



Division of Reentry Services

Reentry Resource Manual District 1

Ballard, Caldwell, Calloway, Carlisle, Fulton, Graves,
Hickman, Livingston, Lyon, Marshall, McCracken, and Trigg
Counties

A SECOND CHANCE TO MAKE A FIRST IMPRESSION

*Last Updated
January 2025*

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

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

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

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

www.ssa.gov or 1-800-772-1213 for information concerning social security numbers, cards, or general information.

To find a Driver's License facility near you- [https:// www.drive.ky.gov](https://www.drive.ky.gov)

<https://www.findrecoveryhousingnowky.org/> To find housing needs in Kentucky

<https://kyae.ky.gov/About-Us/Pages/default.aspx> For Adult Education/GED/Continuing Educational Needs

SAMHSA Helpline 1-800-662-HELP (4357) FindTreatment.gov

988- number to call if your having a mental health crisis

211-United Way Resources

TABLE OF CONTENTS-

Helpful Websites.....	Page 2
Reentry Directory/P & P offices.....	Page 4
MRT Class Schedule.....	Page 5
Class list/Goodwill Paducah.....	Page 6
Class descriptions/Course Catalog.....	Page 7-8
Domestic Violence Offender Treatment/ AA/NA/Gambling Websites.....	Page 9
Ballard Cty. Resources.....	Page 10
Caldwell Cty. Resources.....	Page 11-13
Calloway Cty. Resources.....	Page 14-17
Carlisle Cty. Resources.....	Page 18-19
Fulton Cty. Resources.....	Page 20-23
Graves Cty. Resources.....	Page 24-28
Hickman Cty. Resources.....	Page 29-30
Livingston Cty Resources.....	Page 31-32
Lyon Cty. Resources.....	Page 33-34
Marshall Cty. Resources.....	Page 35-38
McCracken Cty. Resources.....	Page 39-46
Trigg Cty. Resources.....	Page 47-48

Directory

NAME	Work Location	E-MAIL	PHONE
Reentry Program Administrator	PROBATION & PAROLE DISTRICT 1 400 S 6 TH STEET PADUCAH, KY., 42003	Andria.barkett@ky.gov	270-559-5871
Dara Tinsley Community Reentry Coordinator	PROBATION & PAROLE DISTRICT 1 400 S 6 TH ST. PADUCAH, KY., 42003	dara.tinsley@ky.gov	270-564-9457
John Davis/Alexus Gates Reentry Coordinator	KENTUCKY STATE PENITENTARY 266 WATER STREET EDDYVILLE, KY.	John.davis@ky.gov & Alexus.gates@ky.gov	270-388-3211
Candace Harper/Jail Reentry Coordinator	PROBATION & PAROLE 300 US 62 PRINCETON, KY.	candace.harper@ky.gov	270-987-1577
Reentry Employment Program Admin	PROBATION & PAROLE DISTRICT 1 337 CHARLES DRIVE MAYFIELD, KY.		270-625-3009
Alexus Gates Reentry Coordinator	WKCC/ROSS CASH 374 NEW BETHEL ROAD FREDONIA, KY.42411	alexus.gates@ky.gov	270-388-9781
Jason Hicks Reentry Coordinator	WKCC/ROSS CASH 374 NEW BETHEL ROAD FREDONIA, KY., 42411	jason.hicks@ky.gov	270-388-9781

Probation and Parole Offices in District 1

Paducah	400 S 6 th Street Paducah, Ky. 42003
Princeton	300 US HWY 62 W, Princeton, Ky 42445
Murray	304 N 5 th Street Murray, Ky. 42071
Mayfield	337 Charles Drive, Mayfield, Ky. 42066

MRT CLASS SCHEDULE-

Monday

	PROGRAM	LOCATION
8:00		
9:00		
10:00	MRT (Men)	Four Rivers and
11:00		Paducah P & P
12:00		
1:00	UR-MRT	KyCare/P & P (Pad)
2:30	Anger Management	Kentucky Care
3:00		
4:00	MRT (Women)	Kentucky Care
5:00		

Tuesday

	PROGRAM	LOCATION
8:00		
9:00		
10:00		
11:00		
12:00	MRT (Women)	Four Rivers (Paducah)
1:00		
2:00		
4:00	Staying Quit	Emerald (Murray)
4:00	Parenting	Kentucky Care (Pad)
5:00		

Wednesday

	PROGRAM	LOCATION
9:00	MRT	P&P Murray
9:00	MRT	Emerald (Paducah)
9:00	Parenting	Emerald (Paducah)
10:30	Anger Management	Emerald (Murray)
10:30	Anger Management	Emerald (Paducah)
1:00	MRT (women's)	Kentucky Care
1:00	MRT	P&P (Mayfield)
2:30	Staying Quit	Kentucky Care
3:00	MRT	Emerald (Paducah)
4:00	MRT(Men's)	Kentucky Care
4:00	Parenting	Emerald (Mayfield)
5:00	Parenting	Emerald (Murray)

Thursday

	PROGRAM	LOCATION
8:00		
9:00		
10:00		
11:00		
12:00		
1:00		
2:00		
3:00	MRT	Four Rivers (Paducah)
4:00	MRT	Four Rivers (Mayfield)
5:00	Staying Quit	Emerald (Mayfield)

Friday

	PROGRAM	LOCATION
8:00		
9:00		
9:00	Staying Quit	Emerald (Paducah)
10:00	Anger Management	Emerald (Mayfield)
10:00	Anger Management	(Virtual) Princeton
1:00		
2:00		
3:30	MRT	Kentucky Care
4:00		
5:00		

Saturday/Sunday

	PROGRAM	LOCATION
8:00		
9:00		
10:00		
11:00		
12:00		
1:00		
2:00		
3:00		
4:00		
5:00		

Specific Reentry Programs/Classes

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

Goodwill Industries of Kentucky

GOODWILL PROGRAMS/RISE

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

Preparation and opportunity are the keys to success, and we offer a Work Ready Certificate to graduates of Goodwill's Soft Skills Academy. Currently, participants study and practice six concepts that significantly impact the ability to find and maintain employment: attitude, conflict resolution, dependability, safety, self-presentation, and team building.

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

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

Opportunity Works office closest to you:

1601 Broadway Street

Paducah, Ky. 42001

(270) 908-2775

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

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

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

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

MRT Anger Management - This Cognitive-Behavioral program is designed to assist offenders in recognizing and overcoming anger. This program includes completion of 8 modules with a minimum of 8-10 group sessions utilizing the

‘Coping with Anger’ workbook, various supplemental materials, and the completion of homework assignments prepared outside of group. Classes meet once or twice per week for 90 minute sessions per class. **This program received 90 days program credit upon completion.**

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

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

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

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

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>

Victim Information and Notification Everyday (VINE)

(502) 511-1670

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

Impulse Control Counseling

Michael Wardford (502) 589-8009

AA Central Office

Big Book Online: www.aa.org/bigbookonline

Narcotics Anonamous

www.na.org

Gambler's Anonymous

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

Louisville Hotline Number: (888) 442-0628

1-800-GAMBLER

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

1-855-4kynect

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

Ballard County Resource Guide

Health

Ballard County Health Department
198 Bluegrass Dr.
LaCenter, KY 42056
(270) 665-5432

Shena Wilson KYNECTOR
Insurance (270) 983-1213
Sheena.w@wkas-ky.org

Education

Ballard-Carlisle County Public Library
257 N. 4th St.
Wickliffe, KY 42087
(270)335-5059

Food Pantry

St. Mary's Catholic Church
662 Broadway. LaCenter
M,W,F 9am-12 noon
(270) 665-5551

Legal

Ballard County Emergency Management
111 W. Kentucky Dr.
La Center, KY 42056
(270)665-9928

Ballard County Sheriff's Office
437 Ohio St.
Wickliffe, KY 42087
(270)335-3561

Ballard County Judge Executive
437 Ohio St.
Wickliffe KY 42087
(270)335-5176

Ballard County Courthouse
132 N 4th St.
Wickliffe, KY 42087
(270) 335-5176

Transportation

Non-emergency Medical Transportation for Medicaid eligible Recipients: 1-844-575-9676 or 1-270-575-9119

Children's Services

Department of Community Based Services
117 N 4th Street
Wickliffe, Ky. 42087 (270) 335-5173

Men & Women

Lifeline Recovery Center for Men & Women
701 Upshaw Lane
Kevil, Ky. 42053 (270) 443-4743

Caldwell County Resource Guide

Housing

Princeton Housing Authority
100 Hillview Ct.
Princeton, KY 42445
(270)365-5769

Health

Caldwell County Health Department
701 S. Jefferson St.
Princeton, KY 42445
(270)365-6571

Caldwell County Free Clinic
206 W. Main St.
Princeton, KY 42445
(270)365-0901

KYNECTOR Insurance
Olivia Story (270) 498-4727
Olivia.Story@pacs-ky.org

Caldwell Medical Center
100 Medical Center Dr.
Princeton, KY 42445
(270)365-0300

Mental Health

Pennyroyal Mental Health Center
114 Edwards Street
Princeton, KY 42445
(270) 365-6435

Education

Caldwell County Adult Education
400 Violet Loop
Princeton, KY 42445
(270)365-2322

Princeton, KY 42445
(270)365-2884

Gary Dawson
GDAWSON0004@kctcs.edu- To get GED
or Adult Educational assistance.

Hopkinsville Community College (270)
707-3925

George Coon Library
114 S. Harrison St.

Caldwell Cty. Extension Office
1025 US HWY 62 W
Princeton, Ky. 42445 (270) 365-2787

Legal

Caldwell County Judge-Executive's Office
100 East Market St. Room 27
Princeton, KY 42445
(270)365-6660

Circuit Court Clerk
105 West Court Square
Princeton, KY 42445
(270)365-6884

Caldwell County Sheriff's Office
100 E. Market St. 2nd floor
Princeton, KY 42445
(270)365-2088

Caldwell County Attorney
100 East Court Square, Room 14
Princeton, KY 42445
(270)365-5613

KY Legal Aid
216 Berger Road
Paducah, KY 42003
(866)452-9243

Department for Public Advocacy
105 S Jefferson Street
Princeton, KY 42445
(833) 514-8982

Employment

Pennyroyal Industries, INC
945 Dawson Rd.
Princeton, KY 42445
(270)365-9416

Tree House Foods (Packaging)
1475 US-62
Princeton, Ky. 42445
(270) 365-5505

Clothing

Joseph's Storage Bin
126 West Main Street
Princeton, KY 42445
(270)365-0820

Transportation

PACS Bus transports Caldwell, Christian, Hopkins, Livingston, Lyon, Muhlenberg, Todd, Trigg
200 N Eagle Street
Princeton, Ky. 42445
(270) 365-5097 1-800-467-4601 or 1-270-886-6641

Multiple Resources

Department of Community Based Services
(Food Stamps, Medical, Protective Services)

300 McBeth St.
(855)306-8959
Princeton, KY 42445

(270)365-7275

Hope Family Resource Center
105 Educational Dr.
Princeton, KY 42445
(270)365-8050

PACS (Pennyrile Allied Community Services)
200 Eagle Street
Princeton, KY 42445
(270)365-7446
1-800-467-4601

NA Meetings www.na.org

Narcotics Anonymous Meetings (Mon, Wed and Sat @ 7pm)
215 N. Harrison St.
Princeton, KY 42445

Princeton Ky. Counseling
205 S. Jefferson Street
Princeton, Ky. (Wed. 6:30pm)

Monday 7:00pm or Friday at 7:00pm
Open Discussion
108 W Keigan Street
Dawson Springs, Ky.

Monday at 6:00pm
Open Discussion
98 Lakeshore Drive
Kuttawa, Ky.

Kitchen Table Women’s Group
St. Peter’s of The Lake
Closed Discussion
24.06 miles from Princeton, Ky.

Kuttawa Open Doors Group
Kuttawa United Methodist Church
98 Lakeshore Drive
(270) 388-2491

Madisonville Young Peoples Group
Serenity House
Open Discussion
845 Sunset Drive
Madisonville, Ky.
Sunday 8:00 pm
Monday 12:00 pm

What’s Happening Now Group
Sundays 9:00 am
261 Commerce St.
Eddyville, Ky.
Closed group
1-866-351-4022

Just For Today Group
215 North Harrison St.
Princeton, Ky. 42445
Saturday at 7:00pm
Closed group

Calloway County Resource Guide

Housing

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

The Gentry House- Emergency Shelter
629 Broad St.
Murray, KY 42071
(270)761-6802

Health

Calloway County Health
Department
602 Memory Ln.
Murray, KY 42071
(270)753-3381

Murray-Calloway County
Hospital
803 Poplar St.
Murray, KY 42071
(270)762-1100

Heartland CAREs, Inc
1903 Broadway St
Paducah, KY 42001
(877)444-8183
FREE HIV/AIDS Screenings

Life House Care Center
602 Poplar Street
Murray, KY 42071
(270)753-0700

Kentucky Care- Murray
312 South 8th Street
Murray, KY 42071
270-753-2395

KYNECTOR Insurance
Pam Gray
(270) 978-4392
Pam.g@wkas-ky.org

Disability

Center for Accessible Living- Helping
people with disabilities
1051 N. 16th St. Suite C
Murray, KY 42071
(270)753-7676

Behavioral Support Service for DD
1210 Johnson Blvd.
Murray, Ky. 42071 (270) 759-9977

Mental Health and Substance Abuse Treatment

Four Rivers Behavioral Health Board Inc.
1051 N 16th St. Suite B
Murray, KY 42071
(270)753-6622

Danette Morton-Page Psychologist
Counseling 206 S 6th Street
Murray, Ky. 42071 (270) 753-9827

Kentucky Care
312 S 8th
Murray, KY. 42071
(270) 753-2395

Behavioral Management LLC- DUI
counseling
100 N. 6th St.
Murray, KY 42071
(270)753-9797
(859)545-4082

Spero Health 106 N 6th St. Murray, Ky.
(270) 638-0004

Emerald Therapy
111 Poplar Street
Murray, Ky. 42071 Suite 104

Food

Murray-Calloway County Need Line
801 Arcadia Circle
Murray, KY 42071
(270)753-6333

Soup For the Soul
411-Maple Street

Murray, Ky. (270) 768-7006 M-F 4:30-5p

Paris-Henry County Food Bank
55 Jones Bend Rd
Paris, TN 38242
(731) 642-3172

Clothing

Glendale Church of Christ- Caring &
Sharing Program
1101 Glendale
Murray, KY 42071
(270)753-3714

Angel's Attic Thrift shop- Proceeds from
here support the Clinic
927 Chestnut St.
Murray, KY 42071
(270)762-0505

Family and Youth Resource Center 1018-926 Pottertown Rd. Murray, Ky. 42071
Clothing Bank 1101 Glendale Drive Murray, Ky. M-F 8-4 (270) 753-3714

EMPLOYMENT

West Kentucky Allied Services Inc
607 Poplar Street
Murray, KY 42071

Pilgram's Pride
2653 State Route 1241
Hickory, Ky.

(270)753-0908

(270) 251-7733

AA/NA Meetings

Alcoholics Anonymous- Meetings Daily
615 S. 12th St.
Murray, KY 42071 (270) 606-6047

Eastwood Baptist Church
Reformers Unanimous- Friday @7pm
2191 State Route 94 East
Murray, KY 42071
(270)753-1834

Hope Harbor Church
Celebrate Recovery-6:30 Every Tuesday
(Even Holidays includes a free meal)
2771 SR 94 E
Murray, KY 42071
(270)753-6695

University Church of Christ
Alcoholics Anonymous/By the Book Group-
Monday, Thursday & Friday @ 6:30pm
Tuesday and Thursday 8:00 am
801 N. 12th St.
Murray, KY 42071
(270) 753-1881

Education

Calloway County Adult Education
92 Chestnut Street
Murray, KY 42071
(270)759-5525

meghanBryson@wkec.org

Calloway County Public Library
710 Main St.
Murray, KY 42071
(270)753-2288

Legal Service

Calloway County Judge Executive
201 South 4th Street
Murray, KY 42071
(270)753-2920

KY Legal Aid
216 Berger Rd.
Paducah, KY 42003
(270) 442-5518

Calloway County Sheriff's Office
701 Olive St.
Murray, KY 42071
(270)753-3151

Department of Public Advocacy
Murray Office (Covers: Calloway, Graves &
Marshall County)
607 S. 6th St.

Murray, KY 42071
833-514-8983
If jailed, 502-564-4969
Murray City Police Department
104 North 5th Street
Murray, KY 42071
(270)753-1621
Dispatch: (270)753-1621

Calloway County Courthouse
312 N 4th Street
Murray, KY 42071
(270) 753-2714

Transportation

Murray-Calloway Transit Authority
1111 Transit Way
Murray, KY 42071
(270)753-9725

Non-emergency Medical Transportation for Medicaid eligible Recipients: 1-800-285-5276

Children's Services

DCBS
Protection and Permanency
3415 US HWY 641 N
Murray, KY 42071
(270)753-5362

Main Street Youth
513 S. 4th St.
Murray, KY 42071
(270) 753-8336

First Steps
3 year old and under with Developmental Delays
425 Broadway St
Paducah, KY 42001
(270)442-6223

Multiple Resources

American Red Cross
607 Popular St.
Murray, KY 42071
(270)753-1421

Calloway County Family
Resource Center
1169 Pottertown Rd.
Murray, KY 42071
(270)753-3070

Murray Family Resource
Center
801 S Main Street
Murray, KY 42071
(270) 753-4363

Family Support (Food Stamps, Medical & Welfare)
3415 US HWY 641 N
Murray, KY 42071
(855) 306-8959 (270) 753-5362

Carlisle County Resource Guide

Health

Carlisle Health Department (WIC, Annual Check-ups, STD testing)
62 John Roberts Drive
Bardwell, KY 42023
(270) 628-5431

Kentucky Care- Barlow
75 E Court St.
Bardwell, KY 42023
(270)628-3333

Sheena Wilson KYNECTOR
(270) 983-1213
Sheena.w@wkas-ky.org

Education

Carlisle County Adult Education
300 Front Street
Bardwell, KY 42023
(270)628-9339

Ballard-Carlisle County Public Library
257 N 4th St.
Wickliffe, KY 42087
(270)335-5059

Legal Services

Carlisle County Sheriff's Office
985 US Highway 62
Bardwell, KY 42023
(270)628-3377

Carlisle County Courthouse
324 US Hwy51 N
Bardwell, KY 42023
(270)628-5425

Bardwell Police Department
265 Front St.
Bardwell, KY 42023
(270)628-5415

Carlisle County Management
985 US HWY 62
Bardwell, KY 42023
(270) 628-3355

Dept of Public Advocacy
416 S 6th Street
Paducah, KY 42001
(270) 575-7285

Carlisle County Judge Executive
PO Box 279
Bardwell, KY 42050
(270)628-5451

KY Legal Aid
216 Berger Street
Paducah, Ky
(270) 452-9243

Transportation

Non-emergency Medical Transportation for Medicaid eligible Recipients 1-800-285-5276
GRITS Audubon Area Community Services 1-844-575-9676

Children's Services

Department of Community Based Services
Protection and Permanency
178A US HWY 51 N
Bardwell, KY 42023
(270)628-3434

Multiple Resources

Family Support (Food Stamps, Medical & Welfare)
339 Front St
Bardwell, KY 42023
assistance, etc.)
(855)306-8959

West Kentucky Allied Services
(Health insurance, emergency utility
funds, employment

261 Front Street
Bardwell, KY 42023
(270) 628-3941

Intertwined Ministries
PO Box 1
Wickliff, Ky 42087

Intertwined Ministries@gmail.com
(270) 217-1091
Alicia McDaniel

Women's Sober Living House
180 3rd Street
Arlington, Ky.

Mommy n Me house
36 E Court Street
Bardwell, Ky. 42023

Bardwell Baptist Church
323 Hwy 51
Bardwell, Ky.
M-W 8am-4pm Thurs 8a-12pm
Carlisle Cty residents

Bethlehem Baptist Church
7361 Hwy 62 Cunningham
Food pantry monthly on the last Saturday at 9am
for Carlisle Cty residents
(270) 642-2320

Fulton County Resource Guide

Housing

Housing Authority of Fulton
201 North Highland Drive
Fulton, KY 42041
(270)472-1115

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

Health

Purchase Health Department (WIC, Annual Check-ups, STD testing)

Fulton City location

350 Browder St. Fulton, KY 42041
(270) 472-1982

Heartland CAREs, Inc
1903 Broadway St
Paducah, KY 42001
(877)444-8183
FREE HIV/AIDS Screenings

Fulton Cty KYNECTOR
Samantha Penrod
(270) 727-0047
Samantha.p@wkas-ky.org

Food

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

Alternative Resources for Kentucky
2004 Bypass
Hickman, Ky. 42050
(270) 236-2594
Emergency Food Pantry (270) 236-2594

Kenn-Tenn. Food Bank
111 West Washington Street
Fulton, KY 42041

Employment

Manpower- Temp Agency
Kentucky Location
3555 Park Plaza Ave

Hamilton-Ryker- Employment Agency
Union City Location
1416 S. 1st St.
(731)885-1540

Job World Inc.
120 Barham Rd.
Union City, TN 38261
(731)885-3060

Labor & Workforce Development- Employment Assistance
135 S. Popular St. Suite B
Dresden, TN 38225
(731)364-2554

Workforce Essentials Inc. - Employment Assistance
204 S. 2nd St.
Union City, TN 38261
(731)885-1974

KY Career Center/Office of Voc. Rehab
416 South 6th Street
Paducah, KY 42001
(270)575-7000 or (270)575-7304

AA/NA

First United Methodist Church
8pm
210 S. Washington St.
Clinton, KY 42031
(270) 653-3241

AA- 12-Steps Support Group- Monday

Fulton County Family Resource Coordinator
(270)236-3923

Education

Fulton County Adult Education
215 7th St.
Fulton, KY 42041
(270)472-2373

Fulton County Public Library
312 Main St.
Fulton, KY 42041
(270) 472-3439
Fax#: (270)472-6241

Hickman Public Library
902 Moscow Ave.
Hickman, KY 42050
(270)236-2464
(270)236-1442

Legal Services

Fulton County Management
2216 Myron Cory Dr.
Hickman, KY 42050
(270)236-3480

Fulton County Sheriff's Office
2216 Myron Cory Drive
Hickman, KY 42050
(270) 236-2545

Fulton City Police Department
101 Nelson Tripp Place
Fulton, KY 42041
(270) 472-3120

Fulton County Courthouse
202 E Moulton Street
Hickman, KY 42050
(270)236-3944

KY legal Aid
216 Berger Street
Paducah, KY 42001
(270) 442-5518

Department of Public Advocacy
416 S. 6th Street
Paducah, KY 42003
(270) 575-7285

Transportation

Fulton County Transit Authority
302 Eastwood Dr.
Fulton, KY 42041

Grits 1-844-575-9676

(270) 472-0662

Non-emergency Medical Transportation for Medicaid eligible Recipients: 1-800-285-5276

Children's Services

Cabinet of Health & Family Services- Department of Community Based Services

Protection and Permanency

601 Stephen Beale Drive

Fulton KY 42041

(270) 472-1850

Family Support (Food Stamps, Medical & Welfare)

(855)306-8959

First Steps

3 year old and under with Developmental Delays

425 Broadway St

Paducah, KY 42001

(270)442-6223

Multiple Resources

Alternative Resources for Kentucky (Food, medicine, transportation and Utility Assistance)

(270) 236-2594

Johnson Grove Baptist Church

(Food and Utilities)

8135 Chapel Hill Road

South Fulton, TN 38257

(731)479-3551

Purchase Area Development District

(Assistance with food, housing, employment, etc.)

1002 Medical Center Circle

Mayfield, KY 42066

(270) 247-7171

West KY Allied Services

(Assistance with health

Insurance, emergency utilities, etc.)

1704 Union City Hwy.

Hickman, KY 42050

(270) 236-3797

Graves County Resource Guide

Housing

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

Lighthouse Women & Children's Shelter
500 W. South St.
Mayfield, KY 42066
(270)247-9226

Mayfield Plaza Apartments
HUD Housing
405 Babb Drive
Mayfield, KY 42066
(270)727-5683

Fern Terrace of Mayfield (Assisted Living)
1227 US 45
Mayfield, KY 42066
(270)247-3259

Mayfield Urban Housing- USDA
(Assistance with leaky roofs, ramps, etc.)
1000 Commonwealth Drive
Mayfield, KY 42066
(270)247-9525 ext. 4

R-6 Ministry Transitional Housing
218 N 6th Street
Mayfield, Ky. 42066
(270) 356-2583

Health

Graves County Health
Department
416 Central Ave
Mayfield, KY 42066
(270)247-3553

HOPE Pregnancy Center
1216 Paris Road
Mayfield, KY 42066
(270)247-3190

Jackson Purchase Medical
Center
1099 medical Center Cir
Mayfield, KY 42066

Heartland CAREs, Inc
1903 Broadway St
Paducah, KY 42001
(877)444-8183
FREE HIV/AIDS
Screenings

Kentucky Care- Mayfield
110 Kings Drive
Mayfield, KY 42066
(270)804-7710

West Kentucky Allied
(Assessors for Medicaid)
(270) 247-4046

(270) 804-7710

Gregg Knight
KYNECTOR
270-214-0735
Gregg.k@wkas-ky.org

Mental Health

Four Rivers Behavioral
Health
1525 Cuba Rd.

Mayfield, KY 42066
(270)247-2588
(866)369-2588

Williams Christian
Counseling
253 Wyatt Rd.
Mayfield, KY 42066

(270)247-5667
Generations Adult Day
Services

225 W. Water St.
Mayfield, KY 42066
(270)247-1311

Food

First Assembly of God- Food Pantry
111 N. Sutton Ln.
Mayfield, KY 42066
(270)247-5677

Graves County Need Line- Food Pantry-
Assistance
424 S. 9th St.
Mayfield, KY 42066
(270)247-6333

Employment

Kentucky Farm Workers Program-
Helps with Employment of people
who have had some kind of farm work
Contact: Miranda Norsworthy
(270)705-7647

KY Career Center/Dept of Voc Rehab
416 South 6th Street
Paducah, KY 42001
(270)575-7304 or (270)575-7315

Pilgrams Pride
1195 Macedonia Street
Mayfield, Ky. 42066

Candle Factory-(Focus Temp Agency)
22 Rifel Trail Road
Hickory, Ky.

AA/NA

West Kentucky Drug &
Alcohol Intervention
Services- Counseling &
Anger Management
1325 US HWY 45 N
Mayfield, KY 42066
(270)247-4212

Recovery Works
4747 Old Dublin Ed.
Mayfield, KY 42066
(270)623-8500

Hope in Action Group-
Monday thru Saturday at
Noon
Presbyterian Church
303 W. Broadway
Mayfield, KY 42066

R-6 Ministries
218 N 6th St.
Mayfield, KY 42066
(270)356-2583

Emerald Therapy
1019 Paducah Rd. St C
Mayfield, Ky. 42066
(270) 693-0093

Mayfield County Group-
Tuesday @ 6pm and
Friday @ 8pm
J.U Kevil Center
1900 S. 10th St.

Mayfield, KY 42066

Acceptance Group-
Monday @6pm
120 9th Street Mayfield,
Ky.42066
St. Jerome's Church (Old
school- rear entrance)

Sunday & Wednesday @
8pm

20 SR 339N
Fancy Farm, KY

Celebrate Recovery Grace
Life Church
Sunday 6:30 pm
915 Paducah Rd.

Mayfield, KY 42066

Four Rivers Behavioral
Health Fuller Center
1525 Cuba Road
Mayfield, KY 42066
(270) 247-2588
slee@4rbh.org

Education

Graves County Adult Education-
416 Central Ave.
Mayfield, KY 42066
(270) 251-3200

Graves County Public Library
601 N 7th St.
Mayfield, KY 42066
(270)247-2911

West Kentucky Community & Technical
College
Skilled Craft Training Center
70 Hickory Rd.
Hickory, KY 42051
(270)856-2400

Purchase Area Training Center
234 Pioneer Industrial Drive
Mayfield, KY 42066
(270)247-9633

Legal Services

Graves County Judge
Executive/Management
101 E. South St.
Mayfield, KY 42066
(270)247-7653

Mayfield City Police Department
211 E. Broadway St.
Mayfield, KY 42011
(270) 247-1621

Graves County Sheriff's Office
1102 Paris Rd. Suite B
Mayfield, KY 42066
(270)247-4501

Kentucky State Police
8366 State Route 45 N
Hickory, KY 42051
(270)856-3721

Graves County Courthouse
1102 Paris Rd. Suite 21
Mayfield, KY 42066
(270)247-1676

Social Security Office- National Toll Free- (800)772-1213

Mayfield Location
1526 Cuba Rd.
Mayfield, KY 42066
(866)931-8366

Main Office
601 W. Broadway
Louisville, KY
(866)716-9671

Dept of Public Advocacy
1122 Jefferson St
Paducah, KY 42001
(866)452-9243

KY Legal Aid
400 Park Avenue Suite B
Paducah, KY 42001
(270)575-7285

Transportation

Non-emergency Medical Transportation for Medicaid eligible Recipients: 1-800-285-5276

Children’s Services

Mayfield/Graves County Child Advocacy
229 Walnut Street
Mayfield, KY 42066
(270)251-2060

Starfish Orphan Ministry
(will help with mattresses and furniture
in homes where children reside)
1000 Broadway Street
Paducah, KY 42001
(270)933-1250

First Steps
3 year old and under with Developmental Delays
425 Broadway St
Paducah, KY 42001
(270)442-5831

Good Will
Clothing/Misc household items/Cleaning
1235 Paris Rd.
Mayfield, Ky. 42066

Lighthouse Women and Children’s Home 500 W. South Street Mayfield, Ky. 42066 (270) 247-9226

Multiple Resources

The Annie Gardner
Foundation- Assistance
620 S. 6th St.
Mayfield, KY 42066
(270)247-5803

Mayfield, KY 42066
(270)247-3921

Kevil J U Memorial
Foundation
1900 S. 10th St.
Mayfield, KY 42066

Purchase Area
Development District
1002 Medical Drive
Mayfield, KY 42066
(270)247-7171

American Red Cross
223 W South Street

Cabinet of Health & Family Services- Department of Community Based Services
Protection and Permanency Family Support Recruitment/Certification Permanency Team
351 Charles Dr.

Mayfield, KY 42041
(270)247-47111

(855)306-8959 (270)247-2979

(270)247-2900

Veterans

Disabled American Veterans
Mayfield Chapter
902 N. 15 St.
Mayfield, KY
(270) 623-8180

Mayfield Community Based Outpatient Clinic
1253 Paris Road A
Mayfield, KY 42066
(270)247-2455

Veteran's Clinic- Marion, IL
2401 Main Street
Marion, IL 6295 (618) 997-5311

Veterans Crisis Line OR '988'
1-800-273-8255 Press 1
<https://www.veteranscrisisline.net>

Drivers License Facility

355 Charles Drive
Mayfield, Ky. 42066 (502) 706-0971

Real ID, testing, vision
In plaza by P & P office

Hickman County Resource Guide

Health

Hickman Health Department
370 S. Washington St.
Clinton, KY 42031
(270) 653-6110

Purchase District Health Dept.
916 Kentucky Ave
Paducah, KY 42001
(270)444-9631

Heartland CARES, Inc.
(They assist individuals living with HIV/AIDS)
1903 Broadway Street
Paducah, KY 42001
(270) 444-8183 or (877) 444-8183

Clinton Family Care
106 W Clay Street
Clinton, KY 42031
(270)653-4041

Community Healthcare of West KY
308 S. Washington Street
Clinton, KY 42031
(270)653-0220

Hickman Co. KYNECTOR
Samantha Penrod
(270) 727-0047
Samantha.p@wkas-ky.org

Employment

KY Career Center/Office of Voc. Rehab
416 South 6th Street
Paducah, KY 42001
(270)575-7000 or (270) 575-7304

Pilgrim's Pride
2653 State Route 1241
Hickory, Ky.
(270) 251-7733

Education

Hickman County Adult Education
1171 US Hwy 51 S
Clinton, KY 42031
(270)653-2294

Hickman County Library
110 Craig Lane
Clinton, KY 42031
(270)653-2225

Legal Services

Hickman County Sheriff's Office
110 E Clay St.
Clinton, KY 42031
(270)653-2241

Clinton Police Department
112 S. Jefferson St.
Clinton, KY 42031
(270)653-6419

Dept of Public Advocacy
400 Park Ave Suite B
Paducah, KY 42001 833-895-0577

Hickman County Courthouse
109 S. Washington St.
Clinton, KY 42031

(270)653-3901

Hickman County Management & Judge
Executive 116 S. Jefferson
Clinton, KY 42031
(270)653-4369
KY Legal Aid
1122 Jefferson St
Paducah, KY 42001
(866) 452-9243

Transportation

Non-emergency Medical Transportation for Medicaid eligible Recipients: 1-800-285-5276

Children's Services

Hickman County Resource-Youth Center
416 McMorris Street
Clinton, KY 42031
(270)653-2291

First Steps
3 year old and under with Developmental
Delays
425 Broadway St
Paducah, KY 42001
(270)442-6223

Department of Community Based Services
Protection & Permanency (Abuse, foster
Care)
343 Moss Dr.
Clinton, KY 42031
(855) 306-8959

Multiple Resources

Mission House (Emergency, Food)
111 West Clay St.
Clinton, KY 42031
(270)653-3271

West KY Allied Services
328 E. Broad Street
Mayfield, KY 42066 1-800-294-2731
(270)247-4046

Veterans

Disabled American Veterans
Mayfield Chapter
902 N. 15 St.
Mayfield, KY
(270) 382-2997

Mayfield Community Based Outpatient Clinic
1253 Paris Road A
Mayfield, KY 42066
(270)247-2455

Veteran's Clinic- Marion, IL
2401 Main Street
Marion, IL 62959 (618)997-5311

Livingston County Resource Guide

Health

Livingston County Health Department
124 State St
Smithland, KY 42081
(270)928-2193

KYNECTOR insurance
Olivia Story.
(270)498-4727
Olivia.story@pacs-ky.org

Pennyrile Allied Community Services
502 Rudd St.
Smithland, KY 42081
(270)928-2827

Livingston Hospital & Healthcare Services
131 Hospital Dr.
Salem, KY 42078
(270)988-2299

AA/NA

Marion Baptist Church
Celebrate Recovery- Thursday 6pm
131 E. Depot
Marion, KY 42064
(270)965-5232

Education

Livingston County Public Library
321 Court Street
Smithland, Ky. 42081 (270) 928-4100

Legal Services

KY Legal Aid

Department of Public Advocacy

216 Berger Rd.
Paducah, KY 42001
(270) 442-5518

400 Park Avenue Suite B
Paducah, KY 42001
(270)575-7285

Livingston County Sheriff's Office
321 Court St.
Smithland, KY 42081
(270)928-2122

Livingston County Courthouse
122 W. Adair Street
Smithland, KY 42081
(270)928-2172

Livingston County Judge Executive
335 Court St.
Smithland, KY 42081
(270)928-2105

Transportation

Non-emergency Medical Transportation for
Medicaid eligible Recipients: 1-800-285-
5276

Children's Services

Cabinet of Health & Family Services- Department of Community Based Services
Protection and Permanency
108 W. Adair St.
Smithland, KY 42081
(270)472-1850

First Steps
3 year old and under with Developmental Delays
425 Broadway St
Paducah, KY 42001
(270)442-6223

Multiple Resources

Cabinet of Health & Family Services- Department of Community Based Services
Family Support (Food Stamps, Medical & Welfare)
108 W. Adair St.
Smithland, KY 42081
(855)306-8959

Lyon County Resource Guide

Housing

Lyon County Housing Authority
425 Linden Ave
Eddyville, KY 42038
(270) 388-7108

Health

Lyon County Health Department
211 Fairview Ave
Eddyville, KY 4038
(270)338-9763

Pennyrile Allied Community Services
631 W. Dale Ave
Eddyville, KY 42038
(270)388-7812

KYNECTOR insurance
Audra Baker
(270) 348-6020
Audra.baker@pacs-ky.org

Clothing

God's Helping Hand- Open Tuesday 10-2pm
Clothing & Household Items
6641 Hwy 62 W
Kuttawa, KY 42055
(270) 625-5652

AA/NA

What's Happening Now Group- AA
Lyon County Library- Sunday @ 9AM
261 Commerce St.
Eddyville, KY 42038
(270) 388-7720

Celebrate Recovery
Fairview Methodist Church
1692 HWY 62 E
Eddyville, KY 42038

Education

Fulton County Adult Education- Skills U
301 Knob St.
Eddyville, KY 42038
(270)388-2158

Lyon County Library
261 Commerce St.
Eddyville, KY 42038
(270)388-7720

Legal Services

Lyon County Management
500 W. Dale Ave
Eddyville, KY 42038
(270)388-9149

Lyon County Sheriff's
Office
200 W. Dale
Eddyville, KY 42038
(270)388-2311

Lyon County Courthouse
500 W. Dale Ave
Eddyville, KY 42038
(270)388-2331

Children's Services

Cabinet of Health & Family Services- Department of Community Based Services
Protection and Permanency
656 Trade Ave
Eddyville, KY 42038
(270)472-1850

Multiple Resources

Cabinet of Health & Family Services- Department of Community Based Services
Family Support (Food Stamps, Medical & Welfare)
620 W. Dale Ave
Eddyville, KY 42038
(855)306-8959

Marshall County Resource Guide

Housing

Housing Authority of Benton
Shelter
101 Walnut Ct.
Benton, KY 42025
(270)527-3626

Merryman House Domestic Violence

211 E 7th ST
Benton, KY 42025
(270)527-1354

Clothing

Lakeview Missionary Baptist Church
2877 Lakeview Missionary Baptist Ch. Road
Benton, KY 42025
(270)395-4789

Salvation Army Thrift Store
3100 Irvin Cobb Drive
Paducah, KY 42001
(270)442-2198

Health

West Kentucky Allied
Services
1107 Popular St.
Benton, KY 42025
(270)527-9766

Marshall County Health
Department
267 Slickback rd.
Benton, KY 42025
(270)527-1496

Marshall County Hospital
615 Old Symsonia Rd.
Benton, KY 42025
(270)527-4800

Heartland CAREs, Inc
1903 Broadway St
Paducah, KY 42001
(877)444-8183
FREE HIV/AIDS Screenings

Food

Marshall County Caring Need Line
307 Main St.
Benton, KY 42025
(270)527-0024

Marcella's Kitchen
868 Guy Mathis Dr.
Benton, KY 42025
(270)703-3977

First Baptist Church
Appointment only
910 Main Street

Helping Hands- 1st United Methodist
Tuesdays 4-6pm
845 US HWY 641 Spur

Benton, KY 42025
(270)527-7575

Benton, KY 42025
(270)527-3990

Open Hearts Food Pantry
Calvert City United Methodist
3rd Monday of the month 5-6:30pm
571 Oak Parks Blvd
Calvert City, KY 42029

AA/NA

Alcohol Anonymous
The Library Group-
Sunday 4:30pm
Marshall County Library
1003 Popular St.
Benton, KY 42025

Narcotics Anonymous
Calvert City Library-
Monday & Wednesday
6:30pm
23 Park Rd.
Calvert City, KY 42029
(270) 527-9969

Celebrate Recovery
Riverwoods Baptist
Church- 12 Step group
Friday 6:30pm
1001 Main St.
Benton, KY 42025
www.riverwoodchurch.com
(270) 252-7325

Alcohol Anonymous
Gratitude Hour Group
6804 US HWY 641 N
Gilbertsville, KY
(270)362-3711

Alcoholics/Narcotics
Anonymous
Hardin Public Library- 12
Step group Tuesday,
Thursday & Saturday 7pm
4640 Murray Highway
Hardin, KY 42048

West Kentucky Drug &
Alcohol Intervention Inc.
1107 Popular St.
Benton, KY 42025
(270)247-4212
(800)273-1282

Western Ky. Intergroup of AA 24 hr. phone 1-800-606-6047

Employment

KY Career Center/Office of Voc. Rehab
416 South 6th Street
Paducah, KY 42001
(270)575-7000 or (270)575-7304

Education

Marshall County Adult Education
1074 Joe Creson Drive
Benton, KY 42025
(270)527-7712

Marshall County Library

Benton Location
1003 Popular St.
Benton, KY 42025
(270)527-9969

Calvert City
23 Park Rd
Calvert City, KY 42029

Hardin
4640 Murray Highway
Hardin, KY 42048

Legal Services

Marshall County
Courthouse
80 Judicial Dr.
Benton, KY 42025
(270)527-1721

Marshall County Judge
Executive
1101 Main St.
Benton, KY 42025
(270)527-4750

Marshall County Sheriff's
Office
52 Judicial Dr.
Benton, KY 42025
(270)527-3112

KY Legal Aid
216 Berger Rd.
Paducah, KY 42001
(270) 442-5518

Department of Public Advocacy
400 Park Avenue Suite B
Paducah, KY 42001
(833) 895-0577

Transportation

Non-emergency Medical Transportation for Medicaid eligible Recipients: 1-800-285-5276

Children's Services

Cabinet of Health & Family Services- Department of Community Based Services
Protection and Permanency
211 E. 7th St.
Benton, KY 42025
(270)527-1354

First Steps
3 year old and under with Developmental Delays
425 Broadway St
Paducah, KY 42001
(270)442-5831

Multiple Resources

Cabinet of Health & Family Services- Department of Community Based Services
Family Support (Food Stamps, Medical & Welfare)
211 E. 7th St.
Benton, KY 42025
(800) 372-2973

West KY Allied Services
1101 Main Street
Benton, KY 42025
(270)527-9766

Purchase Area Development District
1002 Medical Center Circle
Mayfield, KY 42066
(270)247-7171

Veterans

Disabled American Veterans
Mayfield Chapter
902 N. 15 St.
Mayfield, KY
(270) 623-8180

Mayfield Community Based Outpatient Clinic
1253 Paris Road A
Mayfield, KY 42066
(270)247-2455

Veteran's Clinic- Marion, IL
2401 Main Street
Marion, IL 62959
(618)997-5311

Paducah Community Based Outpatient Clinic
2620 Perkins Creek Dr.
Paducah, KY 42001
(270)444-8465

Julie Copeland Veterans Affairs Salvation Army
2990 Trimble Street
Paducah, Ky. 42001
(270) 442-2198

Veterans Crisis Line
1-800-273-8255 Press 1
<https://www.veteranscrisisline.net>

DIAL 988 or text 988- Suicide and Crisis Line

National Alliance for Mental Illness
<https://namiky.org>

National Suicide Prevention Lifeline
800-273-TALK (8255)

McCracken County Resource Guide

Housing

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

PCM- Shelter for the Homeless
Women's Shelter
402 Legion Drive
Paducah, KY 42001
(270)442-6795

Julie Copeland-Veteran's
Affairs 2990 Trimble
Street Paducah, Ky. (270)
442-2198

Country Air Trailer Park
3712 Clarks River Road
Paducah, Ky. (270)444-
7212

Victory Sober Living Homes
(Men) (270) 349-1499 (270)
252-4868

Jackson House (disabled)
301 S 9th Street
Paducah, Ky. (270) 442-
7591

Willow Oaks
Apts
3425 Roell Circle
Paducah, Ky. (270) 816-
8208

St. Nicholas Healthcare Payment Assistance
Program
702 Jefferson Street

River City Mission- Help homeless men and
Families
1466 Bechtold Rd.
Paducah, Ky 42003
(270) 442-7921

P

HEALTH

Baptist Health
Urgent and Primary Care
Dr Bldg. 1 Suite 103
2601 Kentucky Ave
Paducah, KY 42003
(270)575-2100

West Kentucky Allied
(Assessors for Medicaid)
(270) 247-4046

P. O. Box 311
Paducah, KY 42002-0311
(270)538-9010

Kentucky Care 43 + Pharmacy – Paducah
 125 South 20th Street
 Paducah, Ky.42001
 (270)575-3247

KYNECTOR
 Jeff Lindsey
 (270) 970-4860
 Jeff.l@wkas-ky.org

Lourdes Urgent Care
 225 Medical Center Drive
 Suite 101
 Paducah, KY 42001
 (270)441-4157

Kentucky Care- Paducah South
 3240 Irvin Cobb Drive
 Paducah, KY 42003
 (270)443-9474

Mental Health and Substance Abuse Treatment

Lourdes Hospital/Behavioral Health
 Services
 1530 Lone Oak Rd.
 Paducah, KY 42003
 (270) 444-2250
 (877)219-2709

Four Rivers Behavioral Health
 425 Broadway
 Paducah, KY 42001
 (270)442-7121
 (800)592-3980

Compass Counseling

 2204 Kentucky Ave

 Paducah, KY 42001
 (270)777-4490

Emerald Therapy
 2520 New Holt Road
 Paducah, Ky.42001
 (270) 534-5128

Behavioral Health Group
 2705 Olivet Church Rd.
 Paducah, Ky.42001 (270)443-0096

Behavioral Management LLC- Alcohol Treatment
Paducah, Ky. 42001
(270) 442-2223

Christian Counseling-
 assist with depression and
 anxiety
 Lexy Wilkins
 (270)513-4415

Millstone Counseling
 Center LLC – Counseling,
 DUI classes and MRT
 4001 Hansen Rd.
 Paducah, KY 42001
 (270)554-9216

Psychological Wellness
 Group- Provide
 Psychological Services to
 Children and Adults
 1907 Kentucky Ave
 Paducah, KY 42003
 (270)442-0834

Psychological Associates
 of Paducah- counseling,
 anger management & sex
 offender treatment

2351 Broadway Street
 Options Christian
 Counseling Center-

Individual & Family
 counseling
 5716 Benton Rd.

Smalley Family
Counseling
Paducah, KY 42001
(270)442-8785

131 Nahm St.
Paducah, Ky. 42001
Paducah, Ky. 42003
(270) 898-7578

(270) 443-9285

Stepworks
1400 North 10th Street
Paducah, KY.42001
1-800-545-9031

NAMI (National Alliance for Mental
Illness)
Meets every Thursday from 6-7:30pm at

Groups Recover Together
3127 Parisa Drive
Paducah, Ky. 42003 (606) 393-6695

St. Matthew Lutheran Church (270)442-8294

Food

Community Kitchen
1237 Martin Luther King
Jr. Dr.
Paducah, KY 42001
(270)575-3400

Martha’s Vineyard
1100 N. 12th St.
Paducah, KY 42001
(270)575-0021

Lone Oak Church of
Christ-Food Pantry
2960 Lone Oak Rd.
Paducah, KY 42001
(270)554-2511

Freedom Forever Ministries
822 Jefferson Street
Paducah, KY 42001
(270)408-1366

Heartland Worship Center
4777 Alben Barkley Drive
Paducah, KY 42001
(270)534-1400

Southland Baptist Temple
927 Yarbrow Lane
Paducah, KY 42003
(270)444-9678

St. Thomas More Catholic Church
5645 Blandville Road
Paducah, KY 42001
(270)534-9000

Clothing

St. Vincent De Paul
Society
2025 Cairo Rd.
Clifton Dr.
Paducah, KY 42001
(270)442-9351

Salvation Army Thrift Store
3100 Irvin Cobb Drive
Paducah, KY 42001
(270)442-2198

Family Service
827 Joe
Paducah, KY 42001
(270)443-4838

Lone Oak Church of Christ 2960 Lone Oak Rd. Paducah, Ky.42001 (270) 554-2511

Employment

Kentucky Career Center
416 S. 6th St.
Paducah, KY
Phone #: (270) 575-7304
(270)575-7315

Perma Staff-Inc.
100 Fountain Drive
Paducah, KY 42001
(270)442-8819

Temps Plus- Employment
Agency
4720 Village Sq. Suite A
Paducah, KY 42001
(270)444-0300

Adecco Employment
Service
2929 James Sanders Blvd.
Paducah, KY 42001
(270)575-0510

People Lease
100 Fountain Ave
Paducah, KY 42001
(270)444-7204

People Plus Inc
2625 Wayne Sullivan Dr.
Paducah, KY 42001
(270)443-5032

Manpower
3555 Park Plaza Rd.
Paducah, KY 42001
(270)443-5557

Paducah Lifeline
Ministries- Faith Base
In-Patient Rehabilitation
Services

Wise Staffing Services
2526 Jackson St.
Paducah, KY 42001
(270)443-0060

Lifeline (Men)
Ladies Living Free
(Women)
2806 Morgan Ln.
2000 Bloom Ave
Paducah, KY 42001
Paducah, KY
42001
(270)443-4743
(270)448-0961

First Presbyterian Church-
NA/12-Step meetings
Every day at Noon (except
Holidays)
200 N. 7th St. (7th &
Jefferson)
Paducah, KY 42001

AA/NA

CenterPoint Recovery
Center
Kentucky Addiction
Centers LLC
Inpatient Rehabilitation
Services
OP/ IOP/GOP/MAT
530 County Park Rd.
148 Stuart Nelson Drive
Paducah, KY 42001
Paducah, KY. 42001
(270) 908-2681
(270)444-3640

Four Rivers Behavioral
Health
425 Broadway
Paducah, Ky. 42001
(270) 442-7121

Faith Center- Celebrate
Recovery-
Friday @6:45pm
4465 Hanson Rd.
Paducah, KY 42001

Behavioral Health Group
2705 Olivet Church Rd.
Paducah, KY 42001
(270)443-0096

(270) 442-3545

Brown Street Club
1397 Irvin Cobb Dr.

Paducah, KY 42001
(800)606-6047

West Kentucky Drug & Alcohol
Intervention Services
105 S. 6th St.

Paducah, KY 42001
(270)247-4212
(800)273-1282

Step Works 1400 N. 10th Street - Paducah, Ky. (270) 693-6724
Groups Recover Together 3127 Parisa Dr. Paducah, Ky. 42003 (Suboxone Treatment)

Education

WKCTC
4810 Alben Barkley Dr.
(270)534-3501
(855)469-5282

Lori Cager Ready to Work Career Support
Specialist
Hopkinsville Community College
(270) 707-3917
Lcager0001@kctcs.edu

Murray State University- Paducah Campus
4430 Sunset Ave
Paducah, KY 42001
(270)442-4753

West Kentucky Community and Technical College
4810 Alben Barkley Drive
Paducah, KY. 42001 (270) 554-9200 Toll Free 1-800- GO-WKCTC

Legal Services

McCracken County
Management
3700 Coleman Rd.
Paducah, KY 42001
(270)448-1530

McCracken County Judge
Executive
300 S. 7th St.
Paducah, KY 42003
(270)444-4707

McCracken County Public
Library
595 Washington St.
Paducah, KY 42003
(270)442-2510

McCracken County
Sheriff's Office
301 S. 6th St.
Paducah, KY 42003
(270)444-4719

Paducah Police
Department
1400 Broadway
Paducah, KY 42003
(270)444-8800

McCracken County
Courthouse
301 S. 6th St.
Paducah, KY 42003
(270)444-4700

McCracken County Child
Support
325 S. 8th St.
Paducah, KY 42003
(270)444-7573

Department of Public
Advocacy

400 Park Ave Suite B
Paducah, KY 42001
Phone #:(833) 895-0577
Fax #: (270) 575-7055

Social Security Office
125 Brett Cir.

Paducah, KY 42003
(866)614-7905

National Toll Free-
(800)772-1213

Kentucky Legal Aid
216 Berger Rd.
Paducah, KY 42001
(270)442-5518

Kentuckian’s Voice for Crime Victims
(270)898-8279

Transportation

Paducah Area Transit System
850 Harrison St.
Paducah, KY 42001
(270)444-8700

Non-emergency Medical Transportation for Medicaid eligible Recipients: 1-800-285-5276

Children’s Services

Kentucky Commission for Children w/
Special Health Care Needs
400 Park Ave Build D
Paducah, KY 42001
(270)443-3651

CASA Project of McCracken County/Child
Watch
1118 Jefferson St.
Paducah, KY 42001
(270)443-1440

Oscar Cross Boys & Girls Club
2956 Park Ave
Paducah, KY 42001
(270)444-9124

Embrace the Journey
(embracethejourneyky.org)

Cabinet of Health & Family Services-
Department of Community Based Services
Protection and Permanency
206 N 8th St.
Paducah, KY 42001 (855) 306-8959

First Steps
3 year old and under with Developmental
Delays
425 Broadway St
Paducah, KY 42001
(270)442-6223

LGBTQI+ Friendly Resources
<https://PADUCAH.LGBT/LGBTI+>

Multiple Resources

Family Service Society-Helps with
Clothing, Utilities and food
827 Joe Clifton Dr.
Paducah, KY 42001
(270) 443-4838

Salvation Army-clothing, food and housing
3100 Irvin Cobb Dr.
Paducah, KY 42001
(270) 442-2198

Operation Hope- Financial Aid
4111 Clarks River Rd.
Paducah, KY 42001
(270)210-3287
United Way of Paducah-McCracken County
333 Broadway Suite 502
Paducah, KY 42001
(270)442-1691

West KY Allied Services Jeff Lindsey
709 South 22nd St 1-800-294-2731
Paducah, KY 42001
(270)444-7380

Cabinet of Health & Family Services- Department of Community Based Services
Family Support (Food Stamps, Medical & Welfare)
2855 Jackson St.
Paducah, KY 42001
(855)306-8959

Western Kentucky Reentry Council- assist people who are coming out of incarceration
www.kentuckyreentry.org

Veterans

HEART USA (They help disabled/elderly to receive medications they cannot afford/ 55+)
1530 Lone Oak Rd.
Paducah, KY 42001
(270) 538-5828

Disabled American Veterans
Paducah Chapter
1133 Murray Ave

Paducah Cooperative Ministry- Help with
Food, Clothing, and Utilities
402 Legion Dr.
Paducah, KY 42003
(270) 442-6795 (270) 444-0005
pcm@hcis.net
paducahccoperativeministry.org

2990 Trimble St.
Paducah, KY 42001
(270) 442-2198

Hope Unlimited- Family Care Center
1101 Jefferson St.
Paducah, KY 42001
(270) 442-1166

Paducah Warming Center
Washington Street Baptist Church
(270) 442-8033

Goodwill Opportunity Center
1601 Broadway
Paducah, KY. 42001
(270) 908-2775

VA Clinic- Paducah
2620 Perkins Creek Drive
Paducah, KY 42001

Paducah, KY
(502) 566-4482

(270)444-8465

Centerstone- Supportive Services for Veteran Families
(866) 726-4560

Veteran's Clinic- Marion, IL
2401 Main Street
Marion, IL 62959
(618)997-5311

VOA Recovery
Oliviae@voamid.org
(812) 697-2222

Domestic Violence

Merryman House- Assist with Domestic Violence Victims
Counties: Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, Marshall and McCracken
400 Berger Rd.
Paducah, KY 42001
(270) 443-6001 24 hr. Crisis Line 1-800-585-2686

Purchase Area Sexual Assault Center (Free & Confidential aid of victims of sexual crimes)
1605 N Friendship Rd.
Paducah, Ky. 42001
1-800-928-7273

Cremation Society of Paducah

2001 Park Ave.
Paducah, Ky. (270) 443-5132 Open 24 hrs. Bob Heini to assist (270) 443-2489 direct line

Financial assistance to indigent McCracken City residents

Trigg County Resource Guide

Housing

Housing Authority of Cadiz
117 Lincoln Ave
Cadiz, KY 42211
(270)522-3916

Health

Trigg County Health
Department
196 E. Main St.
Cadiz, KY 42211
(270)522-8121

Trigg County Hospital Inc
254 Main St.
Cadiz, KY 42211
(270)522-3215

Pennyrile Allied
Community Services
51 South Rd.
Cadiz, KY 42211
(270)522-3265
www.pacs-ky.org

Education

Trigg County Adult Education- Skills U
205 Main St.
Cadiz, KY 42211
(270)522-2212

Trigg County Library
244 Main St.
Cadiz, KY 42211
(270)522-6301

Legal Services

Trigg County Sheriff's
Office
134 Commerce St.
Cadiz, KY 42211
(270)522-6014

Cadiz City Police
Department
11 Marion St.
Cadiz, KY 42211
(270)522-8369

Trigg County Courthouse
12 Court Pl.
Cadiz, KY 42211
(270)522-6270

Children's Services

Cabinet of Health & Family Services- Department of Community Based Services
Protection and Permanency
277 Commerce St.
Cadiz, KY 42211
www.chfs.ky.gov/dcbs/default.htm

Multiple Resources

Cabinet of Health & Family Services- Department of Community Based Services
Family Support (Food Stamps, Medical & Welfare)
277 Commerce St.
Cadiz, KY 42211
(855)306-8959
www.chfs.ky.gov/dcbs/default.htm

KYNECTOR for insurance
Trigg County
Audra Baker
(270) 348-6020
Audra.baker@pacs-ky.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 or call customer service at 1-855-4kynect (459-6328), TTY: 1-855-328-4654. 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 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

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.

<i>You are</i>	<i>You qualify for</i>	<i>Your estimated cost to buy health insurance</i>
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 kymect	
A family of four making less than \$32,913*	Medicaid, a government program	No cost
A family of four making \$48,800*	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 \$252 per month or \$3,024 per year if you pick the second-least-expensive Silver plan
A family of four making \$60,000*	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 kymect	

*We use these as a guide for the year 2014. **The most credit through kymect is 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.



kymect.ky.gov

1-866-4kymect (469-6328)



Health Coverage & Help Paying Costs Application for One Person

THINGS TO KNOW

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



Health Coverage & Help Paying Costs Application for One Person

STEP 1 Tell Us about Yourself

If someone else is helping you fill out this application, use Appendix B to give us that person's information.)

1. First Name, Middle initial, Last name, Suffix (as it appears on your Social Security card)			
2. Social Security Number (SSN)		We need your SSN if you want coverage and have a SSN. We use SSNs to check income and other information to see if you are eligible for help with health coverage costs.	
3. If you want coverage and SSN is not provided, select reason for not providing it.			
<input type="checkbox"/> Religious Objection		<input type="checkbox"/> Not eligible to receive SSN due to alien status	
<input type="checkbox"/> Does not have an SSN and may only be issued an SSN for a valid non-work reason		<input type="checkbox"/> Applied for SSN	
<input type="checkbox"/> Refuse to provide SSN			
4. Date of Birth (mm/dd/yyyy)	5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Used tobacco at least 4 times a week in the past 6 months? <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 ()		19. Secondary Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell ()	
20. <input type="checkbox"/> Check here to allow kynect to send text message alerts to your primary phone number.		21. <input type="checkbox"/> Check here to allow kynect to send text message alerts to your secondary phone number.	
22. Preferred Spoken Language (if not English)		23. Preferred Written Language (if not English)	
24. Have you had a pregnancy end (giving birth or losing a pregnancy) in the past three months or are you currently pregnant? <input type="checkbox"/> Yes. If yes, answer questions a-c. <input type="checkbox"/> No			
a. What is the due date or the last date of pregnancy? (mm/dd/yyyy) _____			
b. How many children are/were expected with this pregnancy? _____			
c. Would you like to be referred to the program that offers food to Women, Infants and Children (WIC)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
25. Are you offered health coverage from a job (including someone else's job, like a parent's job)?			
<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			
If yes, which month(s)? _____			



If you need help with your application or to apply faster online, go to www.kynect.kv.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 American Alaska Native Japanese Other Asian Samoan
 Chinese Asian Indian Korean Native Hawaiian Other Pacific Islander

32. If you are American Indian or Alaska Native, are you a member of a federally recognized tribe, band, nation, community or other group? Yes. If yes, answer questions a-c. No

a. What is the name of the tribe? _____

b. What state is the tribe primarily located in? _____

c. Are you eligible to receive or have you ever received a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs? Yes No

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

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

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

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

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

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

Yes No

37. Are you blind or permanently disabled? Yes No

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

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

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



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

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 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.
- 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 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

<p>Use this application to see what insurance choices you qualify for</p>	<ul style="list-style-type: none"> • Free or low-cost coverage from Medicaid or the Kentucky Children's Health Insurance Program (KCHIP) • Payment Assistance that can help you pay for your health coverage • Affordable health insurance plans that offer comprehensive coverage to help you stay well
<p>Who is this application for?</p>	<p>Members of a household (spouses, partners, children, other) who:</p> <ul style="list-style-type: none"> • Live in Kentucky and plan to stay in Kentucky • Are included on your tax return, even if they don't live with you • Live with you, even if taxes are not filed
<p>Apply faster online</p>	<p>Apply faster online at www.kynect.ky.gov.</p>
<p>What you may need to apply</p>	<ul style="list-style-type: none"> • Your social security number (or document number if you are a legal immigrant) • Employer and income information (for example, paystubs, W-2 forms, or wage and tax statements)
<p>Why do we ask for this information?</p>	<p>We ask about your Social Security Number (SSN), your income and other information to see if you qualify for and if you can get any help paying for your health coverage costs.</p> <p>If you need help getting an SSN, call 1-800-772-1213 or visit socialsecurity.gov. TTY users should call 1-800-325-0778.</p> <p>We'll keep all the information you give us private, as required by law.</p>
<p>What happens next?</p>	<ul style="list-style-type: none"> • Mail or fax your completed, signed application to: Office of the Kentucky Health Benefit Exchange 12 Mill Creek Park Frankfort, KY 40601 Fax: 1-502-573-2005 • If you do not have all the information we ask for, submit your application anyway. We will contact you for the missing information if we cannot complete the determination based on the information you give us. • If we can make a determination, we will send you detailed information about the steps you will need to follow to select a plan. You will need to go online, call us, or get assistance from an insurance agent or kynector to enroll in a plan.
<p>To get help</p>	<ul style="list-style-type: none"> • Online: www.kynect.ky.gov • By phone: Call Customer Service at 1-855-4kynect (459-6328) • In person: Find a list of places near where you live by visiting our website or calling us. • Contact an insurance agent or kynector: Visit our website or call 1-855-4kynect (459-6328) for a list of insurance agents and kynectors near you. • Español: Llame a nuestro Servicio al Cliente gratis al 1-855-4kynect (459-6328) • TTY users call 1-855-326-4664



Health Coverage & Help Paying Costs

Application for More Than One Person

STEP 1 Tell Us about Yourself (the Responsible Party)

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

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



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

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

YES. If yes, answer questions a–d. NO. If no, skip to question d.

a. What will be your filing status? Married Filing Jointly Married Filing Separately
 Single Head of Household

b. If married, what is your spouse's name? _____

c. Do you have any tax dependents? Yes No

If yes, list name(s) of dependent(s): _____

d. Are you claimed as a dependent on someone else's tax return? Yes No

If yes, list the name of the tax filer: _____

How are you related to the tax filer? _____

Answer the following questions only if you want coverage:

26. Are you offered health coverage from a job (including someone else's job, like a spouse's job)?

Yes. If yes, you will need to complete and include Appendix A with this application. No

27. Do you want help paying for medical bills from the last 3 months? Yes No

If yes, which month(s)? _____

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

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.



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Form KHBE-110

Rev. 8-30-13

Page 3 of 9

Person 2

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 2's SSN if PERSON 2 wants coverage and has a SSN. Giving us the SSN can be helpful if not applying for health coverage, too since it can speed up the application process.		
4. If PERSON 2 wants coverage and SSN is not provided, select reason for not providing it. <input type="checkbox"/> Religious Objection <input type="checkbox"/> Not eligible to receive SSN due to alien status <input type="checkbox"/> Applied for SSN <input type="checkbox"/> Newborn without SSN <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. If PERSON 2 is not applying for health coverage, do not answer questions 13-18.		
6. Date of Birth (mm/dd/yyyy)	7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	8. Used tobacco at least 4 times a week in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does PERSON 2 live at the same address as the RESPONSIBLE PARTY? <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? <i>(Individuals can apply for health insurance even if they don't file a federal income tax return.)</i> <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 <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 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 If yes, please list the name of the tax filer: _____ 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)? <input type="checkbox"/> Yes. If yes, you will need to complete and include Appendix A with this application. <input type="checkbox"/> No		
14. Does PERSON 2 want help paying for medical bills from the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which month(s)? _____		
15. Is PERSON 2 a U.S. citizen or national? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. If not a U.S. citizen or national, does PERSON 2 have immigration status? <input type="checkbox"/> Yes. Answer questions a-d below. a. Immigration Document Type: _____ b. Document ID Number: _____ c. Has PERSON 2 lived in the U.S. since 1996? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Is PERSON 2 a veteran or active-duty member of the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Is PERSON 2 of Hispanic, Latino or Spanish origin? (OPTIONAL) <input type="checkbox"/> Yes <input type="checkbox"/> No		
18. Race - (OPTIONAL) <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Guamanian or Chamorro <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		



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Form KHBE-110

Rev. 8-30-13

Page 4 of 9

Person 3

1. First name, Middle initial, Last name & Suffix (as it appears on Social Security card)		2. Relationship to you
3. Social Security Number (SSN)		We need PERSON 3's SSN if PERSON 3 wants coverage and has a SSN. Giving us the SSN can be helpful if not applying for health coverage too since it can speed up the application process.
4. If PERSON 3 wants coverage and SSN is not provided, select reason for not providing it. <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 <input type="checkbox"/> Do not have an SSN and may only be issued an SSN for a valid non-work reason <input type="checkbox"/> Refuse to provide SSN		
5. If PERSON 3 is applying for health coverage, check here <input type="checkbox"/> and answer all questions. If PERSON 3 is not applying for health coverage, do not answer questions 13-18.		
6. Date of Birth (mm/dd/yyyy)	7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	8. Used tobacco at least 4 times a week in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does PERSON 3 live at the same address as the RESPONSIBLE PARTY? <input type="checkbox"/> Yes. If yes, do not enter an address below. <input type="checkbox"/> No. If no, enter PERSON 3's address below.		
10. Home Address		11. Mailing Address (Required if different from Home Address)
12. Does PERSON 3 plan to file a federal income tax return for coverage year 2014? (Individuals can apply for health insurance even if they don't file a federal income tax return.) <input type="checkbox"/> YES. If yes, answer questions a-d. <input type="checkbox"/> NO. If no, skip to question d. a. What will be PERSON 3's filing status? <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Single <input type="checkbox"/> Head of Household b. If married, what is the spouse's name? _____ c. Does PERSON 3 have any tax dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name(s) of dependent(s): _____ d. Is PERSON 3 claimed as a dependent on someone else's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the name of the tax filer: _____ How is PERSON 3 related to the tax filer? _____		
13. Is PERSON 3 offered health coverage from a job (including someone else's job, like a parent's or spouse's job)? <input type="checkbox"/> Yes. If yes, you will need to complete and include Appendix A with this application. <input type="checkbox"/> No		
14. Does PERSON 3 want help paying for medical bills from the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which month(s)? _____		
15. Is PERSON 3 a U.S. citizen or national? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. If not a U.S. citizen or national, does PERSON 3 have immigration status? <input type="checkbox"/> Yes. Answer questions a-d below. a. Immigration Document Type: _____ b. Document ID Number: _____ c. Has PERSON 3 lived in the U.S. since 1996? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Is PERSON 3 a veteran or active-duty member of the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Is PERSON 3 of Hispanic, Latino or Spanish origin? (OPTIONAL) <input type="checkbox"/> Yes <input type="checkbox"/> No		
18. Race - (OPTIONAL) <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		



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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. <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 <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. If PERSON 4 is not applying for health coverage, do not answer questions 13-18.		
6. Date of Birth (mm/dd/yyyy)	7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	8. Used tobacco at least 4 times a week in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does PERSON 4 live at the same address as the RESPONSIBLE PARTY? <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? (Individuals can apply for health insurance even if they don't file a federal income tax return.) <input type="checkbox"/> YES. If yes, answer questions a-d. <input type="checkbox"/> NO. If no, skip to question d. a. What will be Person 4's filing status? <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately <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 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 If yes, please list the name of the tax filer: _____ 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)? <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 If yes, which month(s)? _____		
15. Is PERSON 4 a U.S. citizen or national? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. If not a U.S. citizen or national, does PERSON 4 have immigration status? <input type="checkbox"/> Yes. Answer questions a-d below. a. Immigration Document Type: _____ b. Document ID Number: _____ c. Has PERSON 4 lived in the U.S. since 1996? <input type="checkbox"/> Yes <input type="checkbox"/> No 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) <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		



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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.



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STEP 4 Income and Deductions

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

Income from Job 1 1. Who earns this income? _____

2. Who is this person's employer? _____ Check here if income is from self-employment

3. What is the gross amount this person makes (before taxes)?
\$ _____ 4. How often? Weekly Twice a month
 Every two weeks Monthly

Income from Job 2 5. Who earns this income? _____

6. Who is this person's employer? _____ Check here if income is from self-employment

7. What is the gross amount this person makes (before taxes)?
\$ _____ 8. How often? Weekly Twice a month
 Every two weeks Monthly

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

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

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

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

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

\$ _____



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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 or call 1-855-4kynect (459-6328) to report any changes. I understand that a change in my information could affect the eligibility for member(s) of my household.
- If I think kynect has made a mistake, I can appeal its decision. To appeal means to tell someone at kynect that I think the action is wrong, and ask for a fair review of the action. I know that I can be represented in the process by someone other than myself. My eligibility and other important information will be explained to me.
- I know that under federal law, discrimination is not permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting www.hhs.gov/ocr/office/file.
- I understand that kynect will check my answers using information in databases from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security, and/or any other trusted source. If the information does not match, I may be asked to send proof.

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

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

- 5 years (maximum allowed) 4 years 3 years 2 years 1 year

Do not use information from tax returns or other data sources to renew my coverage.

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

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

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

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

Signature

Date (mm/dd/yyyy)



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Form KHBE-110

Rev. 8-30-13

Page 9 of 9