homeless** <https://www.fhclouisville.org/locations/phoenix-health-care-for-the-homeless/>

712 E. Muhammad Ali Blvd. Louisville, KY 40202

### Presbyterian Community Center

701 S. Hancock St. Louisville, KY 40203

(502) 584-0201

### Kosair Children's Hospital

231 E Chestnut St. Louisville, KY 40202

(502) 629-6000

### Park DuValle Community Health Centers

(502) 568-6972

1015 W. Chestnut St. Louisville, KY 40203

(502) 584-2992

2237 Hikes Ln. Louisville, KY 40218

(502) 479-8930

311 Reasor Ave. Louisville, KY

(502) 477-2248

3015 Wilson Ave. Louisville, KY 40211 \*\* provides medical, dental, and behavioral health services. There is a pharmacy located in this office as well. (502) 774-4401

Family Health Center <http://www.fhclouisville.org/>

914 E. Broadway Louisville, KY 40204  
(502) 583-1981  
2215 Portland Ave Louisville, KY 40212  
(502) 774-8631  
7219 Dixie Hwy Louisville, KY 40258  
(Also Dental) (502) 937-7277  
7201 Outer Loop Louisville, KY 40228  
(502) 231-1459  
200 Juneau Drive Louisville, KY 40243  
(502) 245-1074  
4810 Exeter Ave Louisville, KY 40218  
(502) 458-0078  
1000 Neighborhood Place Louisville, KY  
(502) 361-2381  
712 E. Muhammad Ali Louisville, KY 40202  
(502) 568-6972

Homeless Healthcare

(502) 585-1878  
712 E. Muhammad Ali Louisville, KY 40202

HOPE Clinic (at Family Health Center)

(Mondays 6:00p.m. – 7:30p.m.)  
914 E. Broadway Louisville, KY 40204  
(502) 583-1981

The Healing Place

(Physicians Clinic – Thursday 5:30 – 6:30pm)  
1020 W. Market St. Louisville, KY 40202  
(502) 585-4848

**Men's Center**

1020 W. Market St. Louisville, KY 40202  
(502) 585-4848

**Women's Center**

1503 S. 15<sup>th</sup> Street Louisville, KY 40210  
(502) 568-6680

Centerstone – for all initial appointments please contact (502) 589-1100

Downtown (outpatient) – 708 Magazine Street, Louisville, KY 40203  
(502) 589-8926

Child & Family South (outpatient) – 9702 Stonestreet Road, Louisville, KY 40272  
(502) 589-8920

Developmental Services (outpatient) – 3717 Taylorsville Road, Louisville, KY 40220  
(502) 459-5292

Emergency Psychiatric Services (inpatient) – 530 Jackson Street, Louisville, KY 40202  
(502) 562-3120

Project Link (drop-in) – 3703 Taylorsville Road, Louisville, KY 40220  
(502) 287-0673

TAYLRD (drop-in) – 1020 East Broadway, Louisville, KY 40204  
(502) 287-0602

Waller Therapeutic Program (outpatient) – 2415 Rockford Lane, Louisville, KY  
(502) 589-1100

Western Day Treatment (outpatient) – 1900 South 7<sup>th</sup> Street, Louisville, KY 40208  
(502) 495-7810

Adult East/Housing First/School Based Services (outpatient) – 4710 Champions Trace Lane, Louisville, KY 40218  
(502) 736-3051

Adult South (outpatient) – 2105 Crums Lane, Louisville, KY 40216  
(502) 589-8915

Adult West (outpatient) – 2650 West Broadway, Louisville, KY 40211  
(502) 589-8723

Child & Family Downtown (drop-in) – 914 East Broadway, Louisville, KY 40204  
(502) 589-8070

Child & Family West (outpatient) – 2225 West Broadway, Louisville, KY 40211  
(502) 589-8910

Del Rio Place (drop-in) – 2817 Del Rio Place Suite 109, Louisville, KY 40220  
(502) 287-0646

Medical Assistance Program  
(Cabinet for Families & Children)  
908 W. Broadway Louisville, KY 40203  
(502) 595-4238

Public Health & Wellness  
400 East Gray St Louisville KY 40201  
(502) 574-6520

## **Need help paying for your medicines:**

### **Family Health Centers**

- Recovery Health Network 1-800-808-1213 [www.recoveryhealthnetwork.com](http://www.recoveryhealthnetwork.com)
- West Louisville Community Ministries (502) 778-2815 (zip codes 40210,11,12,03)
- St. Matthew Area Ministries (502) 893-0205 (40207 mainly within zip code)
- South Louisville Community Ministries (502) 367-6445 (zips 40209,14,15,08)
- Shively Area Ministries (502) 447-4330 (zip 40216)
- Southeast Associated Ministries (502) 499-9350 (zip 40218,20)
- Southwest Community Ministries (502) 935-9957 (zip 40258,72,40177)
- Fern Creek/Highview United Ministries (502) 762-9608 (zip 40228, 40291)
- Highlands Community (502) 451-3695 (zip 40205,04)
- Sister Visitors Program (502) 776-0434 (zip 40203,11,12)
- Neighborhood Visitor (502) 426-2824 (zip 40018,40027,40059,40223,41,42,43,45)
- East Louisville Community Ministries (502) 561-0722 (zip 40202,04)
- Eastern Area Community Ministries (502) 244-6141 (40018,40027,40059,40222,23,41,42,43,45)
- Jeffersontown Area Ministries (502) 267-1055 (zip 40299,23,20)
- Help Ministries of Central Louisville (502) 587-1999 or (502) 637-6441 (zip 40202, 03)
- United Crescent Hill Ministries (502) 893-0346 (zip 40206-Not Butchertown)

## **Pharmaceutical Companies that offer free medications to low income people:**

|                                                                                                                |                                                                      |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Boehringer Ingelhelm 800-556-8317<br>~Serentil                                                                 | Pfizer Inc. 866-706-2400<br>~Navane ~ Zoloft<br>~Sinequan            |
| Bristol-Myers Squibb Co. 800-332-2056<br>~BuSpar ~ Prolixin<br>~Bristol-Myers Squibb Co.<br>~Desyrel ~ Serzone | Schering Laboratories/Key Pharm.<br>800-656-9485<br>~Trilafon        |
| Eli Lilly and Co. 800-545-6962<br>~Prozac ~ Zyprexa                                                            | Zeneca Pharmaceuticals 800-424-3727<br>~Elavil                       |
|                                                                                                                | Needymeds – <a href="http://www.needymeds.com">www.needymeds.com</a> |

## **Vision Assistance**

### **Kentucky Vision Project**

The client fills out the application and it can be faxed or mailed. The Project will review the application and once approved, they send the client a letter with instructions of where to go (date/time/location) to get their glasses. For an Application: <http://kyeyes.org/howitworks.cfm>

### **Kentucky Lion's Eye Foundation**

(Assistance w/ eye exams, glasses, etc.)  
301 E. Muhammad Ali Blvd. Louisville, KY 40202 (502) 583-0564

## **Dental Services**

Louisville Metro Department of Public Health and Wellness Mobile Dental Unit  
(502) 574-6688

### **Location and Dates (8:00 a.m. – 4:30 p.m.)**

#### **Monday and Wednesday:**

Southwest Government Center  
7219 Dixie Highway

#### **Friday: 8:00 a.m. to 1:00 p.m.**

L&N Building  
908 W. Broadway

University of Louisville Dentistry

#### **Tuesday and Thursday:**

Newburg Community Center  
4810 Exeter Ave.

Please call Patient Registration at 852-5096 between the hours of 8:30 a.m. through 5:00 p.m.

Comfort Dental

(502)935-0505

8700 Dixie Highway Louisville KY 40258

Park DuValle

(502) 774-4401

3015 Wilson Ave Louisville KY 40211

Homeless Healthcare

(502) 585-1878

712 E. Muhammad Ali Louisville KY 40202

## **Mental Health Services**

Centerstone Services, for all appointments call (502) 589-1100  
Crisis Number 1-800-221-0446

The following services are available through Centerstone:

- Jean Marlatt Centers for Supported Living
- Therapeutic Rehabilitation Clubhouses
- The Center for Rehabilitation and Recovery (Central State Hospital)
- Homeless Outreach Team-Phoenix Health Center
- Geriatrics Program
- Mental Health Homecare
- Traumatic or Acquired Brain Injury Services

The Brook Hospital  
8521 Lagrange Road Louisville, KY 40242 (502) 426-6380

The Brook Hospital  
1405 Browns Lane Louisville, KY 40207 (502) 896-0495

Norton Psychiatric Center  
200 East Chestnut St Louisville, KY 40202 (502) 629-8850

Bridgehaven (Provides recovery services for adults with mental illness)  
950 S. 1<sup>st</sup> Street Louisville, KY 40203 (502) 585-9444

Our Lady of Peace Hospital 24-Hour Crisis Line 1-800-451-3637  
2020 Newburg Road Louisville, KY 40205 (502) 451-3330

Central State Hospital  
10510 Lagrange Road Louisville, KY 40223 (502) 253-7000

## **Psychiatric Services**

University of Louisville Psychiatric Services, PSC (Must go through ER)  
550 Jackson St. Louisville, KY 40202 (502) 852-5866

Seven Counties Services  
(Must have insurance or Passport) (502) 589-1100

Baptist Hospital East/ Center for Behavioral Health (502) 896-7105

Norton Psychiatric Center  
200 East Chestnut St. Louisville, KY 40202 (502) 629-8850

Our Lady of Peace Hospital  
10510 Lagrange Road Louisville, KY 40223 (502) 253-7000

Our Lady of Peace Hospital 24-Hour Crisis Line 1-800-451-3637  
2020 Newburg Road Louisville, KY 40205 (502) 451-3330

Psychiatric Associates  
2000 Warrington Way Suite 160 Louisville, KY 40222 (502) 426-1500

## **Crisis Counseling**

### **Rape Services**

Center for Women and Families (502) 581-7273  
Provides all needed rape services

### **Domestic Violence Victim**

Center for Families (502) 566-7727  
Cabinet for Families and Children  
Adult Protective Services Intake (502) 585-4803  
To report all suspected domestic violence and elderly abuse

### **Pregnancy Hotlines**

Pregnancy Resource Center (Free Pregnancy Test) (502) 583-2151  
515 W. Oak St. Louisville, KY 40203

A Woman's Choice Resource Center (502) 589-9400  
101 W. Market Street Louisville, KY 40202

Opportunities for Life 1-800-822-5824

### **Child Abuse**

Cabinet for Families and Children  
Child Abuse Hotline 1-800-752-6200 or (502) 595-4550  
-To report all suspected Child Abuse, Neglect or Dependency

Social Worker Phone Directory (502) 595-4141 or the above number  
-To locate a social worker on all cases

Children first – Abuse Counseling (502) 893-3900

### **Hope Now Hotline** (24 / 7 access)

101 W. Muhammad Ali Blvd. Louisville, KY 40202 (502) 589-4313

### **Wave 3 “It’s Your Life” Youth Helpline**

Youth and their parents (502) 589-8727

### **Crisis Response Team**

Lessens the impact of a crisis or disaster (fire, etc.) 1-888-522-7228

### **Emergency Psychiatry Services (EPS)**

(24 / 7 emergency psychiatric evaluations to adults)  
University Hospital  
530 South Jackson Street Louisville, KY 40202 (502) 562-3120

### **Interlink Counseling Services**

8311-B Preston Highway  
Louisville, KY 40219  
(502) 964-2242  
(502) 964-7147

## **Employment Assistance and Staffing Companies**

### Adecco

101 Bullitt Ln. Louisville, KY 40222  
(502) 429-3994

### Ahead Staffing

2209 Heather Lane Louisville, KY 40218  
(502) 485-1000

### Belcan Staffing

11750 Shelbyville Rd. Louisville, KY 40203  
(502) 384-8150

### A Better Industrial Employee Inc

6100 Dutchman's Lane 8<sup>th</sup> Floor  
Louisville, KY 40205  
(502) 452-1306

### Caudill Seed

1402 W. Main St Louisville, KY 40203  
(502) 583-4402

### Center for Women and Families

Creative Employment Project  
927 S. Second St. Louisville, KY 40203  
(502) 581-7273

### Crew Career Center

200 W. Broadway Louisville, KY 40202  
(502) 213-4520

### Crown Services

3201 Fern Valley Rd Louisville, KY 40213  
(502) 964-1055  
6801 Dixie Hwy STE 145 Louisville, KY 40258  
(502) 935-6600

### Dunhill Staffing

211 N. Hurstbourne Pky Louisville, KY 40222  
(502) 213-9090

### Extension Staffing

1500 W. Market  
Louisville, KY 40203

### Express Personnel

11003 Bluegrass Pky #400  
Louisville, KY 40299

### Express Personnel Services

4919 Dixie Hwy Louisville, KY 40216  
(502) 449-6000

### Food Team

2500 Bardstown Rd Louisville, KY 40205  
(502) 451-8036

### GSI Commerce

7601 Tradeport Drive Louisville, KY 40258  
(502) 995-0223

### GTS Staffing

4200 Bishop Lane  
Louisville, KY 40218

### Integrity Staffing

500 Executive Park Louisville, KY 40207  
(502) 895-3440

### Job Corp

2900 W. Broadway Ste 214  
Louisville, KY 40211  
(502) 774-4904

### Kelley Services

3560 Bashford Ave  
Louisville, KY 40218

### Kelly Services

5141 Dixie Hwy. Louisville, KY 40216  
(502) 449-2726  
9200 Shelbyville Rd. Louisville, KY 40222  
(502) 425-7131  
220 W. Main St. Louisville, KY 40202  
(502) 585-2171

### Kentuckianaworks

Department for Employment Services  
<http://www.kentuckianaworks.org/>  
600 West Cedar Street Louisville, KY 40202  
(502) 595-4762  
5800 Fern Valley Road Louisville, KY 40228  
(502) 535-4150  
3934 Dixie Highway Louisville, KY 40216  
(502) 448-6681  
1809 S. 34<sup>th</sup> Street Louisville, KY 40211  
(502) 595-4753  
Job Line  
(502) 575-6182

### Kroger Distribution Center

2000 Nelson Pkwy Louisville, KY 40216  
(502) 254-4100

Labor Express

220 S. 18<sup>th</sup> Street Louisville, KY 40203  
(502) 582-5552

Labor Finders

11501 Plantside Drive Louisville, KY 40299  
(502) 261-0441

Labor Ready

4438 Dixie Hwy Louisville, KY 40216  
(502) 448-8842  
3611 Bardstown Rd. Louisville, KY 40218  
(502) 969-1759

Labor Works

3206 Preston Highway Louisville, KY 40213  
(502) 636-3444  
2600 Preston Highway Louisville, KY 40217  
(502) 638-1300

Malone Staffing

5522 Newcut Rd. Louisville, KY 40214  
(502) 565-4143

Manpower

1221 S. Hurstbourne Pkwy. Louisville, KY 40222  
(502) 426-2025  
455 S. 4<sup>th</sup> Street Louisville, KY  
(502) 583-1674  
161 Outer Loop Suite 102 Louisville, KY 40214  
(502) 363-7723

McClarty & Associates

502 S. 3<sup>rd</sup> Street Louisville, KY 40202  
(502) 583-5796

Premier Packaging

3900 Produce Rd. Louisville, KY 40218  
(502) 935-8786

Project One

2600 W. Broadway Louisville, KY 40211  
(502) 778-1003

Purcell Staffing

6609 Fern Valley Rd #101  
Louisville, KY 40219

Randstad

305 W. Broadway Louisville, KY 40202  
(502) 583-1237  
4424 Outer Loop Louisville, KY 40219  
(502) 969-9894

Remedy Staffing

4229 Bardstown Rd  
Louisville, KY 40218

Staffmark

5111 Commerce Crossings Louisville, KY  
(502) 968-7448

Swift Packaging

1200 Story Ave Louisville, KY 40206  
(502) 582-0011

Trojan Labor of Louisville

7405 Fegenbush Lane Louisville, KY 40228  
(502) 231-4300

Urban League

1535 W. Broadway Louisville, KY 40203  
(502) 585-4622

Kentuckiana Works Youth Career Center

510 W. Broadway Louisville, KY 40202  
(502) 574-4115

**Career One-Stop Center** - [www.careeronestop.org](http://www.careeronestop.org)

600 West Cedar Street, 6th & Cedar  
Louisville, KY 40202  
phone: (502) 595-4131

Veteran's reps, employment reps, phones, free internet & resume writer access computers are on site. Representatives are available with an appointment. The Kentuckian Works One Stop Career Center is a comprehensive service, offering a full range of job seeker and employer services. The center is comprised of the following partners: Department for Employment Services, Jefferson County Public Schools, Adult Education, Workforce Investment Act and AARP. Other partners are by referral and include Community Action Agency, Department for Vocational Rehabilitation, Job Corps, and DAELY.

**The Urban League** – [www.lul.org](http://www.lul.org)

1535 West Broadway  
Louisville, KY 40203  
Phone: (502) 561-6830

The Louisville Urban League's Center for Workforce Development helps families to become economically stable. Individuals looking for a job or a better career opportunity are provided these services through the Center:

- Employment search assistance
- Career counseling & case management
- Job readiness skills training
- Job placement referrals
- Post-placement support

The Center for Workforce Development also offers highly-specialized workshops to help individuals seeking employment.

**Goodwill Industries** – [www.goodwill.org](http://www.goodwill.org) (SEE PAGE 8)

Re-entry by Design – Open to Parolees only at this time

A two week comprehensive program designed to fulfill all of your employment needs. You will meet with a job search counselor. Attend classes covering topics such as interview techniques, resume writing, etc. More information is available through your Parole Officer. You must be referred to this program by your Officer.

**Youthbuild Louisville** - [www.youthbuildlouisville.org](http://www.youthbuildlouisville.org)

812 S. Preston Street  
Louisville, KY 40203  
Phone: (502) 290-6121

Requirements of YouthBuild:

- Ability to make a 1 year commitment to CHANGE!
- Be between the ages of 18-24
- Be available Monday-Friday from 9:00 AM-3:00 PM
- Be willing to work toward education goals (GED or College/Vocational)
- Commit to a minimum of 10 hrs. per week in a part-time job
- Complete 510 hours of both construction & education
- Be drug-free
- Be willing to participate in building a stronger community
- Be able to complete an intense four-week orientation

**NIA Center** - <http://www.louisvilleky.gov/niacenter/>

2900 W. Broadway  
Louisville, KY 40211  
(502) 574-3700

From starting a business, to getting a job, to finding transportation, you'll find what you and your business need here.

**Kentucky Office of Employment and Training** – [www.oet.ky.gov](http://www.oet.ky.gov)

Great job search engine!

Provides job services, unemployment insurance services, Labor Market Information, and training opportunities  
Includes service details and office locations

**Jefferson Community and Technical College** - <http://www.jefferson.kctcs.edu/>

Choose from among 70+ programs and more than 300 degree, diploma and certificate options, while taking advantage of smaller class sizes, an extensive support system and convenient locations.

**Prodigal Ministries, Inc.** - [www.prodigalky.org](http://www.prodigalky.org)

Women's program (502) 749-9194

Men's program (502) 588-9096

Prodigal Ministries has been described as the cutting edge for offender reentry programming and having a "holistic approach" to assisting felons. The Prodigal staff can realistically address prison aftercare because of their combined previous experience with the Kentucky Department of Corrections. Our staff has over 85 years of experience and over 10 years of establishment within the community, which includes over 5 years of residential programming. They have assisted the KY- DOC with pre-release services within the prisons for parolees and inmates who have served their entire sentence. Prodigal Ministries trains church members and volunteers to help offenders prior to release and after their release into the community. This instills a disciplined, spiritual lifestyle that makes transitioning easier in terms of housing, family issues, addictions, employment, medical and mental health.

**Canaan Community Development Corporation** - <http://ccdcky.org>

2840 Hikes Lane  
Louisville, KY 40218  
Telephone: (502) 776-6369  
Workforce/Program Specialist

Our Employment Program provides comprehensive employment services for job applicants and specialized needs to local employers. The program purpose is to train educate and prepare people for the workforce. We accomplish this by providing job readiness workshops, career enhancement seminars, career resource development and services, one-on-one assessments, counseling and support services that equip and empower persons to secure and retain employment in today's competitive job market.

<http://louisville.employmentguide.com/>

<http://www.carouselexpo.com/kentucky.htm>

***There are some Probation and Parole Officers that provide current job lists that are more specific. However, due to the constant updating those lists are not included in this manual.***

## **Housing, Halfway Houses, and Emergency Shelters**

**Louisville Coalition for the Homeless:** <http://www.louhomeless.org/>

- Bed One-Stop offers a centralized way for homeless people to secure a bed at any of Louisville's emergency shelters. Now, homeless individuals and families can reserve beds by stopping by 1300 S. Fourth Street, Suite 200, Monday through Friday from 10-1:30, or by calling (502) 637-BEDS from 10-2 seven days a week. We also maintain a centralized waiting list for homeless families and contact them when there's an opening that meets their specific needs.

## **Housing Authority of Louisville**

Executive Office: (502) 569-3420

Leasing and Occupancy (502) 569-3400

Special Investigations (502) 569-2376

Special Investigations Hotline (502) 569-2378

TDD Device for the Deaf (502) 569-3828

### **Communities:**

|                      |                                           |                |
|----------------------|-------------------------------------------|----------------|
| 550 Building         | 550 S. 8th Street Louisville, KY 40203    | (502) 569-3442 |
| Avenue Plaza         | 400 S. 8th Street Louisville, KY 40203    | (502) 569-3780 |
| Beecher Terrace-East | 434 S. 10th Street Louisville, KY 40203   | (502) 569-3403 |
| Beecher Terrace-West | 1125 Cedar Court Louisville, KY 40203     | (502) 569-4979 |
| Bishop Lane          | 4314 Bishop Lane Louisville, KY 40218     | (502) 569-6626 |
| Dosker Manor         | 413 E. Muhammad Ali Louisville, KY 40202  | (502) 569-4818 |
| Iroquois             | 1636 Squires Drive Louisville, KY 40215   | (502) 569-6651 |
| Lourdes Hall         | 735 Eastern Pkwy Louisville, KY 40217     | (502) 569-3902 |
| Parkway Place        | 1622-B S. 13th St. Louisville, KY 40210   | (502) 569-2373 |
| St. Catherine Ct.    | 1114 S. 4th St. Louisville, KY 40203      | (502) 569-3759 |
| Sheppard Square      | 740-E S. Hancock St. Louisville, KY 40203 | (502) 569-6807 |

**PLEASE SEE ADDITIONAL PDF FILE ON  
DOC WEBSITE FOR HALFWAY HOUSES,  
HOUSING, EMERGENCY SHELTERS, ETC.**

## **Family Services**

### **NEIGHBORHOOD PLACE**

Neighborhood Places that are fully open offer the following core services:

Case Management; Child Protective Services; Emergency Financial Assistance; Family Assessment; Family Case Management; Food Stamps; Information and Referral; Kentucky Temporary Assistance Program; School Social Service and Truancy Referrals; Temporary Assistance; Medical Assistance; Perinatal Case Management; Mental Health Counseling and Referral; Lead Poisoning Intervention; Resource Person for Pregnant Teens; Healthy Families; Medical Clinic; Linkage to Employment. Additional services available at each site are listed with the site information.

#### **First Neighborhood Place at Thomas Jefferson Middle School**

1503 Rangeland Road Louisville, KY 40219; Telephone (502) 962-3160

Additional Services: WIC Nutrition Program; Infant Car Seat Program; Community Outreach; Young Ladies like Us II; T.Y.P.E.

#### **Neighborhood Place at 810 Barret**

810 Barret Avenue Louisville, KY 40204; Telephone (502) 574-6638

Additional Services: WIC Nutrition Program

#### **South Jefferson Neighborhood Place (Fairdale Site)**

1000 Neighborhood Place Louisville, KY; Telephone (502) 363-1424

Additional Services: Community Outreach; Health Clinic Primary Care; Legal Aid for Domestic Violence; Prenatal Childbirth Classes; Family Planning

#### **South Jefferson Neighborhood Place (Valley High Site)**

1000 Dixie Highway Louisville, KY 40210; Telephone (502) 995-3000

#### **Neighborhood Place Northwest at Shawnee High School**

4018 West Market Street Louisville, KY 40212; Telephone (502) 772-4540

Additional Services: Healthy Start Initiative

#### **Neighborhood Place Ujima at the DuValle Education Center**

3500 Bohne Avenue Louisville, KY 40211; Telephone (502) 485-6710

Additional Services: Families in Transition; Community Partnership for Protecting Children; Mediations; NA; Domestic Violence Information Sessions; Healthy Start Initiative; EPA Initiative; Substance Abuse Counseling

#### **Neighborhood Place for Greater Cane Run Area**

3410 Lees Lane Louisville, KY 40216; Telephone (502) 485-6810

Additional Services: Environmental Health Specialist; Shively Area Ministries; Family, Individual, and Marriage Counseling

#### **Neighborhood Place Bridges of Hope**

1411 Algonquin Parkway Louisville, KY 40210; Telephone (502) 634-6050

Additional Services: WIC Nutrition Program; Healthy Start Initiative; Community Outreach; Housing Authority of Louisville Programs

#### **Satellite Office:**

1501 Rangeland Road Louisville, KY 40219; Telephone (502) 962-5660

All core services available except School Social Services

Additional Services: WIC Nutrition Program

#### **Neighborhood Place South Central**

Interim Address 810 Barret Louisville, KY 40204; Telephone (502) 574-6638

## **Transportation**

**TARC** provides public transportation in the Greater Louisville area with bus routes in Jefferson, Bullitt and Oldham counties in Kentucky and Clark and Floyd counties in Indiana. All TARC buses accommodate wheelchairs and are equipped with bike racks.

<http://www.ridetarc.org>

| <b>Cash Fares</b> All express riders must add \$1 additional fare, or 50¢ for discounted riders*           |        |
|------------------------------------------------------------------------------------------------------------|--------|
| Adult cash fare – cash fare will not include transfer trips.                                               | \$1.75 |
| With MyTARC smartcard single ride                                                                          | \$1.50 |
| MyTARC 10-trip pass – transfer trips within 2 hours of initial boarding                                    | \$15   |
| MyTARC 24-hour unlimited pass                                                                              | \$3.50 |
| MyTARC 7-day pass                                                                                          | \$15   |
| MyTARC 30-day pass                                                                                         | \$50   |
| TARC 3 cash fare                                                                                           | \$3.00 |
| College Students (Except UofL & UPS students)                                                              | \$1.50 |
| Students (Ages 6-17 only)*                                                                                 | 80¢    |
| Medicare cardholders*                                                                                      | 80¢    |
| Senior Citizens 65+*                                                                                       | 80¢    |
| Citizens with Disabilities*                                                                                | 80¢    |
| Fixed route with TARC 3 ID                                                                                 | 80¢    |
| Circulators (30¢ for Senior Citizens, Citizens with Disabilities, and Medicare Card Holders, and students) | 75¢    |
| Trolleys                                                                                                   | FREE   |
| Children (5 and under with adult)                                                                          | FREE   |
| Stop 'n' Go Transfer                                                                                       | FREE   |

### ***Greyhound Bus***

No reservations are necessary when you travel with Greyhound. If you know the departure schedule, simply arrive at the terminal at least an hour before departure to purchase your ticket. Boarding generally begins 15 to 30 minutes before departure. Seating is on a first-come, first- served basis. Advance purchase tickets do not guarantee a seat.

<http://www.greyhound.com/>

**Yellow Cab Taxi Service**

(502) 636-5511

1st Mile or less = \$4.30 Each Additional Mile = \$2.05

<http://yellowcablouisville.com/>

**DOC/KYTC Voucher Program**

Please contact your local Reentry Coordinator for scheduling; for supervised clients only

Transportation needs covered by program

- Substance Abuse Treatment
- Employment
- Education/Employment Training
- P&P Reporting
- Release from Incarceration
- Other instances (with approval)

## **General Educational Development (GED)**

Adult Education Website: [www.ged4u.com](http://www.ged4u.com)

The testing center is located at Jefferson Technical College (formerly KY Tech-Jefferson Campus), 727 West Chestnut Street, Louisville, KY 40203.

### **Requirements**

- Must be 17 years of age or older and out of a classroom setting for more than one year before making application or your high school class has graduated
- If you are less than 19 years of age, you must bring an official letter showing your date of withdrawal.
- Must be certified "test-ready" by obtaining a minimum score on the GED Official Practice Test (OPT). This test is given by Jefferson County Adult Education
- To make an appointment, call (502) 213-4100
- The fee to take the GED is \$50 (cash only, picture ID required). The fee for re-tests a session is \$25.

**Enrollment Centers-** students must enroll for classes through one of these sights before beginning at one of the class sites.

Ahrens Learning Center  
546 S. First Street Louisville, KY 40202  
Phone: (502) 485-7400

Duvall Learning Center  
3610 Bohne Ave Louisville, KY 40211  
Phone: (502) 485-8735

Nia Learning Center  
2900 East Broadway Louisville, KY 40211  
Phone: (502) 574-4100

Americana (Old Holy Rosary)  
4801 Southside Dr. Louisville, KY 40214  
Phone: (502) 485-7900

### **Class Sites:**

**Ahrens Learning Center  
Americana Community Center  
Beecher Terrace HAL-Baxter Center  
Berrytown Community Center  
Canaan Comm. Learning Center  
Cane Run Elementary  
Crescent Hill Library  
DuValle Learning Center  
Farnsley Community School  
Frost Middle School  
Goldsmith Learning Center  
Goodwill Industries  
Hazelwood Elementary  
Healing Place  
Iroquois High School  
Iroquois Homes  
Jeffersontown High School  
Jewish Family & Vocational Services  
Mabel Wiggins Center  
Meyzeek Community School  
Newburg Police Substation**

**NIA Learning Center  
OET  
Pleasure Ridge Park Adult Ed. Ctr.  
Portland Neighborhood House  
Portland Promise Center  
Seneca High School  
Seneca High School  
Sheppard Square-HAL  
Simmons College  
Southern High School  
Southwest Regional Library  
Spectrum Center  
St. Augustine  
St. George Comm. Ctr. Tachau House  
Sullivan University  
Sun Valley Community Center  
Wayside Christian Mission  
Wesley House  
Westport TAPP  
Wilkerson Learning Center  
Youth Build**

\*\*Beginning 4/30/2001 GED classes available in Spanish on Tuesday and Thursday from 6:00 p.m. to 9:00 p.m. at Ahrens Learning Center. Call (502) 485-3400 for more information. (May no longer be available.)

\*\* To enroll, call (502) 485-7400 to make an appointment at one of the above enrollment centers.

\*\* GED classes are available at the library at certain times. With a library card, the GED can be taken at no cost.

## **GED on TV**

The KET/GED Video Series is an instructional program that helps adults prepare for the GED exam.

Each session involves watching 39 30-minute programs on KET and completing lessons in three GED workbooks. The enrollment fee of \$50 covers the workbooks, a pre-test to determine what you need to study the most, a GED Practice Test at the end of your studies, and the current cost of taking the GED Test at your local Official Testing Center.

Telephone tutoring is also available each weekday and after the evening math programs.

The GED on TV Student Support Office is located at Morehead State University.

To enroll or to get information, you must call the Student Support Office at 1-800-538-4433 or KET at 1-800-354-9067

### **Kentucky Enrollment Process**

- In KY, call 1-800-538-4433, Monday through Friday between 8:30am and 4:30pm, eastern time
- You will receive detailed schedules and an enrollment form by mail. Fill out the form and return it with your \$50 enrollment fee.
- You will then receive the pre-test by mail. Complete and return it by the date indicated.
- Your pre-test results and workbooks will be mailed to you.
- Begin watching the GED series and completing workbook lessons according to your study session start date.
- Toward the end of the session, you will receive the GED Practice Test by mail. Complete and return it. Test results will be returned to you within a week.
- When you receive your voucher that pays the GED Test fee, make an appointment to take the GED test at the local testing center. After you take the test, you will receive your results and your GED diploma from the Division of Adult Education in Frankfort.

## **Jefferson County High School Programs**

(Offender receives diploma rather than GED)

All admissions must go through Old Male High School 900 S. Floyd in the Dawson Orman Building (502) 485-3173

Ahrens Education Center  
546 S. 1<sup>st</sup> Street Louisville, KY 40202

Liberty High School  
3307 Indian Trail Louisville, KY 40213

Iroquois High School  
4615 Taylor Blvd. Louisville, KY 40215

Fairdale High School  
Vocational Building  
1001 Fairdale Rd. Fairdale, KY 40218

Lyndon Education Center  
502 Wood Rd. Louisville, KY 40222

- Must be 16 years of age or older
- Must have completed 8<sup>th</sup> grade
- Must complete a screening test and orientation.

## **Colleges/Universities/Trade Schools**

### **University of Louisville**

All campuses  
(502) 852-5555  
[www.louisville.edu](http://www.louisville.edu)

### **Bellarmino University**

2001 Newburg Rd. Louisville, KY 40205  
(502) 452-8131  
(502) 452-8000  
[www.bellarmino.edu/](http://www.bellarmino.edu/)

### **Daymar College**

4400 Breckinridge Lane Louisville, KY 40218  
4112 Fern Valley Rd. Louisville, KY 40219  
(502) 495-1040  
[www.daymarcollege.com](http://www.daymarcollege.com)

### **Galen College**

612 S. 4<sup>th</sup> Street Louisville, KY 40202  
(502) 582-2305

### **Indiana Wesleyan University**

263 Whittington Parkway Louisville, KY 40222  
(502) 261-5015  
[www.indwes.edu](http://www.indwes.edu)

### **ITT Technical Institute**

10509 Timberwood Circle Louisville, KY 40223  
(502) 327-7424  
[www.itt-tech.edu](http://www.itt-tech.edu)

### **Jefferson Community and Technical Colleges**

All campuses  
(502) 213-5333  
[www.jctc.kctcs.net](http://www.jctc.kctcs.net)

### **Louisville Technical Institute**

3901 Atkinson Square Louisville, KY 40218  
(502) 456-6509  
[www.louisvilletech.com](http://www.louisvilletech.com)

### **National College of Business and Technology**

4205 Dixie Highway Louisville, KY 40216  
(502) 447-7634

### **Northwood University**

420 S. Hurstbourne Ln. Louisville, KY 40222  
(502) 326-9919  
[www.northwood.edu/uc/centers/kentucky](http://www.northwood.edu/uc/centers/kentucky)

### **Brown Mackie College**

3605 Fern Valley Rd. Louisville, KY 40219  
(502) 968-7191  
[www.retsaec.com](http://www.retsaec.com)

### **Spalding University**

851 S. 4<sup>th</sup> Street Louisville, KY 40203  
(502) 585-9911  
[www.spalding.edu](http://www.spalding.edu)

### **Spencerian College**

4627 Dixie Hwy Louisville, KY 40216  
(502) 447-1000

### **Sullivan University**

3101 Bardstown Rd Louisville, KY 40205  
(502) 456-6505  
[www.sullivan.edu](http://www.sullivan.edu)

\*\*For information on taking the ACT, contact Jefferson County Public Schools at (502) 485-7400

\*\*Contact the Financial Aid Office at the school you are enrolling in for information on Tuition assistance

## **Interpreters**

**Please contact your District supervisor for approval prior to setting up interpreter services.**

Kentucky Commission on the Deaf and Hard of Hearing  
Access Center ([www.kcdhh.ky.gov](http://www.kcdhh.ky.gov))

The Center for Accessible Living  
981 S. Third Street  
Louisville, KY 40203  
(502) 589-6690  
(3 other sites in KY are available)

- Accepts requests for interpreter's service from state agencies
- Requests are received via fax, phone, e-mail, letter, or in person
- The requesting agency makes arrangements for payment for services with the individual interpreter.
- Attempt to match interpreters with the appropriate skills for a particular assignment.
- Requests should be made at least two weeks in advance.

## **Vocational Rehabilitation Services**

410 W. Chestnut St. 2<sup>nd</sup> floor  
Louisville, KY 40201  
(502) 595-4173

This service offers job placement assistance for people with a disability. In some cases, job training is also provided.

Vocational Alternatives  
(Mentally Ill)  
Central State Hospital  
(502) 253-7500

## **Disabilities**

|                                                                               |                      |
|-------------------------------------------------------------------------------|----------------------|
| Action Alert Network                                                          | 1-800-977-7505       |
| American Printing House for the Blind                                         | (502) 895-2405       |
| American Red Cross                                                            | (502) 589-4450       |
| Autism Society of Kentuckiana                                                 | (502) 852-4631       |
| Brain Injury Association of KY                                                | (502) 493-0609 x. 22 |
| Bridgehaven Inc                                                               | (502) 585-9444       |
| Cain Center for the Disabled                                                  | (502) 589-3030       |
| Center for Accessible Living <a href="http://www.calky.org">www.calky.org</a> | (502) 589-6620       |
| Center for Attention Deficit Disorder                                         | (502) 412-9197       |
| Central State Hospital                                                        | (502) 253-7500       |
| Christian Church Homes of KY <a href="http://www.cchk.org">www.cchk.org</a>   | (502) 254-4200       |
| Commission for Children with Special Healthcare Needs                         | (502) 595-4459       |
| Community Employment (Developmental Disabilities)                             | (502) 451-5601       |
| Community Living                                                              | (502) 585-5275       |
| Council on Mental Retardation                                                 | (502) 584-1239       |
| Custom Quality Services (Employment for clients w/ MR)                        | (502) 585-5221       |
| Day Spring (Residential Group Home serving developmental issues)              | (502) 636-5990       |
| Deaf Relay Service                                                            | 1-800-648-6056       |
| Dept. for the Blind                                                           | (502) 327-6010       |
| Division of Communicative Disorders                                           | (502) 852-5274       |
| Dream Factory                                                                 | (502) 637-3111       |

|                                                                                                         |                |
|---------------------------------------------------------------------------------------------------------|----------------|
| Dreams w/ Wings                                                                                         | (502) 459-4647 |
| Goodwill Industries <a href="http://www.gwik.org">www.gwik.org</a>                                      | (502) 585-5221 |
| GuardiCare Services <a href="http://www.guardiacare.org">www.guardiacare.org</a>                        | (502) 585-9949 |
| Hazelwood Center                                                                                        | (502) 361-2301 |
| Home of the Innocents (Autism)                                                                          | (502) 596-1246 |
| Independent Industries <a href="http://www.independentindustries.com">www.independentindustries.com</a> | (502) 451-4631 |
| KY Alliance for the Mentally Ill                                                                        | (502) 245-5284 |
| KY Autism Training Center                                                                               | (502) 852-4631 |
| KY Dept. for Vocational Rehab                                                                           | (502) 574-4100 |
| KY Developmental Disabilities Council                                                                   | 1-800-928-6583 |
| KY Foundation for At-Risk Children                                                                      | (502) 584-1776 |
| KY Opportunities                                                                                        | (502) 254-4248 |
| KY Psychological Association                                                                            | (502) 894-0777 |
| KY School for the Blind                                                                                 | (502) 897-1583 |
| KY Special Parent Involvement Network (Family Advocacy)                                                 | (502) 937-6894 |
| Kosair Charities Pediatric Convalescent Center                                                          | (502) 596.1127 |
| Learning Disabilities Association of KY                                                                 | (502) 473-1256 |
| Louisville Deaf Oral School                                                                             | (502) 515-3320 |
| Louisville Diversified Services                                                                         | (502) 581-0658 |
| Make a Wish Foundation                                                                                  | (502) 253-6490 |
| March of Dimes Birth Defects Foundation                                                                 | (502) 895-3734 |
| Mattingly Center for Continuing Ed.<br>(Developmentally Disabled Adults)                                | (502) 451-6200 |
| Mental Health Assoc. of KY <a href="http://www.mahky.org">www.mahky.org</a>                             | (502) 893-0460 |
| Meredith Dunn Learning Center                                                                           | (502) 456-5819 |
| St. John Center <a href="http://www.stjohncenter.org">www.stjohncenter.org</a>                          | (502) 568-6758 |
| Services for the Deaf and Hard of Hearing                                                               | (502) 589-8910 |
| Social Security/Disability                                                                              | (502) 582-6690 |
| Special Olympics                                                                                        | (502) 326-5002 |
| TDD Crisis Information Center                                                                           | (502) 589-4259 |
| Traumatic or Acquired Brain Injury Services                                                             | (502) 589-4313 |
| Visually Impaired Preschool Services                                                                    | (502) 636-3207 |
| Vocational Alternatives                                                                                 | (502) 589-8926 |
| Vocational Rehabilitation Services                                                                      | (502) 595-4173 |
| Wellspring                                                                                              | (502) 637-4361 |

## **OBTAINING A DRIVER'S LICENSE OR ID**

### **For individuals who have never had a license or ID (Probationers):**

- Must have original certified birth certificate
- Must have Social Security card
- Must go to Bowman Field office for new licenses

### **For individuals who were released from DOC on HIP, Parole, Serve Out, Shock Probation, or Pardon: *HB 428: Inmate ID Cards***

- A release letter that shall contain: full legal name, discharge/release date, signature, SS #, DOB, present KY address, and physical description.
- Copy of resident record card and parole certificate (or notice of discharge)
- A photograph of the offender (printed on plastic card or paper, ID Letter will have picture)
- Certified copy of Birth Certificate

### **LOCATIONS**

|                           |                                                    |                |
|---------------------------|----------------------------------------------------|----------------|
| 1. Bowman Field           | 3501 Roger E. Schupp Louisville, KY 40205          | (502) 595-4405 |
| 2. Downtown               | 660 S. 3 <sup>rd</sup> Street Louisville, KY 40202 | (502) 595-4924 |
| 3. Central Gov't Center   | 7201 Outer Loop Louisville, KY 40228               | (502) 239-4292 |
| 4. Southwest Gov't Center | 7219 Dixie Hwy Louisville, KY 40258                | (502) 595-4703 |
| 5. East Gov't Center      | 220 Juneau Drive Louisville, KY 40243              | (502) 244-6097 |

*\*Appointments are required to obtain driver's license or ID. Please visit [www.drive.ky.gov](http://www.drive.ky.gov) for more information*

## **OBTAINING A BIRTH CERTIFICATE**

Applications for birth certificates may be obtained at the Health Department office at 400 E. Gray Street. An application may also be obtained by calling (502) 574-6596. This application and a \$10 check or money order must be mailed to:

Vital Statistics  
275 East Main St. 1E-A  
Frankfort, KY 40621

**\*\*Individuals who were born in another state may also contact the Health Department, 400 E. Gray St. at (502) 574-6596 to obtain the address of their birth state's Bureau of Vital Statistics.**

Order online: <https://www.vitalchek.com/v/birth-certificates/kentucky/kentucky-office-of-vital-statistics>

## **OBTAINING A SOCIAL SECURITY CARD**

To replace a social security card, the SS-5 form must be completed. This form can be obtained on the Internet ([www.ssa.gov](http://www.ssa.gov)), through the local social security office, or by calling 1-800-772-1213.

**PROPER IDENTIFICATION IS REQUIRED!** (Driver's license, marriage or divorce record, military records, employer ID card, adoption record, insurance policy, passport, health insurance card, school ID card, parole certificate)

- For a replacement card, one identifying document is necessary. It will be the same number as the old card.
- For a name change, documentation of old and new name is necessary
- For a new card, documentation proving age, citizenship or lawful alien status, and identification are necessary.

No photocopies of documents are accepted. The original documents or copies certified by the custodian of record are required. Notarized copies are not acceptable.

**LOCATIONS OF SOCIAL SECURITY OFFICE**

<https://secure.ssa.gov/apps6z/FOLQ/Controller>

|                                                  |                |
|--------------------------------------------------|----------------|
| 601 W. Broadway Room 101 Louisville, KY 40202    | 1-888-716-9671 |
| 2500 W. Broadway Ste 500 Louisville, KY 40211    | 1-888-810-7612 |
| 10503 Timberwood Cir Ste 50 Louisville, KY 40223 | 1-888-280-5851 |

|                                              |                |
|----------------------------------------------|----------------|
| National toll-free number is also available. | 1-800-772-1213 |
|----------------------------------------------|----------------|

## **PARENTING CLASSES**

Family and Children's Counseling Centers  
(6 sessions/weeks)

*Pre-register by calling Intake at*

*(502) 893-3900 ext. 275 or 276*

10936 Dixie Hwy. Louisville, KY 40272

(502) 381-5363

(Mon 5:00 – 6:30pm)

209 Executive Park Louisville, KY 40207

(502) 895-4671

(Wed 5:00 – 6:30pm)

703 So. 31<sup>st</sup> St. Louisville, KY 40211

(502) 776-4200

(Thurs 1:00-2:30pm)

Greater Louisville Counseling

332 W. Broadway STE 905 Louisville, KY 40202

(502) 587-9737

Seven Counties Services: Parenting classes and workshops, groups that promote healthy lifestyles, peer leadership activities, speakers' bureau, health fairs and community events and Preparing for drug free years program. Call (502) 589-8600

### **Council on Prevention and Education Substance (COPES)**

Provides consultation, education and training services on youth and family strengthening programs that have demonstrated strong research results of increasing protective factors and personal and family behaviors.

845 Barret Ave

Louisville, KY 40204

(502) 583-6820

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

### **Neighborhood Place**

3410 Lee Lane

Louisville, KY 40216

(502) 485-6810

## **Child Development**

Child Support Office (502) 574-8300

Community Coordinated Childcare (502) 618-5675

KCHIP 1-877-524-4718

Passport 1-800-578-0603

WIC (502) 584-6676

Commission for Children w/ Special Health Care Needs (502) 595-4459

First Steps (502) 459-0225

Healthy Start (502) 574-5275

Head Start (502) 485-1919

Home of the Innocents (502) 596-1000 [www.homeoftheinnocents.org](http://www.homeoftheinnocents.org)

Community Coordinated Child Care (4C's) <http://www.4cforkids.org/>

4018 W. Market Street Louisville, KY 40212 (502) 485-7236

## **Emergency Financial Assistance**

American Red Cross  
510 E. Chestnut St., 40202  
Disaster assistance & assistance  
To military and their families  
(502) 589-4450

Eastern Area Community Ministries  
11700 Main St. Louisville, KY 40243  
Serves zip codes 40018, 40027, 40059, 40222,  
40223, 40241, 40242, 40243, 40245  
(502) 244-6141

Fern Creek-Highview United Ministries  
5920 Bardstown Rd., 40291  
Serves zip codes 40291 & 40228  
(502) 239-7407

Help Ministries of Central Louisville  
425 S. Second St., 40202  
Area residents  
(502) 637-6441

Highlands Community Ministries  
1140 Cherokee Rd., 40204  
Serves zip codes 40205 & part of 40204  
(502) 451-3695

Jefferson County Human Services  
Family Assessment Center  
810 Barrett Ave., 3<sup>rd</sup> Floor, 40204  
Emergency financial services, case  
management & referral  
(502) 574-8000

Jeffersontown Area Ministries  
10617 Taylorsville Rd. Louisville, KY 40299  
Serves zip codes 40220, 40223, 40299  
(502) 267-1055

Ministries United of South Central Louisville  
(MUSCL)  
1207 Hart Ave. Louisville, KY 40213  
Serves zip codes 40213, 40217, 40219 & 40229  
(502) 363-9087

Neighborhood Visitor Program  
9104 Westport Rd. Louisville, KY 40242  
Serves zip codes 40018, 40027, 40059, 40222,  
40223, 40241, 40242, 40243, 40245  
(502) 426-2824

St. Matthew Area Ministries  
201 Biltmore Rd. Louisville, KY 40207  
(502) 893-5704

St. Vincent DePaul Society  
1015 S. Preston Street Louisville, KY 40203  
(502) 584-2480

Shively Area Ministries  
1867 Farnsley Rd. Louisville, KY 40216  
Serves zip code 40216  
(502) 447-4330

Sister Visitors Program  
2235 W. Market St. Louisville, KY 40212  
Serves zip codes 40203, 40211, 40212  
(502) 776-0434

Southwest Community Ministries  
10936 Dixie Hwy. Louisville, KY 40272  
Serves zip codes 40258, 40272, 40177  
(502) 935-9957

United Crescent Hill Ministries  
150 S. State St. Louisville, KY 40206  
Serves zip code 40206 (not Butchertown)  
(502) 893-0346

Walnut Street Baptist Church  
1101 S. 3<sup>rd</sup> Street Louisville, KY 40203  
(502) 589-3454

## **Clothing**

### Baptist Fellowship Center

1351 Catalpa St. Louisville, KY 40211  
(502) 774-2734  
Serve Western Louisville

### Bethlehem Baptist Church

5708 Preston Hwy Louisville, KY 40219  
(502) 964-4348  
(Tues.-Thurs. 11:00-4:00pm)

### Clothe-A-Child Consortium

2124 W. Muhammad Ali Blvd.  
Louisville, KY 40212  
(502) 772-1225

### DAV

1701 Berry Blvd. Louisville, KY 40215  
(502) 368-6431  
2208 W. Jefferson Louisville, KY 40211  
(502) 778-7128  
Also has furniture

### Dress for Success

309 Guthrie St. Louisville, KY 40202  
(502) 584-8050

### Fairdale Area Community Ministries

10616 W Manslick Rd Louisville, KY 40272  
(502) 367-9519  
Serve Southern Jefferson County  
Fern Creek-Highview United Ministries  
6104 Bardstown Rd Louisville, KY 40291  
(502) 762-0630  
Serves 40291, 40228, 40299

### Goodwill Industries

909 E. Broadway Louisville, KY 40204  
(502) 584-8821  
4904 Brownsboro Rd Louisville, KY 40222  
(502) 425-1365  
9321 New LaGrange Rd Louisville, KY 40242  
(502) 429-6758  
4224 Shelbyville Rd Louisville, KY 40207  
(502) 895-7842  
12107 Shelbyville Rd Louisville, KY 40243  
(502) 253-9213  
4101 Taylorsville Rd Louisville, KY 40220  
(502) 456-4735 (Also has furniture)

### Grace Lutheran Church

452 N 26<sup>th</sup> St. Louisville, KY 40212  
(502) 778-7211

### The Healing Place

(Men) 1020 W. Market St Louisville, KY 40202  
(502) 584-6606 (noon-1pm, 5-6pm)

(Women) 1607 W. Broadway

Louisville, KY 40203  
(502) 589-3454 (call first, closes 4:30pm)

### Infant Resource Center

417 East Broadway Louisville, KY 40202  
(502) 584-2343  
(Mon, Wed, & Fri 10am-2pm, Call for appt and have proof of Guardianship)

### Emmanuel Missions

14008 Dixie Hwy. Louisville, KY 40272  
(502) 935-1591  
(Children's Clothing)

### Jefferson County Public Schools

(Jacob Annex; Tuesday & Wednesday 9:30-11:30am)  
(502) 485-3228  
Apply only through school

### MUSCL

1207 Hart Ave Louisville, KY 40213  
(502) 363-9087 serves 40213, 17, 19, 29

### Nearly New Shop

Mid City Mall  
(502) 454-6633

### Plymouth Urban Center

1626 W Chestnut St Louisville, KY 40203  
(502) 583-7889

### Presbyterian Community Center

701 S. Hancock St Louisville, KY 40203  
(502) 584-0201  
Salvation Army  
The Center of Hope  
831 S. Brook Street Louisville, KY 40203  
(502) 625-1170

### Schuhmann Social Services Center

730 E. Gray Street Louisville, KY 40202  
(502) 589-6696  
Serves N. to river, W. to 13<sup>th</sup> St  
S. to Hill St, & E. To Baxter  
(Mon. – Fri. 9:00-11:45am)

### Shively Area Ministries

1867 Farnsley Rd. Louisville, KY 40216  
(502) 447-4330

### Sister Visitor Program

2235 W. Market St Louisville, KY 40212  
(502) 776-0155 or (502) 776-0434

Southeast Christian Church

Helping Through Him  
920 Blankenbaker Louisville, KY 40243  
(502) 253-8000

Sts. Simon and Jude

4335 Hazelwood Ave Louisville, KY 40215  
(502) 367-8888

St. Vincent DePaul Society

1029 S. Preston St Louisville, KY 40203  
(502) 584-2480

United Crescent Hill Ministries

James Lee Pres. Church  
1741 Frankfort Ave Louisville, KY 40206  
(502) 896-0172 Serves Crescent Hill  
Clifton and Clifton Heights

Walnut Street Baptist Church

Christian Social Ministries  
111 S. 3<sup>rd</sup> St Louisville, KY 40202  
(502) 589-3454  
(Mon. & Thurs. 12:30-3:30; call for appointment)

Wayside Christian Mission

808 E. Market St Louisville, KY 40206  
(502) 584-3711  
(Mon-Fri 8am-4:30pm)

## **Emergency Food**

For emergency, contact the Reentry Hotline at 1-877-INMATE4

When going to one of these agencies, you should take:

- Identification such as Social Security card for each family member
- Rent or utility receipts
- Social Security Card

Baptist Fellowship Center  
1351 Catalpa St. Louisville, KY 40211  
Parkland Area  
By appointment only

Bethlehem Baptist Church  
5708 Preston Highway Louisville, KY 40219  
(502) 964-6403

Cabbage Patch Settlement House  
1413 South 6<sup>th</sup> St Louisville, KY 40208  
(502) 634-0811 Serves 40203, 08, 10

Dare to Care  
Call for local distribution  
(502) 966-3821

Fairdale Area Community Ministries  
(502) 367-9519 or (502) 366-2142

Franciscan Shelter  
748 S. Preston Street Louisville, KY 40203  
(502) 589-0140

Highland Community Ministries  
(502) 451-3695

Jefferson Street Baptist  
733 E. Jefferson Louisville, KY 40202  
(502) 584-6543  
(Mon-Fri 7am-3pm,  
Sat 11am, and Sun  
7:30am)

Jefferson St Baptist @ Liberty  
800 E. Liberty St. Mon-Fri 7:30am

Jeffersontown Association  
Of Christian Congregations  
10617 Taylorsville Road Louisville, KY 40299  
(502) 267-1055

Kentucky Harvest  
1839 Brownsboro Rd. Louisville, KY 40206  
(502) 894-9999

Lord's Kitchen  
2732 S. 5<sup>th</sup> St Louisville, KY 40208  
(502) 634-1165

Louisville Central Community  
1300 W. Muhammad Ali Blvd  
Louisville, KY 40203  
(502) 589-6982

Neighborhood House  
225 N. 25<sup>th</sup> St Louisville, KY 40212  
(502) 774-2322

New Beginnings for Women  
1261 S Brook St. Louisville, KY 40203  
(502) 634-4252

Neighborhood Visitor  
9104 Westport Road Louisville, KY 40242  
(502) 426-2824

Newburg Community Center  
4810 Exeter Ave Louisville, KY 40218  
(502) 458-5353

Plymouth Community Renewal Center  
1626 W. Chestnut St Louisville, KY 40203  
(502) 583-7889

Salvation Army  
831 S. Brook St. Louisville, KY 40203  
(502) 625-1170

St Anthony's Soup Kitchen  
529 E Liberty St. Louisville, KY 40202  
(502) 584-9075

St. Augustine Church  
1310 W. Broadway Louisville, KY 40203  
(Sandwiches: Mon-Fri 10:30am-noon)  
(502) 584-4602

St. Vincent DePaul  
1026 S. Jackson Street Louisville, KY 40203  
(502) 584-2480

Sts. Simon and Jude Church  
4335 Hazelwood Ave. Louisville, KY 40215  
(502) 367-8888

Supplemental Nutrition Assistance Program  
SNAP Benefit Information (Food Stamps)  
<http://chfs.ky.gov/dcbs/dfs/foodstampsebt.htm>  
(502) 564-7050

## **Groceries**

Dare to Care Food Bank (502) 966-3821 <https://www.daretocare.org/need-food/>

Kentucky Harvest (502) 894-9999

Sister Visitor Center (502) 776-0155

Angel Food Ministries 1-877-FOOD-MINISTRY (1-877-366-3646)

<http://www.angelfoodministries.com/>

Angel Food Ministries is able to provide families with approximately \$65 worth of quality nutritious food for only \$30 every month and there is no limit to these services. Everyone qualifies and they also accept food stamps.

## **Commodity Supplemental (Food)**

Food Program (502) 595-3031

1616 Rowan Street. (For those 60 and over, children 0-6 years, pregnant, postpartum and breastfeeding women not on WIC). Call for income guidelines.

Children (WIC) (502) 574-6676

(For pregnant, postpartum and breastfeeding women and children 0-5 years) Call for site nearest you to get an appointment.

## **SENIOR CITIZEN'S SERVICES**

Senior Social Services- Catholic Charities  
2911 S. 4<sup>th</sup> Street, (502) 637-9786

Aging Resource Center (502) 589-4941

Aging and Disabled Citizens (502) 574-5092

Elder Serve, Victims of Crime, Group Services, Nutrition Program etc. (502) 587-8673

Grandparents raising Grandchildren Support Group (502) 778-7418

Elder Serve Home Care (502) 583-8012

Adult Protective Services (502) 595-4803

Long-Term Care Ombudsmen (Nursing Home Issues) (502) 637-9786  
Catholic Charities Service

AARP Senior Employment (502) 584-0309

600 W. Cedar on the Lower Level

- Offers paid work experience designed to help seniors get jobs.

## **VETERAN'S SERVICES**

### The Healthcare for Homeless Veterans Program

Counseling, Employment Skills Training, Group Counseling, Legal Assistance, Life Skills and Enrichment, Medical Treatment, Mental Health Services, Recreation Activities, Self-Esteem Building, Substance Abuse Treatment and Volunteer and Social Work Services.

This program can be accessed by coming to or calling any of the following locations:

VETSUCCESS.GOV (employment)-321 West Main Street, STE 390, Louisville, KY 40202 (502) 566-4453

VET PLACE - 755 So. Shelby St. Louisville, KY 40203 (502) 583-2199 (also 5 transitional beds)

**Homeless Vets Program** – [www1.va.gov/homeless.index.asp](http://www1.va.gov/homeless.index.asp) Telephone: (877) 424-3838

### VA HEALTHCARE CENTER

Dupont (Mental Health Clinic), 4010 Dupont Circle Louisville, KY 40207 (502) 287-6187

3934 N. Dixie Hwy Ste. 210 Louisville, KY 40216 (502) 287-6000

### LOUISVILLE VA MEDICAL CENTER

800 Zorn Ave. Louisville, KY 40206 (502) 287-4000 or [www.louisville.va.gov](http://www.louisville.va.gov)

### St. John Center HCHV Veterans Program

700 E Muhammad Ali Blvd Louisville, KY 40202 (Mon-Fri), (502) 581-1171 (Assessment & Referral)

Reimbursement for Licensing or Certifications for most professions-call 1-888-442-4551

Veterans Center (Outreach), 1347 S 3<sup>rd</sup> St. Louisville, KY 40208 (Mon-Fri 9am-5pm)

(Combat Veterans & Trauma Survivor Counseling) (502) 634-1916

(Employment Services)

### Apprenticeship Training or On-the-Job Training Benefit:

Call Lexington Office, John Schornick, coordinator, (859) 246-3352

Or Call Shelbyville office, Dr. Ruth Bunch, coordinator, (502) 633-5196 or messages at (859) 246-3226

### Substance Abuse Treatment Facility Locator

1-800-662-HELP or [www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov)

### Interlink Counseling Services

8311-B Preston Highway

Louisville KY 40219

(502) 964-2242 or (502) 964-7147

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

Genesis House, 8311 Preston Hwy. Louisville, KY 40219 (15 Transitional beds for veterans)

Harmony House, 8311 Preston Hwy. Louisville, KY 40219 (10 Transitional beds for veterans)

New Hope, 8311 Preston Hwy. Louisville, KY 40219 (17 Transitional beds for veterans)

Suicide Prevention Lifeline – 1-800-273-8255 [www.suicidepreventionlifeline.org/veterans/default.aspx](http://www.suicidepreventionlifeline.org/veterans/default.aspx)

U.S. Department of Defense Support for Troops & Families – [www.militaryhomefront.dod.mil](http://www.militaryhomefront.dod.mil)

Military One Source – 1-800-342-9647 [www.militaryonesource.com](http://www.militaryonesource.com)

## **HIV/AIDS Programs**

### ***HIV & AIDS LEGAL PROJECT***

810 Barret Avenue  
Louisville, Kentucky 40204  
(502) 574-8199 or 1-800-292-1862

Operating Agency: Legal Aid Society, Inc.  
Person in Charge: Jeffrey A. Been, Program Director  
Hours of Operation: Monday through Friday, 9:00 a.m. to 5:00 p.m.  
Fees: None  
Eligibility Requirements: Income guidelines; Jefferson/Bullitt/Hardin/Henry/Spencer/Trimble/Oldham  
Intake Procedure: Call for information  
Area Served: Metropolitan Louisville Area

About the Program: A public interest law firm, provides free legal services for individuals living with HIV/AIDS residing in Jefferson, Breckinridge, Bullitt, Grayson, Hardin, Henry, LaRue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble and Washington counties, whose income is at or near below 1 ½ times the federal poverty level.

### ***SPECIALTY CLINIC***

850 Barret Avenue, Suite 301  
Louisville, Kentucky 40204  
(502) 574-6699

Operating Agency: Jefferson County Health Department  
Person in Charge:  
Hours of Operation: Monday through Friday, 8:00 a.m. to 4:30 p.m.  
Fees: None  
Eligibility Requirements: No restrictions  
Intake Procedure: Call for information  
Area Served: Jefferson County, Kentucky

About the Program: Provide diagnostic treatment and counseling services for individuals with sexually transmitted diseases. Offers HIV counseling and testing.

### ***SUPPORT SERVICES, HOUSE OF RUTH***

607 East St. Catherine Street  
P.O. Box 14334  
Louisville, Kentucky 40203  
(502) 587-5080 (502) 587-5009 fax  
[houseofruth@aol.com](mailto:houseofruth@aol.com) email

Operating Agency: House of Ruth  
Person in Charge: Linda Underwood, Director  
Hours of Operation: Monday through Friday, 9:00 a.m. to 5:00 p.m.  
Fees: Call for information  
Eligibility Requirements: Women, children and families affected by HIV or AIDS  
Intake Procedure: Call for information  
Area Served: Metropolitan Louisville Area

About the Program: Provides assistance for women, children and families infected and affected by HIV or AIDS. Services include shelter, household assistance, respite for caregivers, financial assistance for respite child care, information about and referral to community resources, and shared experience and spiritual support. They provide a residential facility for men with HIV/AIDS at an undisclosed location. Have a partnership with Louisville Housing Authority.

***AIDS PROJECT***

933 Goss Avenue  
Louisville, Kentucky 40217  
(502) 574-0161 (502) 637-8111 fax

Operating Agency: Volunteers of America  
Person in Charge: Tina Haley, Program Coordinator  
Hours of Operation: Monday through Friday, 8:00 a.m. to 5:00 p.m.  
Fees: None  
Eligibility Requirements: HIV+ or injectable drug users  
Intake Procedure: Call for information  
Area Served: Jefferson County, Kentucky

About the Program: Offers HIV education and outreach to injectable drug users and HIV+ individuals who are not currently in treatment to help reduce HIV risk behaviors. Also provides referrals to drug treatment and housing facilities.

***AIDS SERVICES CENTER COALITION***

Urban Government Center, Room 265  
810 Barret Avenue  
Louisville, Kentucky 40204  
(502) 574-5490

Operating Agency: Jefferson County Health Department  
Person in Charge:  
Hours of Operation: Monday through Friday, 8:00 a.m. to 5:00 p.m.  
Fees: None  
Eligibility Requirements: No restrictions  
Intake Procedure: Call for information  
Area Served: Jefferson County, Kentucky

About the Program: Provides office and meeting space, and serve as a contact for local support and social groups for people affected by HIV and AIDS.

***AIDS PREVENTION AND EDUCATION***

850 Barret Avenue, Suite #301  
Louisville, Kentucky 40204  
(502) 574-5601; (502) 574-5600

Operating Agency: Jefferson County Health Department  
Hours of Operation: Monday: 10am to 6:00pm; Tuesday through Friday: 8:00 a.m. to 4:30 p.m.  
Fees: Not listed  
Eligibility Requirements: No restrictions  
Intake Procedure: Call for information  
Area Served: Jefferson County, Kentucky

About the Program: Provides AIDS education and prevention services. Includes a speaker's bureau, training programs, information booths and a lending library.

***FREEDOM HOUSE***

1432 South Shelby Street  
Louisville, Kentucky 40217  
(502) 634-0082; (502) 636-0816; (502) 636-0597 Fax

Operating Agency: Volunteers of America  
Person in Charge: Kathy Kleie Coates/Assistant Director  
Hours of Operation: Monday through Friday, 8:30 a.m. to 5:00 p.m.

Fees: \$50/month if family has income; if not, fee waived

Eligibility Requirements: Homeless pregnant women/mothers with chemical dependency issues

Intake Procedure: Call for information

Area Served: Jefferson County, Kentucky

About the Program: Provides residential chemical dependency counseling for mothers and pregnant women. Offers group and individual counseling, education and supportive services. Capacity is 8-10 women with up to two children each. Priority goes to pregnant women. NO PRIORITY GIVEN TO WOMEN WITH HIV/AIDS.

## **Planned Parenthood Sites**

### ***HEALTH SERVICES, OKOLONA***

4211 Trio Avenue  
Louisville, Kentucky 40219

#### Telephone Numbers and Contact Information

(502) 966-5510  
(502) 962-9068 Fax

Operating Agency: Planned Parenthood of Louisville, Inc.

Person in Charge: Polly Mackey, Nurse Practitioner

Hours of Operation: Monday and Wednesday, 10:00 a.m. to 6:00 p.m.; Tuesday 9:00 a.m. to 5:00 p.m.; Thursday 9:00 a.m. to 2:00 p.m.; Friday Noon to 4:00 p.m.; Saturday 9:00 to Noon

Fees: Sliding Scale Fee

Eligibility Requirements: No Restrictions

Intake Procedure: Call for information

Area Served: Jefferson County, Kentucky

About the Program: Serves as a site location for Planned Parenthood of Louisville. Services include gynecology exams, birth control counseling; pap smears; pelvic and breast exams; weight and blood pressure checks; blood test for anemia; sexually transmitted disease screenings; pregnancy testing; pregnancy alternative counseling; mid-life services; hormone replacement therapy; emergency contraception; and HIV screening and counseling.

### ***HEALTH SERVICES, PLANNED PARENTHOOD***

1025 South Second Street  
Louisville, Kentucky 40203

#### Telephone Numbers and Contact Information

(502) 584-2473  
(502) 584-2471  
(502) 584-2476 Fax

Operating Agency: Planned Parenthood of Louisville, Inc.

Person in Charge: Phyllis Banks, Director of Patient Services

Hours of Operation: Monday and Wednesday, 8:30 a.m. to 7:00 p.m.; Tuesday and Thursday, 8:30 a.m. to 4:30 p.m.; Friday 8:30 a.m. to Noon; Saturday 9:00 a.m. to Noon

Fees: Sliding Scale Fee; accept private insurance and Medicaid

Eligibility Requirements: No Restrictions

Intake Procedure: Call for information

Area Served: Jefferson County, Kentucky

About the Program: Provides a variety of medical services including gynecology exams, birth control counseling; contraceptives; pap smears; pelvic and breast exams; weight and blood pressure checks blood test for anemia; sexually transmitted infection screenings; pregnancy testing; pregnancy alternative counseling; gynecology; mid-life services; colposcopy and cryotherapy; hormone replacement therapy; emergency contraception; and HIV testing.

## **Cultural Services**

|                                                            |                                                       |
|------------------------------------------------------------|-------------------------------------------------------|
| Americana Community Center                                 | (502) 366-7813                                        |
| Arcadia Community Center                                   | (502) 375-1819                                        |
| Archdiocese of Louisville – Multi-Cultural Ministries      | (502) 636-0296                                        |
| Caanan Missionary Baptist (Camp Africa Summer Program)     | (502) 459-2322                                        |
| CASA Latina                                                | (502) 636-5461                                        |
| Catholic Charities (Legal Immigration/Migration & Refugee) | (502) 637-9786                                        |
| Center for Women & Families (Immigrant Refugee Services)   | (502) 581-7222                                        |
| Crane House – Asia Institute, Inc.                         | (502) 635-2240                                        |
| Islamic Research Foundation, Int'l., Inc.                  | <a href="http://www.irfi.org">http://www.irfi.org</a> |
| Hispanic/Latino Coalition                                  | (502) 589-8742                                        |
| Jewish Community Center (Acculturation Program)            | (502) 459-0660                                        |
| Jewish Community Federation                                | (502) 451-8840                                        |
| Kentuckiana Korean-American Community Service              | (502) 458-3010                                        |
| KY Refugee Ministries                                      | (502) 479-9180                                        |
| Office for International & Cultural Affairs                | (502) 574-1457                                        |
| St. Matthews Area Ministries (Ethnic Integration Outreach) | (502) 893-5704                                        |
| Southeast Community Ministry (Nueva Vida)                  | (502) 253-8153                                        |

## **Recreational and Leisure Opportunities**

### **Actors Theatre of Louisville**

(502) 584-1205

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

### **E.P. Tom Sawyer State Park**

3000 Freys Hill Road Louisville, KY 40241

(502) 426-8950

<http://parks.ky.gov/stateparks/ep/>

### **Kentucky Derby Museum**

704 Central Avenue Louisville, KY 40208

(502) 637-7097

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

### **Kentucky International Convention Center**

221 South 4<sup>th</sup> Street Louisville, KY 40202

(502) 595-4391

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

### **Louisville Bats**

401 East Main Street Louisville, KY 40202

(502) 212-2287

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

### **Louisville Free Public Library**

(502) 574-1611 (call for locations)

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

- [Main Library](#)  
301 York Street Louisville, KY 40203  
(502) 574-1611
- [Bon Air](#)  
2816 Del Rio Place Louisville, KY 40220  
(502) 574-1795
- [Crescent Hill](#)  
2762 Frankfort Avenue  
Louisville, KY 40206  
(502) 574-1793
- [Fairdale](#)  
10616 W. Manslick Rd  
Fairdale, KY 40218  
(502) 375-2051
- [Highlands/Shelby Park](#)  
1250 Bardstown Rd.  
Louisville, KY 40204  
(502) 574-1672
- [Iroquois](#)  
601 W. Woodlawn Ave.  
Louisville, KY 40215  
(502) 574-1720
- [Jeffersonton](#)  
10635 Watterson Trail  
Louisville, KY 40299  
(502) 267-5713

- [Middletown](#)  
12556 Shelbyville Road  
Louisville, KY 40243  
(502) 245-7332
- [Newburg](#)  
4800 Exeter Ave.  
Louisville, KY 40243  
(502) 479-6160
- [Northeast Regional](#)  
15 Bellevoir Circle  
Louisville, KY 40223  
(502) 394-0379
- [Portland](#)  
3305 Northwestern Pkwy  
Louisville, KY 40212  
(502) 574-1744
- [St. Matthews](#)  
3940 Grandview Avenue  
Louisville, KY 40207  
(502) 574-1771
- [Shawnee](#)  
3912 West Broadway  
Louisville, KY 40211  
(502) 574-1722
- [Shively](#)  
3920 Dixie Highway  
Louisville, KY 40216  
(502) 574-1730
- [Southwest](#)  
10375 Dixie Highway  
Louisville, KY 40272  
(502) 933-0029
- [Western](#)  
604 South Tenth Street  
Louisville, KY 40203  
(502) 574-1779
- [Westport](#)  
8100 Westport Road  
Louisville, KY 40222  
(502) 394-0379

### **Louisville Metro Parks**

(502) 456-8100

[www.louisvilleky.gov/MetroParks/](http://www.louisvilleky.gov/MetroParks/)

Adult Sports Leagues

3783 Illinois Ave. Louisville, KY 40213

(502) 456-8171

[www.louisvilleky.gov/MetroParks/recreation/athletics](http://www.louisvilleky.gov/MetroParks/recreation/athletics)

**Louisville Science Center**

727 West Main Street Louisville, KY 40202  
(502) 561-6100  
[www.louisvillescience.org](http://www.louisvillescience.org)

**Louisville Slugger Museum**

800 West Main Street Louisville, KY 40202  
(502) 588-7228  
[www.sluggermuseum.org](http://www.sluggermuseum.org)

**Louisville Zoo**

1100 Trevilian Way Louisville, KY 40213  
(502) 459-2181  
[www.louisvillezoo.org](http://www.louisvillezoo.org)

**Speed Art Museum**

2035 South Third Street Louisville, KY 40208  
(502) 634-2700  
[www.speedmuseum.org](http://www.speedmuseum.org)

**YMCA**

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

- 1300 Heafer Road Louisville, KY 40223  
(502) 244-6187
- 930 W Chestnut St. Louisville, KY 40204  
(502) 587-7405
- 555 S 2<sup>nd</sup> St. Louisville, KY 40202  
(502) 587-6700
- 9400 Mill Brook Rd. Louisville, KY 40223  
(502) 425-1271
- 12330 Shelbyville Rd. Louisville, KY 40243  
(502) 244-9994
- 5930 Six Mile Lane Louisville, KY 40218  
(502) 491-9622
- 2800 Fordhaven Rd. Louisville, KY 40214  
(502) 933-9622
- 6801 Dixie Hwy Louisville, KY 40258  
(502) 995-4050