



Division of Reentry Services

# **Reentry Resource Manual**

## **District 13**

Crittenden, Daviess, Hancock, Henderson, McLean,  
Muhlenberg, Ohio, Union, and Webster Counties

***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.**

## **Table of Contents**

|                                                                 |              |
|-----------------------------------------------------------------|--------------|
| <b>Alcoholics/Narcotics/Gamblers Anonymous</b>                  | <b>24-29</b> |
| <b>Birth Certificates</b>                                       | <b>64</b>    |
| <b>Child Development</b>                                        | <b>66</b>    |
| <b>Colleges/Universities</b>                                    | <b>61</b>    |
| <b>Court Information</b>                                        | <b>8-19</b>  |
| <b>Crisis Counseling and Hotlines</b>                           | <b>50</b>    |
| <b>Cultural Services</b>                                        | <b>70</b>    |
| <b>Dental Services</b>                                          | <b>48</b>    |
| <b>Disabilities</b>                                             | <b>63</b>    |
| <b>Domestic Violence Victim Services and Offender Treatment</b> | <b>20</b>    |
| <b>Driver's License Information</b>                             | <b>64</b>    |
| <b>Employment Assistance</b>                                    | <b>51-53</b> |
| <b>Family Services</b>                                          | <b>57</b>    |
| <b>Financial Assistance</b>                                     | <b>67</b>    |
| <b>Health Insurance Assistance</b>                              | <b>28-43</b> |
| <b>HIV/AIDS Programs</b>                                        | <b>44</b>    |
| <b>Housing</b>                                                  | <b>54-57</b> |
| <b>Legal Counsel and Aid</b>                                    | <b>14</b>    |
| <b>Medical Care and Medication Assistance</b>                   | <b>45-48</b> |
| <b>Mental Health Services</b>                                   | <b>48-49</b> |
| <b>Police Agencies</b>                                          | <b>15-19</b> |
| <b>Recreational and Leisure Opportunities</b>                   | <b>70-72</b> |
| <b>Reentry Directory</b>                                        | <b>4-5</b>   |
| <b>Reentry Programs</b>                                         | <b>5-7</b>   |
| <b>Sex Offender Treatment/Referral Form</b>                     | <b>21-22</b> |
| <b>Social Security Cards</b>                                    | <b>64-65</b> |
| <b>Substance Abuse Treatment</b>                                | <b>23-24</b> |
| <b>Transportation</b>                                           | <b>57</b>    |
| <b>Veteran's Services</b>                                       | <b>69</b>    |
| <b>Vision Assistance</b>                                        | <b>48</b>    |
| <b>Vocational Rehabilitation Services</b>                       | <b>63</b>    |

## **Reentry Directory**

| <b>NAME</b>                                           | <b>Work Location</b>                                                                                                                                                                                       | <b>E-MAIL</b>                                                        | <b>PHONE</b>   |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------|
| Kevin Swift<br>Reentry Coordinator                    | PROBATION & PAROLE<br>DISTRICT 13<br>121 E. 2 <sup>ND</sup> ST. OWENSBORO,<br>KY 42303<br>PROVIDES REENTRY<br>SERVICES TO OFFICES IN<br>OWENSBORO, GREENVILLE,<br>HENDERSON, AND<br>MORGANFIELD            | <a href="mailto:Kevin.swift@ky.gov">Kevin.swift@ky.gov</a>           | (270) 231-5462 |
| Katie Montgomery<br>Reentry Employment<br>Coordinator | PROBATION & PAROLE<br>DISTRICT 13<br>121 E. 2 <sup>ND</sup> ST. OWENSBORO,<br>KY 42303<br>PROVIDES REENTRY<br>EMPLOYMENT SERVICES TO<br>OFFICES IN OWENSBORO,<br>GREENVILLE, HENDERSON,<br>AND MORGANFIELD | <a href="mailto:Katie.Montgomery@ky.gov">Katie.Montgomery@ky.gov</a> | (270) 231-1809 |
| Tiffany Buckner<br>Jail Reentry<br>Coordinator        | DEPARTMENT OF<br>CORRECTIONS/REENTRY<br>SERVICES<br>PROVIDES JAIL REENTRY<br>SERVICES TO JAILS IN<br>DAVIESS COUNTY,<br>HENDERSON COUNTY<br>HOPKINS COUNTY                                                 | <a href="mailto:Tiffany.buckner@ky.gov">Tiffany.buckner@ky.gov</a>   | (270) 231-5372 |

## **Probation and Parole Offices by Zip Code**

|             |                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| District 13 | 41030, 42301, 42303, 42343, 42348, 42351,<br>42366, 42368, 42406, 42420, 42451, 42452,<br>42458, 42461, 42462, 42327, 42350, 42352,<br>42371, 42372, 42376, 42220, 42256, 42321,<br>42323, 42324, 42325, 42326, 42330, 42332,<br>42337, 42339, 42344, 42345, 42367, 42374,<br>42431, 42464, 21183, 42404, 42437, 42459,<br>42461, 42462, 42406, 42409, 42441, 42450,<br>42452, 42455, 42456, 42437 |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



## **Green River Reentry Council**

Britney Jones

Email: [thechadlakefoundation@gmail.com](mailto:thechadlakefoundation@gmail.com)

Phone: [\(270\) 363-6283](tel:(270)363-6283)

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

- **Moral Recognition Therapy (MRT)**
- **MRT Mentor**
- **MRT Anger Management**
- **MRT Staying Quit**
- **MRT Thinking for Good**
- **MRT Untangling Relationships**
- **MRT Parenting & Family Values**
- **MRT Trauma**
- **MRT Employment**
- **PORTAL New Directions**

**Moral Reconation 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 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 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.**

**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.**

**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.**

**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.**

**MRT Trauma**- This Evidence Based program combines group presentations and individual assignments, along with facilitator guidance when necessary. A recovery program for Trauma-Informed care, Breaking the Chains of Trauma is based on the MRT approach. It is designed to target trauma-related symptoms by incorporating the key issues outlined by SAMHSA's Trauma-Informed Treatment Protocol. The workbook for this program is entitled 'Breaking the Chains of Trauma'© and includes the use of a separate facilitator guide. The workbooks are designated by gender, as this program requires separate groups for women & men. Classes meet once or twice per week for 90 minute sessions per class. **This program received 60 days program credit upon completion.**

**MRT Employment**- This Cognitive-Behavioral program is designed to assist offenders in job readiness. This program includes completion of 8 modules with a minimum of 8-10 group sessions utilizing the 'Job Readiness'© workbook, resume preparation and completion, various supplemental materials, and the completion of homework assignments prepared outside of group. **This program received 45 days program credit upon completion.**

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



## **Crittenden County Courts**

### **Crittenden - Kentucky Court of Justice ([kycourts.gov](http://kycourts.gov))**

|                        |                |                         |                |
|------------------------|----------------|-------------------------|----------------|
| <u>Booking Bond</u>    | (270) 965-3185 | <u>District Court</u>   |                |
|                        |                | Clerk's Office          | (270) 965-4200 |
| <u>Circuit Court</u>   |                | Judge – Vacant          | (270) 965-4200 |
| Clerk's Office –       | (270) 965-4200 |                         |                |
| Civil and Criminal     |                | <u>Driver's License</u> | (270) 965-4200 |
| Hon. Melissa Guill     | (270) 639-5506 | <u>Drug Court</u>       | (270) 965-3313 |
| Commonwealth Attorney  |                | <u>Juvenile Court</u>   | (270) 965-4200 |
| Hon. Zac Greenwell     | (270) 965-1585 |                         |                |
|                        |                | <u>Small Claims</u>     | (270) 965-4200 |
| <u>County Attorney</u> |                | <u>Supervision Fees</u> | (270) 965-4200 |
| Hon. Robert Frazer     | (279) 965-4600 |                         |                |
|                        |                | <u>Traffic Court</u>    | (270) 965-4200 |

## **Daviess County Courts**

Martin E. Holbrook Judicial Center  
100 East 2<sup>nd</sup> Street  
Owensboro, KY 42302

### **Daviess - Kentucky Court of Justice ([kycourts.gov](http://kycourts.gov))**

|                           |                            |                         |                |
|---------------------------|----------------------------|-------------------------|----------------|
| <u>Booking Bond</u>       | (270) 685-8466<br>Ext. 274 | <u>District Court</u>   |                |
| <u>Circuit Court</u>      |                            | <u>Division 1</u>       |                |
| Clerk's Office – Civil    | (270) 687-7220             | Hon. Misty Miller       | (270) 687-7216 |
| Clerk's Office – Criminal |                            | <u>Division 2</u>       |                |
|                           |                            | Hon. David Payne        | (270) 687-7214 |
| <u>Division 1</u>         |                            | <u>Division 3</u>       |                |
| Hon. Jay Wethington       | (270) 687-7216             | Hon. Shannon Meyer      | (270) 687-7217 |
| <u>Division 2</u>         |                            | <u>Driver's License</u> | (270) 687-7225 |
| Hon. Lisa Jones           | (270) 687-7228             | <u>Drug Court</u>       | (270) 687-7014 |
| <u>Division 3</u>         |                            | <u>Juvenile Court</u>   | (270) 687-7211 |
| Family Court              |                            | <u>Small Claims</u>     | (270) 687-7205 |
| Hon. Jennifer Hendricks   | (270) 689-0169             | <u>Supervision Fees</u> | (270) 687-7200 |
| Commonwealth Attorney     |                            | <u>Traffic Court</u>    | (270) 687-7200 |
| Hon. Bruce Kuegel         | (270) 687-7541             |                         |                |
| <u>County Attorney</u>    |                            |                         |                |
| Hon. John Burley          | (270) 685-8429             |                         |                |

## **Hancock County Courts**

Hancock County Court House  
200 Court Square  
Hawesville, KY 42348

## **Hancock - Kentucky Court of Justice ([kycourts.gov](http://kycourts.gov))**

|                        |                |                         |                |
|------------------------|----------------|-------------------------|----------------|
| <u>Circuit Court</u>   |                | <u>District Court</u>   |                |
| Clerk's Office –       |                | <u>Hon. Brian Crick</u> | (270) 338-0997 |
| Civil and Criminal     | (270) 338-4850 | <u>Driver's License</u> | (270) 338-4850 |
| Hon. Brian Wiggins     | (270) 338-5930 | <u>Drug Court</u>       | (270) 338-9947 |
| Commonwealth Attorney  |                | <u>Juvenile Court</u>   | (270) 338-5782 |
| Hon. Blake Chambers    | (270) 526-3871 | <u>Small Claims</u>     | (270) 338-4850 |
| <u>County Attorney</u> |                | <u>Supervision Fees</u> | (270) 338-4850 |
| Hon. Paul Madden, Jr.  | (270) 927-8779 | <u>Traffic Court</u>    | (270) 338-4850 |

## **Ohio County Courts**

Ohio County Community Center  
130 East Washington Street  
Hartford, KY 42347

## **Ohio - Kentucky Court of Justice ([kycourts.gov](http://kycourts.gov))**

|                           |                |                         |                |
|---------------------------|----------------|-------------------------|----------------|
| <u>Booking / Bond</u>     | (270) 298-4455 | <u>District Court</u>   |                |
|                           |                | <u>Division 1</u>       |                |
| <u>Circuit Court</u>      |                | Hon. Joseph Brett Hines |                |
| Clerk's Office – Civil    | (270) 298-3671 |                         | (270) 298-4400 |
|                           |                | <u>Division 2</u>       |                |
| Clerk's Office – Criminal | (270) 298-7250 | Hon. John McCarty       | (270) 298-4400 |
| Hon. Timothy Coleman      | (270) 298-7250 | <u>Driver's License</u> | (270) 298-3671 |
| <u>Family Court</u>       |                | <u>Drug Court</u>       | (270) 298-4972 |
| Hon. Mike McKown          | (270) 298-3433 | <u>Juvenile Court</u>   | (270) 298-3671 |
| Commonwealth Attorney     |                | <u>Small Claims</u>     | (270) 298-3671 |
| Hon. Blake Chambers       | (270) 526-6701 |                         |                |
| <u>County Attorney</u>    |                | <u>Supervision Fees</u> | (270) 298-3671 |
| Hon. Justin Keown         | (270) 298-4478 | <u>Traffic Court</u>    | (270) 298-3671 |



## **Union County Courts**

Union County Courthouse Annex  
121 South Morgan Street, PO Box 59  
Morganfield, KY 42347

## **Union - Kentucky Court of Justice ([kycourts.gov](http://kycourts.gov))**

|                          |                |                         |                |
|--------------------------|----------------|-------------------------|----------------|
| <u>Booking / Bond</u>    | (270) 389-1581 | <u>District Court</u>   |                |
|                          |                | Clerk's Office          | (270) 389-1811 |
| <u>Circuit Court</u>     |                |                         |                |
| Clerk's Office –         |                | Hon. Adam O'Nan         | (270) 389-1811 |
| Civil and Criminal       | (270) 289-1334 | <u>Driver's License</u> | (270) 389-2264 |
| Hon. Daniel Heady        | (270) 639-5506 | <u>Drug Court</u>       | (270) 389-2271 |
| Commonwealth Attorney    |                | <u>Juvenile Court</u>   | (270) 389-2271 |
| Hon. Zac Greenwell       | (270) 965-1585 | <u>Small Claims</u>     | (270) 389-0800 |
| Asst. Commonwealth Atty. |                | <u>Supervision Fees</u> | (270) 389-1811 |
| Michael Williamson       | (270) 389-2700 | <u>Traffic Court</u>    | (270) 389-1081 |
| <u>County Attorney</u>   |                |                         |                |
| Hon. Julie Wallace       | (270) 389-0591 |                         |                |

## **Webster County Courts**

Webster County Judicial Center  
35 U.S. Highway 41A South P.O. Box 290  
Dixon, KY 42409

### **[Webster - Kentucky Court of Justice \(kycourts.gov\)](http://kycourts.gov)**

|                         |                |                         |                |
|-------------------------|----------------|-------------------------|----------------|
| <u>Booking / Bond</u>   | (270) 639-7020 | <u>District Court</u>   |                |
|                         |                | Clerk's Office          | (270) 639-9300 |
| <u>Circuit Court</u>    |                |                         |                |
| Clerk's Office –        |                | Judge - Vacant          | (270) 639-5951 |
| Civil and Criminal      | (270) 639-9160 | <u>Driver's License</u> | (270) 639-9160 |
| Hon. Daniel Heady       | (270) 639-5506 | <u>Drug Court</u>       | (270) 639-9385 |
| Commonwealth Attorney   |                | <u>Juvenile Court</u>   | (270) 639-9160 |
| Hon. Zac Greenwell      | (270) 965-1585 |                         |                |
| <u>Family Court</u>     |                | <u>Small Claims</u>     | (270) 639-9300 |
| Hon. Brandy Rogers      | (270) 965-5198 | <u>Supervision Fees</u> | (270) 639-9160 |
| <u>County Attorney</u>  |                | <u>Traffic Court</u>    | (270) 639-9300 |
| Hon. William Clint Prow | (270) 639-7010 |                         |                |

## **Legal Services**

### **Public Defenders**

#### **[Find a DPA Office - Department of Public Advocacy \(ky.gov\)](#)**

##### **Crittenden County**

Henderson Trial Office

Jason McGee, Directing Attorney (833) 254-2463

##### **Daviess County**

Owensboro Trial Office

Leigh Jackson, Directing Attorney (833) 514-8980

##### **Hancock County**

Owensboro Trial Office

Leigh Jackson, Directing Attorney (833) 514-8980

##### **Henderson County**

Henderson Trial Office

Jason McGee, Directing Attorney (833) 254-2463

##### **McLean County**

Madisonville Trial Office

(833) 254-2468

##### **Muhlenberg County**

Madisonville Trial Office

(833) 254-2468

##### **Ohio County**

Owensboro Trial Office

Leigh Jackson, Directing Attorney (833) 514-8980

##### **Union County**

Henderson Trial Office

Jason McGee, Directing Attorney (833) 254-2463

##### **Webster County**

Henderson Trial Office

Jason McGee, Directing Attorney (833) 254-2463

### **Kentucky Legal Aid**

**[Kentucky Legal Aid - Free Legal Assistance \(klaid.org\)](#)** (270) 782-5740

### **Kentucky Bar Association**

**[Kentucky Bar Association](#)** (502) 564-3795

### **Fraud**

1-800-372-2970

## **Local Police Agencies**

### **Crittenden County**

#### **[Crittenden County, KY \(crittendencountyky.org\)](http://crittendencountyky.org)**

|                                        |                |
|----------------------------------------|----------------|
| Crittenden County Detention Center     | (270) 965-3185 |
| Crittenden County Sheriff's Department | (270) 965-3400 |
| Kentucky State Police                  | (270) 826-3312 |
| Marion Police Department               | (270) 965-3500 |
| Probation & Parole (State)             | (270) 365-4430 |

### **Daviess County**

#### **[Home - Daviess County Kentucky \(daviessky.org\)](http://daviessky.org)**

#### **Owensboro Police Department**

|                                       |                |
|---------------------------------------|----------------|
| Daviess County Detention Center       | (270) 685-8566 |
| Daviess County Sheriff's Department   | (270) 685-8444 |
| Federal Bureau of Investigation (FBI) | (270) 926-3441 |
| Kentucky State Police                 | (270) 826-3312 |
| Owensboro Police Department           | (270) 687-8888 |
| Probation & Parole (State)            | (270) 684-7245 |
| Probation (Federal)                   | (270) 684-2341 |

## **Hancock County**

**[Hancock County Government – Kentucky Community located between Owensboro and Louisville \(hancockky.us\)](#)**

|                              |                |
|------------------------------|----------------|
| Hancock County Jailer        | (270) 927-8770 |
| Hancock County Sheriff       | (270) 927-6247 |
| Kentucky State Police        | (270) 826-3312 |
| Lewisport City Police        | (270) 927-8770 |
| Hawesville Police Department | (270) 927-8184 |

## **Henderson County**

**[Henderson County | Home \(henderson-county.com\)](#)**

**[Henderson Police Department | Henderson, KY - Official Website \(hendersonky.gov\)](#)**

|                                       |                                  |
|---------------------------------------|----------------------------------|
| Federal Bureau of Investigation (FBI) | (270) 926-3441                   |
| Henderson County Detention Center     | (270) 827-5560                   |
| Henderson County Sheriff's Department | (270) 826-2713                   |
| Henderson Police Department           | (270) 831-1295                   |
| Kentucky State Police                 | (270) 826-3312<br>1-800-222-5555 |
| Probation & Parole (State)            | (270) 827-3896                   |
| Probation (Federal)                   | (270) 684-2351                   |

## **McLean County**

### **[Home Page | McLean County KY](#)**

|                                    |                |
|------------------------------------|----------------|
| Calhoun Police Department          | (270) 273-3092 |
| Kentucky State Police              | (270) 826-3312 |
| McLean County Sheriff's Department | (270) 273-3276 |

## **Muhlenberg County**

### **[Muhlenberg Co \(muhlenbergcounty.org\)](#)**

### **[Greenville Police Department Kentucky \(greenvillekypd.com\)](#)**

|                                        |                |
|----------------------------------------|----------------|
| Central City Police Department         | (270) 754-2464 |
| Greenville Police Department           | (270) 338-3133 |
| Kentucky State Police                  | (270) 676-3313 |
| Muhlenberg County Sheriff's Department | (270) 338-3345 |
| Muhlenberg County Detention Center     | (270) 338-2263 |
| Probation & Parole (State)             | (270) 338-3562 |

## **Ohio Couty**

### **[Welcome - Commonwealth of Kentucky - Ohio County](#)**

### **[City of Beaver Dam \(ky.gov\)](#)**

### **[City of Hartford Departments | Hartford, KY | City of Hartford \(hartfordky.org\)](#)**

|                                  |                                  |
|----------------------------------|----------------------------------|
| Bever Dam Police Department      | (270) 274-7106                   |
| Hartford Police Department       | (270) 298-3379                   |
| Kentucky State Police            | (270) 826-3312<br>1-800-222-5555 |
| Ohio County Detention Center     | (270) 298-4451                   |
| Ohio County Sheriff's Department | (270) 298-444                    |

## **Union County**

**[Union County, KY | Home \(unioncountky.org\)](http://unioncountky.org)**

**Police Department - City of Morganfield (ky.gov)**

|                                   |                |
|-----------------------------------|----------------|
| Kentucky State Police             | (270) 826-3312 |
| Morganfield Police Department     | (270) 389-4357 |
| Probation & Parole (State)        | (270) 389-2810 |
| Sturgis Police Department         | (270) 333-2166 |
| Union County Jail                 | (270) 389-1581 |
| Union County Sheriff's Department | (270) 389-1303 |
| Uniontown Police Department       | (270) 822-4233 |

## **Webster County**

**Senior Services & County Development Organization | Webster County, Kentucky | Dixon, KY (webstercountykentucky.org)**

|                                     |                |
|-------------------------------------|----------------|
| Clay Police Department              | (270) 664-2254 |
| Kentucky State Police               | (270) 826-3312 |
| Probation & Parole (State)          | (270) 389-2810 |
| Providence Police Department        | (270) 667-2022 |
| Sebree Police Department            | (270) 835-7501 |
| Webster County Detention Center     | (270) 639-7020 |
| Webster County Sheriff's Department | (270) 639-5067 |

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

### Daviess County

County Attorney's Office - Victim Assistance -  
Daviess County Kentucky (daviessky.org)

(270) 685-HELP (4357)

Robert M. Kirtley Judicial Annex  
100 East 2<sup>nd</sup> St.  
Behind the Morton J. Holbrook Center

### Henderson County

Protective/No Contact Orders | Henderson  
County, KY (hendersonky.us)

(270) 826-2405

Henderson Circuit Clerk's Office  
5 N. Main St  
Henderson, KY

- **National Domestic Violence Hotline 1-800-779 SAFE**
- **Kentucky State Police – Crime Tip Form**

[Kentucky State Police](#) (Please dial 911 for emergency / real time situations.)

## **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.



## **Domestic Violence Resources**

Oasis, INC.

1-800-882-2873

[Oasis Women's Shelter | Shelter for Battered Women | Owensboro KY | \(oasisshelter.org\)](http://oasisshelter.org)

|                                  |                |
|----------------------------------|----------------|
| Daviess County (Non Residential) | (270) 685-5271 |
| Daviess County                   | (270) 685-0260 |
| Hancock County                   | (270) 298-4485 |
| Henderson County                 | (270) 826-6212 |
| Ohio County                      | 1-800-882-2873 |
| McLean County                    | (270) 298-4485 |
| Webster / Union County           | (270) 389-9906 |

New Beginnings Sexual Assault Support Services

1-800-226-7273

[New Beginnings Sexual Assault Support Services | Owensboro, KY \(nbowensboro.org\)](http://nbowensboro.org)

|             |                |
|-------------|----------------|
| Owensboro   | (270) 926-7273 |
| Henderson   | (270) 826-7273 |
| Ohio County | (270) 504-0048 |

Victim Information and Notification Everyday (VINE)

(502) 511-1670

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

## **KENTUCKY DEPARTMENT OF CORRECTIONS** **DIVISION OF MENTAL HEALTH** **SEX OFFENDER TREATMENT PROGRAM (SOTP)**

The Sex Offender Treatment Program is housed in the Owensboro 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, access this website.

<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.**

## **KENTUCKY DEPARTMENT OF CORRECTIONS**

### **ADDICTION SERVICES**

[ASK - Department of Corrections \(ky.gov\)](http://ASK - Department of Corrections (ky.gov))

## **Substance Abuse Referrals**

### **Daviess County**

#### **BOULWARE MISSION INC.**

609 Wing Avenue  
Owensboro, KY  
(270) 683-8267

Substance Abuse Services  
Outpatient Services  
[Our Programs | Boulware Mission](#)

#### **DEACONESS CROSS POINTE**

920 Frederica, Suite 1003  
Owensboro, KY 42301  
(270) 686-8984

Substance Abuse Services  
Outpatient, Assessment, Referral  
Adult and Adolescent Assessments

#### **GOALS SUBSTANCE ABUSE PROGRAM**

Daviess County Detention Center  
3337 Hwy. 60 E.  
Owensboro, KY  
(270) 685-8466 Ext. 240

Substance Abuse Services  
Recovery Program for the Incarcerated (Intervention)

#### **LIGHTHOUSE RECOVERY SERVICES**

731 Hall St.  
Owensboro, KY 42303  
(270) 689-4025

Substance Abuse Services  
Recovery Program / Groups, Mentoring, Education  
4 Residential Homes  
Capacity – 24 Men – 24 Women (separate homes)

#### **O.A.S.I.S., Inc.**

Owensboro, KY  
(270) 685-0260  
[oasisinc@omuonline.net](mailto:oasisinc@omuonline.net)

42 Day In House Treatment  
Individual / Group Counseling  
Intervention / Pretreatment / Non-medical Detox, Long Term  
FEMALE ONLY

#### **OWENSBORO MEDICAL HEALTH SYSTEM**

1201 Pleasant Valley Road  
Owensboro, KY  
(270) 417-2000

Substance Abuse Services  
Medical Detox

#### **OWENSBORO REGIONAL RECOVERY CENTER**

4301 Veach Road  
Owensboro, KY 42303  
(270) 417-2000

Substance Abuse Services  
Inpatient  
MALE ONLY

#### **RIVER VALLEY BEHAVIORAL HEALTH**

1100 Walnut St.  
Owensboro, KY 42301  
(270) 689-6548

Substance Abuse Services  
Outpatient  
Intensive Outpatient Program  
Access to 28-day residential, non-medical detox  
Matrix Model  
Relapse Group

**TRUE NORTH TREATMENT CENTER**

121 East 2<sup>nd</sup> St.  
Owensboro, KY 42303  
(270) 240-1785  
[TrueNorth Treatment Center](#)

Individual Mental Health Counseling  
Outpatient Substance Abuse Counseling  
Substance Use Assessments  
Person Centered Treatment Planning

**YELLOW BANKS RECOVERY CENTER**

3136 W 2<sup>nd</sup> St. Ste 257  
Owensboro, KY 42301  
1-888-520-9126

Substance Abuse Services  
Residential and Outpatient Treatment  
FEMALE ONLY

**ROOTED RECOVERY**

1300 E 9<sup>th</sup> St.  
Owensboro, KY 42303  
(270) 951-0378  
[www.therootedrecovery.com](http://www.therootedrecovery.com)

Individual, Group, and Experiential Therapy  
Outpatient Substance Abuse Counseling  
Substance Use Assessments  
Person Centered Treatment Planning

**Henderson County****WOMEN'S ADDICTION RECOVERY MANOR (WARM)**

56 N. McKinley Street  
Henderson, KY 42420  
(270) 826-0036  
<https://warmrecovery.com/>

Non-Profit  
Inpatient Substance Abuse recovery Program  
FEMALE ONLY

**MULENBERG COUNTY****PENNYROYAL MENTAL HEALTH**

506 Hopkinsville St.  
Greenville, KY 42345  
(270) 338-5211

**OHIO COUNTY****SABRINA WEST, LCSW**

121 CS - 1046  
Hartford, KY 42347  
(270) 298-0088

Out-Patient

**OASIS (SUBSTANCE AND SPOUSAL ABUSE)**

130 East Washington Street  
Ohio County Community Center  
Suite 103  
Hartford, KY 42347  
1-800-882-2873

**Support Groups**

Alcoholics Anonymous  
Owensboro Central Office  
320 Crittenden Street  
Owensboro, KY 42302  
(270) 683-0371

Crisis Line River Valley Behavioral Health  
(270) 684-9466

Kentucky Department of Corrections 24/7 Support  
1-800-INMATE4 (1-800-466-2834)

### **AA Meetings**

Use this website for the most up to date meeting locations and times.

<https://www.area26.net/wp/locations/three-twenty-club/>

### **Crittendon County AA Meetings**

Marion Library  
204 Carlisle St.  
Marion, KY 42064

Wednesday: 7:00 PM

Sunday: 7:00 PM

### **Daviess County AA Meetings**

320 Club  
320 Crittenden Street  
Owensboro, KY 42303

Monday: 8:00 AM, 12:00 PM, 1:30 PM (Women's Group), 5:30 PM, 8:00 PM

Tuesday: 8:00 AM, 12:00 PM, 5:30 PM, 8:00 PM

Wednesday: 8:00 AM, 12:00 PM, 1:30 PM (Women's Group), 5:30 PM, 8:00 PM

Thursday: 8:00 AM, 12:00 PM, 5:30 PM, 8:00 PM

Friday: 8:00 AM, 12:00 PM, 5:30 PM, 8:00 PM

Saturday: 8:00 AM, 10:00 AM, 12:00 PM, 1:30 PM, 5:30 PM, 8:00 PM

Sunday: 11:00 AM, 1:30 (Women's Group), 5:30 PM, 8:00 PM

The Cuffed Monkey Sober Bar  
4416 E 4<sup>th</sup> St.  
Owensboro, KY 42303

Wednesday: 6:30 PM

United Methodist Church  
1400 Breckenridge St.  
Owensboro, KY 42303

Tuesday: 6:00 PM

Blessed Mother School Cafeteria  
525 East 23<sup>rd</sup> St.  
Owensboro, KY 42303

Sunday 8:00 PM

First Presbyterian Church  
1328 Griffith Avenue  
Owensboro, KY 42301

Wednesday: 5:30 PM  
Friday: 8:00 PM

St. Benedict's Church  
1001 W 7<sup>th</sup> St.  
Owensboro, KY 42301

Saturday: 1:30 PM

Central Presbyterian Church  
426 St. Ann St.  
Owensboro, KY 42303

Thursday: 8:00 PM

Next Level Church of God  
2613 Cravens Avenue  
Owensboro, KY 42301

Saint Mary of the Woods Catholic School  
10521 Franklin St.  
Whitesville, KY 42378

Sunday: 8:00 PM

**Hancock County AA Meetings**

Hawesville United Methodist Church  
350 Main St.  
Hawesville, KY 42348

Friday: 7:00 PM

**Henderson County AA Meetings**

Zion Baptist Church  
1903 Old Madisonville Rd.  
Henderson, KY 42420

Monday: 12:00 PM

Tuesday: 12:00 PM, 8:00 PM

Wednesday: 12:00 PM

Thursday: 12:00 PM

Friday: 12:00 PM, 6:30 PM

Saturday: 8:00 AM

Thursday: 5:30 PM

Good Shepherd Church  
3031 Bittel Road  
Owensboro, KY 42301

Thursday: 5:30 PM

Hancock Christian Church  
22 Henderson Grove Rd.  
Lewisport, KY 42351

Saturday: 7:00 PM

Women's Recovery Manor  
56 North McKinley St.  
Henderson, KY 42420

Monday: 7:00 PM

Wednesday: 7:00 PM

Saturday: 7:00 PM

Promises Group  
338 3<sup>rd</sup> St.  
Henderson KY 42420

Tuesday: 6:00 PM

Thursday: 6:00 PM

First Christian Church  
830 S. Green St.  
Henderson, KY 42420

Tuesday: 7:00 PM

Thursday: 7:00 PM

### **Muhlenberg County AA Meetings**

Brier Creek Presbyterian Church  
3467 KY-175  
Bremen, KY 42325

Tuesday: 7:30 PM

South Carrollton United Methodist Church  
10822 US 431  
Central City, KY 42330

Wednesday: 7:00 PM

Greenville United Methodist Church  
144 Main St.  
Greenville, KY 42345

Monday: 7:30 PM

Thursday: 7:30 PM

### **Ohio County AA Meetings**

O.C. Café  
550 S. Main Street  
Bever Dam, KY 42320

Sunday: 7:30 PM

Hartford Methodist Church  
141 East Center Street  
Hartford, KY 42347

Friday: 7:00 PM

EMT Building  
500 KY-69  
Hartford, KY 42347

Monday: 7:30 PM

### **Webster County AA Meetings**

Senior Citizen Center  
44 N College Street  
Dixon, KY 42409



## **NA Meetings**

Use this website for the most up to date meeting locations and times.

<https://www.narcotics.com/na-meetings/kentucky/owensboro/>

## **Crittendon County NA Meetings**

### A Better Way Group

204 West Carlisle Street  
Marion, KY 42064

Tuesday: 7:00

## **Daviess County NA Meetings**

### Friday Night Live Group

4416 Highway 144  
Owensboro, KY 42303

Saturday: 7:00 PM

### Talking Heads Group

217 Williamsburg Square  
Owensboro, KY 42303

Sunday: 12:00 PM

### Get Right Recovery Group Allen Street

625 Allen Street  
Owensboro, KY 42303

Wednesday: 8:00 PM

### Women's Hope Group

2310 East 19<sup>th</sup> St.  
Owensboro, KY 42303

Monday: 7:00 PM

### Last House on the Block Group

4301 Veach Road  
Owensboro, KY 42303

Tuesday: 8:00 PM

## **Hancock County NA Meetings**

### New Beginnings Group Hawesville

7070 State Route Hwy 2181  
Hawesville, KY 42348

Sunday: 6:00 PM

Monday: 6:00 PM

Thursday: 6:00 PM

### Life Changes Group

160 Scenic Hilltop Lane  
Hawesville, KY 42348

Sunday: 6:00 PM

## **Henderson County AA Meetings**

### Raw Group

437 1<sup>st</sup> Street  
Henderson, KY 42420

Sunday: 7:00 PM

Monday: 7:00 PM

Wednesday: 7:00 PM

Saturday: 7:00 PM

**Ohio County NA Meetings**

How it's Done Group

130 East Washington Street  
Hartford, KY 42320

Monday: 9:00 AM

Tuesday: 7:30 PM

Wednesday: 9:00 AM

Saturday: 9:00 AM

NCTs Leap Into Faith Group

245 Madison Street  
Bever Dam, KY 42320

Thursday: 7:00 PM

**Gambler's Anonymous**

Website: <http://www.gamblersanonymous.org/mtgdirKY.html>

Louisville Hotline Number: (888) 442-0628

**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/>

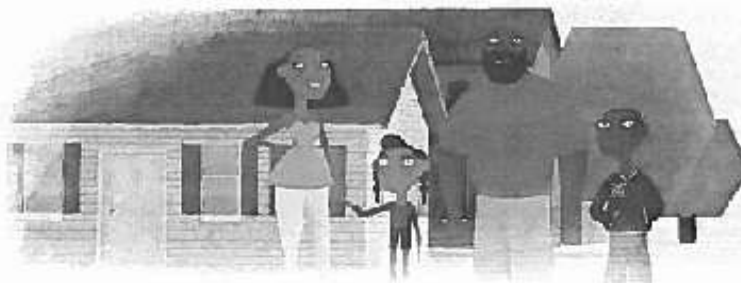
[www.kynect.ky.gov](http://www.kynect.ky.gov)

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: 1-855-325-4654. 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 figures 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 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 1-800-326-0778.</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:<br/><br/> <b>Office of the Kentucky Health Benefit Exchange</b><br/> <b>12 Mill Creek Park</b><br/> <b>Frankfort, KY 40601</b><br/><br/> <b>Fax: 1-502-573-2005</b> </li> <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.<br><input type="checkbox"/> Religious Objection <input type="checkbox"/> Not eligible to receive SSN due to alien status <input type="checkbox"/> Applied for SSN<br><input type="checkbox"/> Does not have an SSN and may only be issued an SSN for a valid non-work reason <input type="checkbox"/> Refuse to provide SSN                                                                                                                           |                                                                                                                               |                                                                                                                                                                         |            |
| 4. 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 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell<br>(   )                                                                                                                                                                                                                                                                                                                                                                                                                | 19. Secondary Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell<br>(   ) |                                                                                                                                                                         |            |
| 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<br>a. What is the due date or the last date of pregnancy? (mm/dd/yyyy) _____<br>b. How many children are/were expected with this pregnancy? _____<br>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)

☐ 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 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> <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:<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 not applying for health coverage, do not 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 American

☐ Alaska Native

☐ Japanese

☐ Other Asian

☐ Samoan

☐ Chinese

☐ Asian Indian

☐ Korean

☐ Native Hawaiian

☐ Other Pacific Islander

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

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

Date of Birth: \_\_\_\_\_

Gender ☐ Male

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.<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 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, 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 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.)<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 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 checked="" 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)<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 |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |



Form KHBE-110

Rev. 8-30-13

Page 4 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><table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> American Indian</td> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Guamanian or Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> Alaska Native</td> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Other Asian</td> <td><input type="checkbox"/> Samoan</td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Other Pacific Islander</td> </tr> </table> |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          | <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 |
| <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 |                                          |                                   |                                     |                                                |                                                    |                                        |                                   |                                      |                                 |                                  |                                       |                                 |                                          |                                                 |



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? \_\_\_\_\_

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

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

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

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

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

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

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

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

In what state did he/she live? \_\_\_\_\_

How old was he/she? \_\_\_\_\_

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



If you need help with your application or to apply faster online, go to [www.kynect.ky.gov](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.

|                                                                     |                                                                                                                                                                   |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Income from Job 1</b>                                            | 1. Who earns this income?                                                                                                                                         |
| 2. Who is this person's employer?                                   | <input type="checkbox"/> Check here if income is from self-employment                                                                                             |
| 3. What is the gross amount this person makes (before taxes)?<br>\$ | 4. How often? <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month<br><input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly |

|                                                                     |                                                                                                                                                                   |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Income from Job 2</b>                                            | 5. Who earns this income?                                                                                                                                         |
| 6. Who is this person's employer?                                   | <input type="checkbox"/> Check here if income is from self-employment                                                                                             |
| 7. What is the gross amount this person makes (before taxes)?<br>\$ | 8. How often? <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month<br><input type="checkbox"/> Every two weeks <input type="checkbox"/> 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**

### **Crittenden County**

#### Crittenden Health System/Ambulance Service

520 Sturgis Road  
Marion, KY 42064  
(270) 965-2770

#### Crittenden Hospital

520 W. Gum Street  
Marion, KY 42064  
(270) 965-5281

HOME HEALTH (270) 965-2550  
REHAB SERVICES (270) 965-1013

#### Crittenden County Health Department

190 Industrial Drive  
Marion, KY 42064  
(270)965-5215

### **Daviess County**

#### Daviess County Community Health Center

1600 Breckenridge Street  
Owensboro, KY 42303  
(270) 686-7744

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

#### Department of Vocational Rehabilitation

3108 Fairview Drive  
Owensboro, KY 42303  
(270) 687-7308

#### Matthew 25 HIV Services

1902 Leitchfield Rd. Ste. A  
Owensboro, Ky 42303  
(270) 826-0200

### **Hancock County**

#### Hancock County Health Department

175 Harrison Street, Hawesville  
(270) 927-8803

#### Hancock County Senior Services

295 Main Street, PO Box 203, Hawesville  
Program Director: Sheila McClaskie (270) 927-8313

#### Hancock County Emergency Operations Center

655 Hawes Blvd., Hawesville  
Director: Terry Greathouse (270) 927-1310  
Fax (270) 927-131

### **Henderson County**

#### Henderson Mom's Clinic

Walk-in clinic  
1015 North Elm Street  
Henderson, Ky 42420  
(270) 826-8009

#### Deaconess Gateway Hospital

4011 Gateway Blvd.  
Newburgh, In  
1-812-842-2000

600 Mary Street  
Evansville, In  
1-812-450-5000

#### Methodist Hospital

305 North Elm Street  
Henderson, Ky 42420  
270-827-7700

#### Matthew 25 HIV Clinic

452 Old Corydon Rd.  
Henderson, Ky 42420  
(270)826-0200

#### Anthony's Hospice

2410 South Green Street  
Henderson, Ky 42419  
(270) 826-2326

St. Vincent DePaul Society  
(270) 827-4138  
116 North Alvasia Street  
Henderson, Ky 42420

The St. Vincent DePaul Society assists those in need with low-cost or free clothing and furniture. They also aid in emergency bus tickets, food pantry items, partial assistance with rent/utilities to those in emergency situations and assistance with medical expenses.

Kentucky Department for Community Based Services  
Division of Family Services  
(270) 826-8351  
228 North Green Street  
Henderson, Ky 42420

The mission of this department is to offer food stamps, financial and medical assistance to eligible individuals.

### **McLean County**

The McLean County Clinic  
215 Hill Street  
Livermore, KY 42352  
(270) 278-2531

### **Muhlenberg County**

The Muhlenberg Clinic  
1100 W. Everly Brothers Blvd  
Central City, KY 42330

Muhlenberg County Health Department  
105 Legion Drive  
Central City, KY 42330  
(270)754-3200

Muhlenberg Medical Center  
1010 Medical Center  
Powderly, KY 42367  
(270) 377-1600

Muhlenberg Community Health Centers of Western Kentucky  
480 Hopkinsville St  
Greenville, KY 42345  
(270)338-5777

### **Ohio County**

Ohio County Hospital  
1211 Old Main Street  
Hartford, KY 42347  
(270) 298-7411

Ohio County Health Department  
1336 Clay Street  
Hartford, KY 42347  
(270)298-3663

Fordsville Area Medical Clinic  
44 West Main Street  
Fordsville, KY 42343  
(270)276-9953

## **Union County**

### **Union County Health Department**

E. McElroy St  
Morganfield, Ky 42437  
(270) 389-1230

### **Deaconess Medical**

1700 US Hwy 60-W.  
Morganfield, Ky 42437  
(270)389-0031

### **Methodist Hospital Union County**

4604 US Hwy 60-W.  
Morganfield, KY 42437  
(270) 389-5000

## **Webster County**

### **Webster County Family Medicine**

1355 US Hwy 41-A  
South Dixon, KY 42409  
(270)639-9101

### **Webster County Health Department**

Clayton Ave., Dixon, KY 42409  
(270)639-9315

### **Methodist Family Practice**

US Hwy 60-W.  
Morganfield, KY 42437  
(270)389-2323

### **Dr. V. S. Soni**

9064 US Hwy 60-W.  
Sturgis, KY 42459  
(270)333-4349

### **Methodist Family Medicine Sebree**

47 E. Webster Street  
Sebree, KY 42455

### **Trover Clinic**

215 East Main St., Providence, KY 42450  
(270) 667-7017

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

Kentucky Prescription Assistance Program Hotline  
1-800-633-8100

[Kentucky Prescription Assistance Program.](#)

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

Boehringer Ingelhelm 800-556-8317  
~Serentil

Bristol-Myers Squibb Co. 800-332-2056  
~BuSpar ~ Prolixin  
~Bristol-Myers Squibb Co.  
~Desyrel ~ Serzone

Eli Lilly and Co. 800-545-6962  
~Prozac ~ Zyprexa

Pfizer Inc. 866-706-2400  
~Navane ~ Zoloft  
~Sinequan

Schering Laboratories/Key Pharm.  
800-656-9485  
~Trilafon

Zeneca Pharmaceuticals 800-424-3727  
~Elavil

Needymeds – [www.needymeds.com](http://www.needymeds.com)

## **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**

### Community Dental Clinic

2811 New Hartford Rd. Suite A

Owensboro, KY 42303

(270) 691-6205

<https://www.owensborodentalclinic.com/>

## **Mental Health Services**

### **Daviess County**

#### Deaconess Cross Pointe

920 Frederica Street

Suite 1003

Owensboro, KY 42303

(270)686-8984

#### New Way of Life Counseling

227 St. Ann Street

Owensboro, KY 42303

(270)684-8005

#### River Valley Behavioral Health

First Time Appointment Point of Entry

1100 Walnut Street

Owensboro, KY 42301

(270)689-6800

#### River Valley Behavioral Health

CRISIS STABILIZATION UNIT (CSU)

1100 Walnut Street

Owensboro, KY 42301

(270)684-0567

Commission for Children with Special Healthcare  
1600 Breckenridge Street  
Owensboro, KY 42303  
(270)687-7038  
<http://chs.ky.gov/commissionkids/>

### **Henderson County**

A New Beginning  
125 First Street Suite 203  
Henderson, KY 42420  
(270)577-3133

Adapt Counseling Services  
125 North First Street  
Henderson, KY 42420  
(270) 454-4558

Deaconess Cross Pointe  
7200 East Indiana St  
Evansville, IN  
1-800-947-6789

920 Frederica St  
Owensboro, KY 42301  
(270)686-8984

Family Options  
215 First Street  
Henderson, KY 42420  
(270) 691-0501

Green River Health Department  
472 Klutzy Park Plaza  
Henderson, KY 42420  
(270)826-3951

Lighthouse Counseling Services, Inc  
230 Second Street Suite 230  
Henderson, KY 42420  
(270) 826-8761 Phone  
(270)826-8737 Fax

Patricia T. Clare, MS-Psychologist  
428 2 ND Street  
Henderson, KY 42420  
(270) 827-2003

Pennyroyal Center  
Mental Health Clinic  
1-877-473-7766

River Valley Behavioral Health  
205 US Hwy 41 South  
Henderson, KY 42420  
(270)831-8500  
1-800-769-4920

Mental Disabilities and Substance Abuse Counseling  
618 N Green Street  
Henderson, KY 42420  
(270)826-8314

River Valley Behavioral Health  
CRISIS LINE  
(270)684-9466  
1-800-443-7291

Another Way, Inc. (Substance Abuse Issues)  
401 C Hoffman Drive –  
Henderson, KY 42420  
(270) 831-2022  
(270) 831-1011 Fax

Turning Point Counseling Services, Inc  
524 South Main St  
Henderson, KY 42420  
(270)826-6500

### **Muhlenberg County**

Pennyroyal Mental Health  
506 Hopkinsville Street  
Greenville, KY 42345  
(270) 338-5211

## **Ohio County**

River Valley Behavioral Health  
1269 Duvall Road  
Beaver Dam, KY 42320  
(270)274-0650  
1-800-769-4920

Sabrina West, LCSW  
121 CS - 1046  
Hartford, KY 42347  
(270)298-0088

## **Crisis Counseling**

### **Rape Services**

New Beginnings Hotline

1-800-226-7273

Nations Sexual Assault Hotline  
RAINN (Rape, Abuse and Incest National Network)

(800) 656-HOPE (4673).

### **Domestic Violence Victim**

National Domestic Violence Hotline

1-800-779 SAFE

Cabinet for Families and Children  
Adult Protective Services Intake  
To report all suspected domestic violence and elderly abuse

1-877-KYSAFE1

National Suicide Prevention Lifeline

1-800-273-TALK (8255)

National Domestic Violence Hotline

1-800-779 SAFE

### **Pregnancy Hotlines**

Care Net  
425 E 18<sup>th</sup> St.  
Owensboro, KY 42303

(270) 813-5410

Birthright  
1724 Triplett St.  
Owensboro, KY 42303  
<https://birthright.org/OWENSBORO>

(270) 926-7561

Planned Parenthood  
125 N Weinbach Avenue #120  
Evansville, IN 47711

(812) 473-4990

### **Child Abuse**

Cabinet for Families and Children  
Child Abuse Hotline  
-To report all suspected Child Abuse, Neglect or Dependency

1-800-752-6200

### **Crisis Response Team**

Lessens the impact of a crisis or disaster (fire, etc.)

1-888-522-7228



## **Employment Assistance and Staffing Companies**

### **Daviess County**

#### **Kelly Services**

715 2nd Street, Suite 8  
Henderson, KY 42420  
(270) 826-1140  
[www.kellyservices.com](http://www.kellyservices.com)

The application process takes about 2 hours and you must go to the Henderson office. They do have job openings in Owensboro sometimes.

#### **Express Employment**

1900 Triplett Street  
Owensboro, KY 42303  
(270) 240-5511

Peoplemark, Inc. (Child Support Felony Only)  
5000 Back Square Drive, Suite 1  
Owensboro, KY 42301  
(270) 685-0885  
[www.peoplemark.com](http://www.peoplemark.com)

#### **Malone Staffing**

3333 Frederica Street  
Owensboro, KY 42303  
(270) 215-1100

#### **Trojan Labor**

1707 Triplett Street  
Owensboro, KY 42303  
(270) 685-2900  
Fill out application Monday through Friday 7 a.m. to 1 p.m.

#### **Manpower**

401 Frederica Street #104  
Owensboro, KY 42303  
(270) 683-5808

#### **Employment Plus**

101 E. 9 th Street  
Owensboro, KY 42301  
(270) 686-6259

#### **Office of Employment & Training**

3108 Fairview Drive  
Owensboro, KY 42303  
(270) 686-2502  
[www.oet.ky.gov](http://www.oet.ky.gov)

#### **Spartan Staffing (Non-violent offenders only)**

2588 Grimes Avenue  
Owensboro, KY 42303  
270-685-3499

#### **Proman Staffing**

101 E 9<sup>th</sup> St.  
Owensboro, KY 4233  
(270) 685-0962

### **Hancock County**

#### **Hancock County One-Stop Career Center Information**

Director - Carolyn Nugent

1605 US Hwy 60 W  
Hawesville, Kentucky 42348  
Phone: (270) 927-8066  
Fax: (270) 927-9043

Email: [CareerCenter@HancockKy.us](mailto:CareerCenter@HancockKy.us)

#### **Services**

##### ☐ Employer Services -

assist area businesses and industries in finding qualified applicants. Office and meeting rooms are available for training, testing, interviewing, etc.

☐ Education and Training -through partnerships with Adult Education and Community. Education, job seekers have the resources available to enhance their employability skills. GED, TABE and WorkKeys preparation classes are offered through the Adult Education program. Computer classes and Continuing Education classes are available spring and fall through the Community Education program.

- ☐ Assessment of Skills and Aptitudes
- ☐ Work Readiness Training - computer software for typing skills, interviewing skills and life skills
- ☐ Customized Training Programs, in partnership with employers
- ☐ Classroom or Self-paced Computer Programs
- ☐ Resume Writing - WinWay Resume Deluxe software for writing a professional resume and cover letter.
- ☐ Career Library - with learning videos, job search books, sample resumes and other informational tools
- ☐ Job Search Resources. Computers, Printers and Fax Machines Available
- ☐ Job Referrals - through a partnership with The Kentucky Department for Employment Services, qualified applicants are referred to employers for job openings.
- ☐ Filing Unemployment Claims - The Career Center staff will assist you with filing unemployment claims via the internet.

### **Henderson County**

#### **Custom Staffing**

1820 N Green River Road  
Evansville, In 47715  
(812) 474-7400

HR Solutions  
100 N St. Joseph Road  
Evansville, In 47712  
(812) 476-3180  
[www.hrsolutions-inc.com](http://www.hrsolutions-inc.com)

Kelly Services  
706 Green Street  
Henderson, KY 42420  
(270) 826-1140  
[www.kellyservices.com](http://www.kellyservices.com)

People Plus Inc  
316 3rd Street  
Henderson, KY 42420  
(270) 869-9060  
[www.peopleplusinc.com](http://www.peopleplusinc.com)

### **McLean County**

McLean County Career Center  
200 St Hwy 81  
Calhoun, KY 42327  
(270) 273-9023

### **Muhlenberg County**

Muhlenberg Career and Advancement Center  
50 Career Way  
Central City, KY 42330  
(270) 338-5939

People Plus  
N, 130 Main Street  
Greenville, KY 42345  
(270) 377-0088

Department for Employment Services  
50 Career Way  
Central City, KY 42330  
(270) 338-3654

Job Corps  
3875 HWY - 181  
Greenville, Kentucky 42345  
(270) 338-5460

## **Ohio County**

Ohio County Career Center  
Ohio County Community Center  
130 East Washington Street #105  
Hartford, KY 42347  
(270) 298-4421

**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

***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**

### **Crittenden County**

Crittenden County Cares  
(270)965-5310

### **Daviess County**

#### **Emergency Shelters**

##### Boulware Center Mission

731 Hall Street  
Owensboro, KY 42303  
(270)683-8267  
Men only

##### Daniel Pitino Shelter

501 Walnut Street  
Owensboro, KY 42301  
(270)688-9000  
Only single women and families are served.  
<http://pitinoshelter.org/>

##### O.A.S.I.S. (Domestic Violence)

Owensboro, KY  
(270)685-0260  
oasisinc@omuonline.net  
Female only

##### St. Benedict's For Men

1001 W. 7th Street  
Owensboro, KY 42301  
(270) 541-1003  
<http://stbenedictsowensboro.org/>

#### **Assisted Living / Nursing Homes**

##### Bon Harbor Nursing & Rehab Center

2420 West 3rd Street  
Owensboro, KY 42301  
(270)685-3141

##### Carmel Home

2501 Old Hartford Road  
Owensboro, KY 42303  
(270)683-0227

##### Davco Rest Home

2526 W. 10th Street  
Owensboro, KY 42301  
(270)684-1705

##### Fern Terrace

45 Woodford Avenue  
Owensboro, KY 42301  
(270) 684-7171

Oxford House (Men and Women homes)  
Jessica Burden (502) 655-1563

A Fresh Start  
(270) 240-3180

True North  
527 JR Miller Blvd.  
Owensboro, KY 42303  
(270) 215-4800

Friends of Sinners  
324 Clay Street  
Owensboro, KY 42303  
(270)689-9174

Lifeway Ministries  
400 W. 9 th Street  
Owensboro, KY 42301  
(270) 215-0353

##### Harborside Healthcare Rehab & Nursing Center

1205 Leitchfield Road  
Owensboro, KY 42303  
(270) 684-0464

##### Heritage Place

3362 Buckland Square  
Owensboro, KY 42303  
(270) 689-0930

##### Hermitage Care & Rehab Center

1614 West Parrish Avenue,  
Owensboro, KY 42301  
(270)684-4559

##### Maplebrook Village Garden

2401 Friendship Drive #B,  
Owensboro, KY 42303  
(270) 691-0702

One Park Place  
2701 Frederica Street  
Owensboro, KY 42303  
(270) 926-6669

Park Regency  
5058 Back Square Drive #1  
Owensboro, KY 42301  
(270)686-8600

Roosevelt House  
530 Yale Place #1

Owensboro, KY 42301  
(270) 926-1673

Signature Healthcare  
3740 Old Hartford Road  
Owensboro, KY 42303  
(270)684-7259

WELLINGTON PARK  
2885 New Hartford Road  
Owensboro, KY 42303  
(270)685-2374

### **Permanent Housing**

Housing Authority  
2161 E. 19th Street, Suite A  
Owensboro, KY 42303  
(270)683-5365  
<https://owensborohousing.org/>

Habitat For Humanity  
1702 Moseley Street  
Owensboro, KY 42303  
(270) 926-6110

### **Hancock County**

Popular Grove Apts  
100 Popular Grove Court  
Lewisport, Ky 42351  
(270) 295-3164

River Hill Apts/ Hancock Manor, Homeland Inc.  
Clay Street Apts  
Hancock Manor (For the elderly and disabled)  
(270) 259-5461

The above listed housing complexes are subsidized housing and are all managed by the same office the housing manager can be reached at the following:

River Hill Apartments  
259 Jennings Street  
Hawesville, Ky. 42348  
(270) 927-8769

### **Henderson County**

Matthew 25 AIDS Services  
452 Old Corydon Road  
Henderson, KY 42420

Harbor House Christian Center  
804 Clay Street  
Henderson, Ky 42420  
(270)827-5010

The Harbor House is for men only who are in urgent need for shelter and other basic necessities. They provide a warm bed, three meals a day, clothing, bible studies, encouragement for a job through Diversco, and learn responsibility, such as rent (after their second paycheck), chores, and managing money to be able to live independently again.

Henderson Christian Community Outreach

700 N. Green Street  
PO Box 363  
Henderson, Ky 42420  
(270) 826-5592

The Christian Community Outreach helps those in urgent need for food, housing, medicine, utilities, advocacy, rent, dental and referral services.

Housing Authority of Henderson

111 South Adams Street  
Henderson, Ky 42420  
(270) 827-1294

The Housing Authority provides activities for youth and adults and assists in education, job-training, recreation, and referrals. They also help in promoting housing for low-income members of the community, including section 8 housing. Section 8 is available to the following:

Family units where head of household is 18

Single person age 62 or older

Single employed person ages 45-62

Single at least age 18 and is low-income

Every family pays 30% or less gross income for rent and utilities

Shelter For Women and Children

530 Klutey Park Plaza  
Henderson, Ky 42420  
270-830-8063

This asset to the community provides a safe haven, food, shelter and guidance for homeless women and children. They have beds for 22 women and are open anytime. They provide temporary assistance while helping women find permanent housing, clothing, child care and more to become self-sufficient. Unfortunately, due to lack of resources, this shelter is not for abused or battered women seeking refuge.

**Muhlenberg County**

Central City Housing Authority

511 S. 9th Street  
Central City, KY 42330  
(270) 754-2521

Greenville Housing Authority

613 Reynolds Street  
Greenville, KY 42345  
(270) 338-5900

**Union County**

Municipal Housing Authority

703 Culver St.  
Morganfield, KY 42437  
(270) 389-3066

Housing Rehabilitation

524 N. Adams Street  
Sturgis, KY 42459  
(270) 333-2724

Morganfield Nursing & Rehab

509 N Carrier St.  
Morganfield, KY 42437  
(270) 389-3513

## **Webster County**

Audubon Area Community Services  
64 N College St.  
Dixon, KY 42409  
(270) 639-5635

Municipal Housing Authority  
101 Center Ridge Dr.  
Providence, KY 42450  
(270) 667-5786

## **Family Services**

THE CENTER  
New Hartford Road  
Owensboro, KY 42301  
(270) 684-3837

The Center of Owensboro-Daviess Co., Inc. is a community resource center with the goal of providing a central resource "hub" for organizations serving families and children in the Green River Area. The Center was developed to meet the need for co-location, genuine collaboration and effective communication between the organizations serving our community, as well as a central access point for local resource information.

## **Transportation**

**Owensboro Transit Bus Office**  
(270) 687-6570

<https://transit.owensboro.org/>

| <b>Fares</b>        | <b>Cash</b> | <b>10 Tokens</b> | <b>Day Pass</b> | <b>Monthly Pass</b> |
|---------------------|-------------|------------------|-----------------|---------------------|
| Adult               | \$1.00      | \$9.00           | \$3.00          | \$30.00             |
| Seniors (60+)       | \$0.50      | \$4.50           | \$3.00          | \$15.00             |
| Disabled / Medicare | \$0.50      | \$4.50           | \$3.00          | \$15.00             |
| Youth (7-18)        | \$0.50      | \$4.50           | \$3.00          | \$15.00             |
| Children (0-6)      | Free        |                  |                 |                     |
| Trolley             | Free        |                  |                 |                     |
| Transfers           | Free        |                  |                 |                     |

\*Transfers are given out only downtown.

**Henderson Mass Transit**  
(270) 831-1249  
<https://www.hendersonky.gov/200/Rates>

| <b>Fares</b>        | <b>Cash</b>              | <b>10 Tokens</b> |
|---------------------|--------------------------|------------------|
| Adult               | \$0.50                   | \$4.50           |
| Seniors (60+)       | \$0.25                   | \$2              |
| Disabled / Medicare | \$0.25                   | \$2              |
| Students (6-18)     | \$0.25                   | \$2              |
| Children (0-6)      | Free – Limit 3 per adult |                  |
| Transfers           | Free                     |                  |

\*Transfers are given out only at 3<sup>rd</sup> and Main

**Greyhound Bus**

430 Allen St.  
Owensboro, KY 42301  
1-800-231-2222

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.

<https://www.greyhound.com/bus/owensboro-ky/owensboro-transit>

**Taxi Services**

Yellow Cab Taxi Service (Owensboro)  
(270) 683-6262

Executive Taxi Service (Owensboro)  
(270) 926-8000

Komfort Kabs (Owensboro)  
(270) 684-4646

Riverbend Taxi (Henderson)  
(270) 683-6262

Henderson Taxi  
(270) 577-6755

**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) / Other Adult Education Opportunities**

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

### **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 Adult Education Offices

### **Crittenden County**

#### Crittenden County Adult Education

200 Industrial Drive

Marion, KY 42064

(270) 965-0224

Offers GED, Work Keys test, National Career Readiness Certificate

#### Mantle Rock Native Education & Cultural Center

110 S Main St.

Marion, KY 42065

(270) 965-5882

### **Daviess County**

#### G.R.A.D.D. (Green River Area Development District)

300 Gradd Way

Owensboro, KY 42301

(270) 926-4433

Education Grants – Helps dislocated workers that need to go back to school (must qualify for eligibility).

#### Skilltrain / GED

1501 Frederica Street

Owensboro, KY 42303

(270) 686-4454

Monday through Thursday 8 a.m. to 4:30 p.m.

Friday by appointment only

<https://owensboro.kctcs.edu/education-training/program-finder/skilltrain-adult-ed.aspx>

### **Hancock County**

#### Hancock County Adult Education/Career Center

1605 US Hwy 60 W

Hawesville, Kentucky 42348

(270) 927-8066

<https://hancockishome.com/working-here/career-center/>

#### **Services:**

- ☐ Employer Services- assist area businesses and industries in finding qualified applicants. Office and meeting rooms are available for training, testing, interviewing, etc.
- ☐ Education and Training- through partnerships with Adult Education and Community Education, job seekers have the resources available to enhance their employability skills. GED, TABE and WorkKeys

preparation classes are offered through the Adult Education program. Computer classes and Continuing Education classes are available spring and fall through the Community education program.

- ☐ Work Readiness Training- computer software for typing skills, interviewing skills and life skills.
- ☐ Customized Training Programs, in partnership with employers.
- ☐ Classroom and Self-Paced Computer Programs
- ☐ Resume Writing- Win Way Resume Deluxe software for writing a professional resume and cover letter.
- ☐ Career Library- with learning videos, job search books, sample resumes and other informational tools.
- ☐ Job Search Resources- job listings, career source libraries, computers and printers, fax machines.
- ☐ Job Referrals through a partnership with The Kentucky Department for Employment Services, qualified applicants are referred to employers for job openings.
- ☐ Filing Unemployment Claims- The Career Center staff will assist you with filing unemployment claims via the internet.

### **Henderson County**

Henderson Community College  
2660 South Green Street  
Henderson, Ky 42420  
(270) 827-1867

HCC offers various programs which include:

- College course work for a two-year degree or transferable credits to a four year institution.
- Adult learning center which includes a basic skills program, GED program, literacy program, English as a second language and business and industry testing.
- Free Income Tax Assistance for elderly and low income taxpayers
- College Library for students, faculty or the general public
- Learning skills Center which offers credit instruction in reading and college studies strategies and also offers tutorial assistance to students with academic deficiencies.
- Community and economic development classes.

### **Muhlenberg County**

Adult Education of Muhlenberg County  
50 Career Way  
Central City, KY 42330  
(270) 338-2257

### **Ohio County**

Ohio County Adult Education Center/GED  
Ohio County Public Library Annex Building  
424 Main Street  
Hartford, KY  
(270) 686-4454  
TUESDAYS ONLY

## **Union County**

### Union County Adult Education

4500 US Hwy 60-W  
Morganfield, KY 42437  
(270) 822-9151

### Uniontown Elem/Family Resource Center

401 Walnut Street  
Uniontown, KY 42461  
(270) 822-4462

## **Webster County**

### Adult Education

205 Maple St Providence, KY 42450  
(270)667-9992

### Webster County Migrant Education

133 N State St  
Sebree, KY 42455  
270-835-9666

### Webster County Technology Center

325 State Route 1340  
Dixon, KY 42409  
(270) 639-5035

## **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.

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

### **Daviess County**

#### Brescia University

717 Frederica Street  
Owensboro, KY 42303  
(270)685-3131  
<http://www.brescia.edu/>

#### Kentucky Wesleyan College

3000 Frederica Street  
Owensboro, KY 42301  
1-800-999-0592  
<http://www.kwc.edu/>

Owensboro Community & Technical College  
4800 New Hartford Road  
1901 Southeastern Parkway  
1501 Frederica Street  
(270) 686-4444  
<http://www.octc.kctcs.edu/>

Western Kentucky University -Owensboro  
4821 New Hartford Road  
Owensboro, KY 42303  
(270) 684-6797  
<http://www.wku.edu/owensboro/>

### **Henderson County**

Henderson Community College  
2660 South Green Street  
Henderson, Ky 42420  
(270) 827-1867

### **Muhlenberg County**

KY Tech – Muhlenberg County Campus  
201 Airport Road  
Greenville, KY 42345  
(270) 338-1271

Madisonville Community College – Muhlenberg Campus  
406 W. Everly Brothers Blvd  
Central City, KY 42330  
(270) 757-9881

### **Ohio County**

KY Tech – Ohio County Center  
1406 South Main St  
Hartford, KY 42347  
(270) 274-9612

\*\*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))

## **Vocational Rehabilitation Services**

3108 Fairview Drive, 42303  
Owensboro, KY 42303  
270-687-7308  
<http://www.ovr.ky.gov/>

There are four requirements for eligibility:

1. An individual must a physical or mental impairment;
2. The impairment must result in a substantial impediment to employment;
3. An individual must be able to benefit from vocational rehabilitation services in terms of employment outcome;
4. An individual must require vocational rehabilitation services in order to obtain or maintain appropriate employment.

## **Disabilities**

|                                                       |                      |
|-------------------------------------------------------|----------------------|
| Action Alert Network                                  | 1-800-977-7505       |
| American Printing House for the Blind                 | (502) 895-2405       |
| American Red Cross                                    | (270) 685-2976       |
| The Arc: Autism Now                                   | (270) 852-4631       |
| Brain Injury Association of KY                        | (502) 493-0609 x. 22 |
| Commission for Children with Special Healthcare Needs | (270) 687-7038       |
| Deaf Relay Service                                    | 1-800-648-6056       |
| Dept. for the Blind                                   | (502) 327-6010       |
| Division of Communicative Disorders                   | (502) 852-5274       |
| Goodwill Industries                                   | (270) 685-1103       |
| Social Security/Disability                            | (866) 836-5834       |

## **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 Driver Licensing Region Office for NEW License

Appointments are highly suggested, as limited space for walk-ins differs from site to site.

<https://drive.ky.gov/Pages/Find-An-Office.aspx>

### **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

### **REGIONAL LICENSING REGION OFFICE LOCATIONS**

- |              |                                      |                |
|--------------|--------------------------------------|----------------|
| 1. Henderson | 374 Borax Drive, Henderson, KY 42420 | (270) 854-2428 |
| 2. Owensboro | 2620 KY Hwy 81, Owensboro, KY 42301  | (270) 691-9659 |

*\*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://www.ssa.gov/locator/>

4532 Lucky Strike Loop, Owensboro, KY 42303  
2000 N Elm St, Henderson, KY 42430

1-866-836-5834  
1-855-628-1593

National toll-free number is also available.

1-800-772-1213





## **Emergency Financial Assistance**

### **Crittenden County**

#### Child Support Enforcement

217 W Bellville St  
Marion, KY 42064  
(270) 965-5476

#### Cabinet for Families & Children

815 S Main St.  
Marion, KY 42064  
(270)965-2254

#### Family Resource Youth Center

519 W Gum St.,  
Marion, KY 42064  
(270) 965-9833

### **Daviess County**

#### Child Support Division

Judicial Center  
100 E. Second Street  
Owensboro, KY 42303  
270-685-8460

#### St. Vincent DePaul Society

1205 W. 9th Street  
Owensboro, K 42303  
(270) 683-0062

#### Church

Contact your church. Some will help with utility bills, rent, or other needs

#### Store

200 E. 18<sup>th</sup> Street  
Owensboro, KY 42303  
(270) 683-1747

#### Family Support

3649 Wathens Crossing  
Owensboro, KY 42301  
(270) 687-7278  
Cash Assistance – Food Stamps – Medical Assistance

#### Salvation Army

215 Ewing Road  
Owensboro, KY 42301  
(270) 685-5576

#### Goodwill Industries of Kentucky

2916 W. Parrish Avenue  
Owensboro, KY 42301  
(270) 688-8377

#### Owensboro Christian Church

2818 New Hartford Road  
Owensboro, KY 42303  
(270)683-2706

#### Help Office of Owensboro

1316 W. 4th Street  
Owensboro, KY 42301  
(270) 685-4971

#### Tenth Street Baptist Church Pantry

1213 E. 10th Street  
Owensboro, KY 42303  
(270) 684-8116

#### Audubon Area Community Action Agency

1700 W. 5th Street  
Owensboro, KY 42302  
(270) 686-1600

#### Centro Latino

524 Locus St  
Owensboro, KY 42303  
(270) 683-2541

#### Daniel Pitino Shelter

501 Walnut Street  
Owensboro, KY 42301  
(270) 688-9000

## **Hancock County**

### Family Support Office

240 Hartford Road  
Hawesville, KY 42348  
270-927-8156  
Community Based Service – Food Stamps –  
Medical Card – K-TAP

### Audubon Community Office & Help Office

225 Main Cross Street  
Hawesville, KY 42348  
(270) 927-6500

### Saint Vincent DePaul

210 4th Street  
Lewisport, KY 42351

## **Henderson County**

### Child Support Division

Henderson County Attorney (270) 827-5753  
Henderson County Courthouse (270) 826-2405

### Church

Contact your church. Some will help with utility  
bills, rent, or other needs.

### Family Support

228 North Green Street  
Henderson, KY 42420  
(270) 826-8351  
Cash Assistance – Food Stamps – Medical  
Assistance

### Goodwill Industries of Kentucky

1300 South Green  
Henderson, KY 42420  
(270) 827-4663

### Daniel Pitino Shelter

602 8<sup>th</sup> St.  
Henderson, KY 42420  
(270) 823-5469

### St. Vincent DePaul

116 North Alvasia  
Henderson, KY 42420  
(270) 827-4138

### Salvation Army

1213 Washington Street  
Henderson, KY 42420  
(270) 826-4472

### Habitat For Humanity

1030 3rd Street  
Henderson, KY 42420  
(270) 869-9011

### Audubon Area (Winter Care)

270-826-6071

### Henderson Community Christian Outreach

270-826-5592

### Mary and Martha – Holy Name

(270) 826-2096  
Home Repairs – Community Development

## **Muhlenberg County**

### Kentucky Department for Families and Children/Community Based Services

210 S. Bogess Ave  
Greenville, KY 42345  
(270) 338-3072

### Muhlenberg County Baptist Association

1920 W. Everly Brothers Blvd.  
Central City, KY 42330  
(270) 338-5650

### Pennyrile Allied Community Services

30 Big John Drive  
Greenville, KY 42345  
(270) 338-5080

## **Ohio County**

Kentucky Department for Family Support  
947 West 7th Street  
Beaver Dam, KY 42320  
(270) 274-8201  
Cash Assistance - Food Stamps - Medical Assistance

Audubon Area Community Services  
130 East Washington Street  
Ohio County Community Center  
Suite 101  
Hartford, KY 42347  
(270) 298-4481

St. Vincent DePaul  
213 Midtown Plaza  
Beaverdam, KY 42320  
(270) 274-5118

Ohio County Outreach Offices (OASIS)  
Hartford Community Center  
First Floor, Suite #103  
Hartford, KY 42320  
(270) 298-4485

HELP Office  
Hartford Christian Church  
122 W. Walnut Street  
Hartford, KY 42347

## **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.

<https://www.va.gov/homeless/>

You may inquire about the above program at any of these locations.

Owensboro VA Clinic  
2060 East Parrish Avenue  
Owensboro, KY 42303  
(270) 684-5034

Madisonville VA Clinic  
99 Stagecoach Road  
Madisonville, KY 42431  
(270) 326-3600

Evansville Vet Center  
1100 North Burkhardt Road  
Evansville, IN 47715  
(812) 473-5993

Substance Abuse Treatment Facility Locator  
1-800-662-HELP or [www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov)

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)

## **Cultural Services**

Owensboro Diocese – Catholic Charities  
(Legal Immigration/Migration & Refugee)

(270) 852-8328

International Center of Kentucky

(270) 683-3425

## **Recreational and Leisure Opportunities**

### **Crittenden County**

Toula Community Center  
6238 SR 135, Marion, KY 42064  
(270) 965-9226

Crittenden County Park  
Marion, KY 42064

### **Daviess County**

Ben Hawes State Recreational Park  
4 Miles West of Owensboro on Hwy. 60 E.  
(270) 687-7134

International Bluegrass Music Museum  
117 Daviess Street  
Owensboro, KY  
(270) 926-7891

Boys & Girls Club  
3415 Buckland Square  
Owensboro, KY 42301  
(270) 685-4903

Kendall-Perkins Park  
1201 West 5th Street Road  
Owensboro, KY  
(270) 687-8700

Cap Gardner Park  
238 East 20th Street  
Owensboro, KY 42303  
(270) 687-8700

Legion Park  
3047 Legion Park Drive  
Owensboro, KY  
(270) 687-8700

Chautauqua Park  
1301 Bluff Avenue  
Owensboro, KY 42303  
(270) 687-8700

Moreland Park  
1215 Hickman Avenue  
Owensboro, KY  
(270) 687-8700

English Park  
2 Woodford Avenue  
Owensboro, KY 42303  
(270) 687-8700

Owensboro Area Museum of Science & History  
122 E. 2nd Street  
Owensboro, KY 42303  
(270) 687-2732

Jack C. Fisher Park  
3900 West Fifth Street Road  
Owensboro, KY 42301  
(270) 687-8725

Owensboro Dance Theatre  
River Park Center  
101 Daviess Street  
Owensboro, KY 42303  
(270) 684-9580

Goose Egg Park  
1228 W. 3rd Street  
Owensboro, KY 42301  
(270) 687-8700

Owensboro Museum of Fine Art  
901 Frederica Street  
Owensboro, KY 42303  
(270) 685-3181

Panther Creek Park  
5160 Wayne Bridge Road  
Owensboro, KY 42301  
(270) 926-6481

Shifley Park  
Bittel Road & Dallas Avenue  
Owensboro, KY 42301

Western Kentucky Botanical Garden  
25 Carter Road  
Owensboro, KY 42301  
(270)993-1234

YMCA  
900 Kentucky Parkway  
Owensboro, KY 42301  
(270)926-9622

Smother's Park  
199 W. Veteran's Blvd.  
Owensboro, KY 42303  
(270) 687-8333

### **Henderson County**

Audubon State Park  
2910 US Hwy 41 Henderson, Ky 42420  
(270) 826-2247 Office  
(270)826-5939 Camping Area Office  
(270)826-5546 Golf Pro Shop  
(270) 827-1893 Museum

Henderson County Tourism Commission  
101 N. Water Street #B  
Henderson, KY 42420  
-City Parks  
-Walking Trails Volleyball Court  
-Skate Park Club House  
-Club House Shelter House  
-Playgrounds Fishing  
-Tennis Court Disc Golf  
(270) 826-3128

Audubon Mill Park  
123 N. Water Street  
Henderson, KY 42420

East End Spray Park  
214 Letcher Street  
Henderson, KY 42420

YMCA  
460 Klutzy Park Plaza  
Henderson, KY 42420  
(270) 827-9622

Annual Events  
-Tri-Fest (April)  
-Henderson County Fair (June)  
-W.C. Handy Blues & B-B-Q (June)  
-Bluegrass in the Park (August)  
-GRADD Arts & Crafts Festival (October)  
-Halloween Parade (October)  
-Christmas in the Park (December)  
-Christmas Parade (December)  
-Friday Night Music on the River (during the summer)

### **Ohio County**

Ohio County Park  
2300 State Route 69 North  
Hartford, KY 42347  
(270) 298-4466

Family Wellness Center of Ohio County  
343 South Main Street  
Hartford, KY 42347  
(270) 298-4500

## **Union County**

### **Higginson-Henry State Park**

US Hwy 56- East Morganfield, KY 42437  
(270) 389-3850

### **Morganfield City Park**

201 Park Street Morganfield, KY 42437

### **Dunbar Park**

625 W. Geigers Street Morganfield, KY  
42437

### **YMCA**

252 E Brady St Morganfield, KY 42437  
(270) 389-9622

### **Uniontown City Park**

Park Street off of 7th Street  
Uniontown, KY 42461  
(270) 822-4277

## **Webster County**

### **Baker Park**

Dixon, KY 42409

### **Sturgis City Park**

1002 N. Monroe Street Sturgis, KY 42459  
8. Ralph Horning Recreational Park  
Johnson Street Sturgis, KY 42459

### **Waverly City Park**

Johnson Street Waverly, KY 24262

### **Caseyville Boat Dock and Recreation Area**

HY 1508 Sturgis, KY 42459

### **Uniontown River Park**

End of HWY 130  
Uniontown, KY 42461  
(270) 822-4277

### **Coffey Park**

6th and King Street  
Sturgis, KY