



Division of Reentry Services

Reentry Resource Manual

District 13

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

A SECOND CHANCE TO MAKE A FIRST IMPRESSION

*Last Updated
March 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.

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Reentry Directory

NAME	Work Location	E-MAIL	PHONE
Kevin Swift Reentry Coordinator	PROBATION & PAROLE DISTRICT 13 121 E. 2 ND ST. OWENSBORO, KY 42303 PROVIDES REENTRY SERVICES TO OFFICES IN OWENSBORO, GREENVILLE, HENDERSON, AND MORGANFIELD	Kevin.swift@ky.gov	(270) 231-5462
Vacant	PROBATION & PAROLE DISTRICT 13 121 E. 2 ND ST. OWENSBORO, KY 42303 PROVIDES REENTRY EMPLOYMENT SERVICES TO OFFICES IN OWENSBORO, GREENVILLE, HENDERSON, AND MORGANFIELD		
Tiffany Buckner Jail Reentry Coordinator	DEPARTMENT OF CORRECTIONS/REENTRY SERVICES PROVIDES JAIL REENTRY SERVICES TO JAILS IN DAVIESS COUNTY, HENDERSON COUNTY HOPKINS COUNTY	Tiffany.buckner@ky.gov	(270) 231-5372

Probation and Parole Offices by Zip Code

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

Britney Jones

Email: thechadlakefoundation@gmail.com

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

Specific Reentry Programs/Classes

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

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

MRT Mentor - The MRT Mentoring program strives to ensure a higher success rate for those who have previously completed MRT. A Mentor within the MRT program will be held to a higher behavioral expectation than those participating in the MRT group. Mentorship is beneficial for both the offender serving as the mentor, as well as for the offenders participating in the MRT© program. As a mentor, this offender will be expected to revisit steps 1-4 from the offender's original 'How to Escape your Prison' workbook, along with completion of the 'Character Development' Workbook. Clients must have previously completed

MRT for admission into the program. Classes meet once or twice per week for 90 minute sessions per class. **This program received 90 days program credit upon completion.**

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

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

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

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

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

sessions per class. **This program received 90 days program credit upon completion.**

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

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

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

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

Crittenden County Courts

Crittenden - Kentucky Court of Justice (kycourts.gov)

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

Daviess County Courts

Martin E. Holbrook Judicial Center
100 East 2nd Street
Owensboro, KY 42302

Daviess - Kentucky Court of Justice (kycourts.gov)

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

Hancock County Courts

Hancock County Court House
200 Court Square
Hawesville, KY 42348

Hancock - Kentucky Court of Justice (kycourts.gov)

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

Ohio County Courts

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

Ohio - Kentucky Court of Justice (kycourts.gov)

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

Union County Courts

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

Union - Kentucky Court of Justice (kycourts.gov)

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

Webster County Courts

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

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

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

Legal Services

Public Defenders

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

Crittenden County

Henderson Trial Office

Jason McGee, Directing Attorney (833) 254-2463

Daviess County

Owensboro Trial Office

Leigh Jackson, Directing Attorney (833) 514-8980

Hancock County

Owensboro Trial Office

Leigh Jackson, Directing Attorney (833) 514-8980

Henderson County

Henderson Trial Office

Jason McGee, Directing Attorney (833) 254-2463

McLean County

Madisonville Trial Office

(833) 254-2468

Muhlenberg County

Madisonville Trial Office

(833) 254-2468

Ohio County

Owensboro Trial Office

Leigh Jackson, Directing Attorney (833) 514-8980

Union County

Henderson Trial Office

Jason McGee, Directing Attorney (833) 254-2463

Webster County

Henderson Trial Office

Jason McGee, Directing Attorney (833) 254-2463

Kentucky Legal Aid

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

Kentucky Bar Association

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

Fraud

1-800-372-2970

Local Police Agencies

Crittenden County

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

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

Daviess County

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

Owensboro Police Department

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

Hancock County

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

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

Henderson County

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

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

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

McLean County

[Home Page | McLean County KY](#)

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

Muhlenberg County

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

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

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

Ohio Couty

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

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

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

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

Union County

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

[Police Department - City of Morganfield \(ky.gov\)](http://ky.gov)

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

Webster County

[Senior Services & County Development Organization | Webster County, Kentucky | Dixon, KY \(webstercountykentucky.org\)](http://webstercountykentucky.org)

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

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

Daviess County

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

(270) 685-HELP (4357)

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

Henderson County

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

(270) 826-2405

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

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

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

Domestic Violence Offender Treatment Programs

A list of certified providers can be located at:

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

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

Domestic Violence Resources

Oasis, INC.

1-800-882-2873

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

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

New Beginnings Sexual Assault Support Services

1-800-226-7273

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

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

Victim Information and Notification Everyday (VINE)

(502) 511-1670

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

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

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

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

For further information, access this website.

<https://corrections.ky.gov/Divisions/healthservices/Pages/sotp.aspx>

SEX OFFENDER TREATMENT PROGRAM

COMMUNITY SERVICES REFERRAL FORM

- ☐ Parole
☐ Felony Probation
☐ Misdemeanant Probation

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

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

MAXIMUM EXPIRATION DATE: _____
LEVEL OF SUPERVISION: _____

CURRENT OFFENSE (S): _____

SENTENCE: _____

PRIOR SEX OFFENSE (S): _____

PRIOR/CURRENT COUNSELING: _____

COMMENTS: _____

PROBATION/PAROLE OFFICER

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

PLEASE ATTACH PSI AND ANY PAROLE/PROBATION SPECIFICATIONS.

KENTUCKY DEPARTMENT OF CORRECTIONS

ADDICTION SERVICES

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

Substance Abuse Referrals

Daviess County

BOULWARE MISSION INC.

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

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

DEACONESS CROSS POINTE

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

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

GOALS SUBSTANCE ABUSE PROGRAM

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

Substance Abuse Services
Recovery Program for the Incarcerated (Intervention)

LIGHTHOUSE RECOVERY SERVICES

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

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

O.A.S.I.S., Inc.

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

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

OWENSBORO MEDICAL HEALTH SYSTEM

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

Substance Abuse Services
Medical Detox

OWENSBORO REGIONAL RECOVERY CENTER

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

Substance Abuse Services
Inpatient
MALE ONLY

RIVER VALLEY BEHAVIORAL HEALTH

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

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

TRUE NORTH TREATMENT CENTER

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

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

YELLOW BANKS RECOVERY CENTER

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

Substance Abuse Services
Residential and Outpatient Treatment
FEMALE ONLY

ROOTED RECOVERY

1300 E 9th St.
Owensboro, KY 42303
(270) 951-0378
www.therootedrecovery.com

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

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

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

Non-Profit
Inpatient Substance Abuse recovery Program
FEMALE ONLY

MULENBERG COUNTY**PENNYROYAL MENTAL HEALTH**

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

OHIO COUNTY**SABRINA WEST, LCSW**

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

Out-Patient

OASIS (SUBSTANCE AND SPOUSAL ABUSE)

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

Support Groups

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

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

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

AA Meetings

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

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

Crittendon County AA Meetings

Marion Library
204 Carlisle St.
Marion, KY 42064

Wednesday: 7:00 PM

Sunday: 7:00 PM

Daviess County AA Meetings

320 Club
320 Crittenden Street
Owensboro, KY 42303

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

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

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

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

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

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

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

The Cuffed Monkey Sober Bar
4416 E 4th St.
Owensboro, KY 42303

Wednesday: 6:30 PM

United Methodist Church
1400 Breckenridge St.
Owensboro, KY 42303

Tuesday: 6:00 PM

Blessed Mother School Cafeteria
525 East 23rd St.
Owensboro, KY 42303

Sunday 8:00 PM

First Presbyterian Church
1328 Griffith Avenue
Owensboro, KY 42301

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

St. Benedict's Church
1001 W 7th St.
Owensboro, KY 42301

Saturday: 1:30 PM

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

Thursday: 8:00 PM

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

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

Sunday: 8:00 PM

Hancock County AA Meetings

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

Friday: 7:00 PM

Henderson County AA Meetings

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

Monday: 12:00 PM

Tuesday: 12:00 PM, 8:00 PM

Wednesday: 12:00 PM

Thursday: 12:00 PM

Friday: 12:00 PM, 6:30 PM

Saturday: 8:00 AM

Thursday: 5:30 PM

Good Shepherd Church
3031 Bittel Road
Owensboro, KY 42301

Thursday: 5:30 PM

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

Saturday: 7:00 PM

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

Monday: 7:00 PM

Wednesday: 7:00 PM

Saturday: 7:00 PM

Promises Group
338 3rd St.
Henderson KY 42420

Tuesday: 6:00 PM

Thursday: 6:00 PM

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

Tuesday: 7:00 PM

Thursday: 7:00 PM

Muhlenberg County AA Meetings

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

Tuesday: 7:30 PM

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

Wednesday: 7:00 PM

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

Monday: 7:30 PM

Thursday: 7:30 PM

Ohio County AA Meetings

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

Sunday: 7:30 PM

Hartford Methodist Church
141 East Center Street
Hartford, KY 42347

Friday: 7:00 PM

EMT Building
500 KY-69
Hartford, KY 42347

Monday: 7:30 PM

Webster County AA Meetings

Senior Citizen Center
44 N College Street
Dixon, KY 42409

NA Meetings

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

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

Crittendon County NA Meetings

A Better Way Group

204 West Carlisle Street
Marion, KY 42064

Tuesday: 7:00

Daviess County NA Meetings

Friday Night Live Group

4416 Highway 144
Owensboro, KY 42303

Saturday: 7:00 PM

Talking Heads Group

217 Williamsburg Square
Owensboro, KY 42303

Sunday: 12:00 PM

Get Right Recovery Group Allen Street

625 Allen Street
Owensboro, KY 42303

Wednesday: 8:00 PM

Women's Hope Group

2310 East 19th St.
Owensboro, KY 42303

Monday: 7:00 PM

Last House on the Block Group

4301 Veach Road
Owensboro, KY 42303

Tuesday: 8:00 PM

Hancock County NA Meetings

New Beginnings Group Hawesville

7070 State Route Hwy 2181
Hawesville, KY 42348

Sunday: 6:00 PM

Monday: 6:00 PM

Thursday: 6:00 PM

Life Changes Group

160 Scenic Hilltop Lane
Hawesville, KY 42348

Sunday: 6:00 PM

Henderson County AA Meetings

Raw Group

437 1st Street
Henderson, KY 42420

Sunday: 7:00 PM

Monday: 7:00 PM

Wednesday: 7:00 PM

Saturday: 7:00 PM

Ohio County NA Meetings

How it's Done Group

130 East Washington Street
Hartford, KY 42320

Monday: 9:00 AM

Tuesday: 7:30 PM

Wednesday: 9:00 AM

Saturday: 9:00 AM

NCTs Leap Into Faith Group

245 Madison Street
Bever Dam, KY 42320

Thursday: 7:00 PM

Gambler's Anonymous

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

Louisville Hotline Number: (888) 442-0628

Health Insurance Assistance:

Kentucky Health Benefit Exchange:

KHBE.ky.gov

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

Kynect:

Assistance & Support programs for Kentuckians

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

Affordable Care Act information:

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

www.kynect.ky.gov

1-855-4kynect

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

Individuals and Families fact sheet



kynect

Kentucky's Healthcare Connection
Quality Health Coverage. For Every Kentuckian.

Getting Kentuckians Covered.

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

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

It's easy to apply.

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

Help to shop for free.

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

• Insurance Agents • Kynectors • Customer Service • DCBS Offices

All these groups can help you find the best healthcare plan for you, your family and your budget. To find the right help for you, go to kynect.ky.gov 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.

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

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

Apply today.

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



kynect.ky.gov

1-866-4kynect (469-6328)



Health Coverage & Help Paying Costs Application for One Person

THINGS TO KNOW

Use this application to see what insurance choices you qualify for	<ul style="list-style-type: none"> 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
Who is this application for?	<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
Apply faster online	Apply faster online at www.kynect.ky.gov
What you may need to apply	<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)
Why do we ask for this information?	<p>We ask about your Social Security Number (SSN), your income and other information to see if you qualify for and if you can get any help paying for your health coverage costs.</p> <p>If you need help getting an SSN, call 1-800-772-1213 or visit socialsecurity.gov. TTY users should call 1-800-326-0778.</p> <p>We'll keep all the information you give us private, as required by law.</p>
What happens next?	<ul style="list-style-type: none"> 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 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.
To get help	<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.

- ☐ Religious Objection ☐ Not eligible to receive SSN due to alien status ☐ Applied for SSN
☐ Does not have an SSN and may only be issued an SSN for a valid non-work reason ☐ Refuse to provide SSN

4. Date of Birth (mm/dd/yyyy)

5. Gender

☐ Male ☐ Female

6. Used tobacco at least 4 times a week in the past 6 months?

☐ Yes ☐ No

7. Do you live in Kentucky and plan to stay in Kentucky? ☐ Yes ☐ No

8. Home Address - ☐ 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 ☐ Home ☐ Work ☐ Cell
()

19. Secondary Phone Number ☐ Home ☐ Work ☐ Cell
()

20. ☐ Check here to allow kynect to send text message alerts to your primary phone number.

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

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

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

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

If yes, which month(s)? _____



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).

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27. Do you plan to file a federal income tax return for coverage year 2014?

(You can apply for health insurance even if you don't file a federal income tax return.)

☐ YES. If yes, answer questions a & b. ☐ NO. If no, go to question b.

a. Will you file as a single person with no dependents? ☐ Yes ☐ No

If No, stop using this form. Use the *Health Coverage & Help Paying Costs Application for More Than One Person* to include your tax dependents (even if you do not want to apply for health coverage for them.)

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

If Yes, stop using this form. You will need to apply for coverage with the person claiming you on their tax return (even if that person does not want coverage.)

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

☐ Yes ☐ No

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

☐ Yes. Answer questions a–d below.

a. Immigration Document Type: _____

b. Document ID Number: _____

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

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

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

31. Race (OPTIONAL)

☐ White

☐ American Indian

☐ Filipino

☐ Vietnamese

☐ Guamanian or Chamorro

☐ Black or African

☐ Alaska Native

☐ Japanese

☐ Other Asian

☐ Samoan

☐ American

☐ Asian Indian

☐ Korean

☐ Native Hawaiian

☐ Other Pacific Islander

☐ Chinese

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

a. What is the name of the tribe? _____

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

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

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

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

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

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

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

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

☐ Yes ☐ No

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

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

If yes, in what state were you living? _____

How old were you? _____

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



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

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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).

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Health Coverage & Help Paying Costs

Application for More Than One Person

THINGS TO KNOW

Use this application to see what insurance choices you qualify for	<ul style="list-style-type: none"> 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
Who is this application for?	<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
Apply faster online	Apply faster online at www.kynect.ky.gov .
What you may need to apply	<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)
Why do we ask for this information?	<p>We ask about your Social Security Number (SSN), your income and other information to see if you qualify for and if you can get any help paying for your health coverage costs.</p> <p>If you need help getting an SSN, call 1-800-772-1213 or visit 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>
What happens next?	<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.
To get help	<ul style="list-style-type: none"> Online: www.kynect.ky.gov By phone: Call Customer Service at 1-855-4kynect (459-6328) In person: Find a list of places near where you live by visiting our website or calling us. Contact an insurance agent or kynector: Visit our website or call 1-855-4kynect (459-6328) for a list of insurance agents and kynectors near you. Español: Llame a nuestro Servicio al Cliente gratis al 1-855-4kynect (459-6328) TTY users call 1-855-326-4654



Health Coverage & Help Paying Costs

Application for More Than One Person

STEP 1 Tell Us about Yourself (the Responsible Party)

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

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



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

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

☐ YES. If yes, answer questions a–d.

☐ NO. If no, skip to question d.

a. What will be your filing status?

☐ Married Filing Jointly

☐ Married Filing Separately

☐ Single

☐ Head of Household

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

c. Do you have any tax dependents? ☐ Yes ☐ No

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

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

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

How are you related to the tax filer? _____

Answer the following questions only if you want coverage:

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

☐ Yes. If yes, you will need to complete and include Appendix A with this application.

☐ No

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

If yes, which month(s)? _____

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

☐ Yes ☐ No

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

☐ Yes. Answer questions a–d below.

a. Immigration Document Type: _____

b. Document ID Number: _____

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

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

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

31. Race - (OPTIONAL)

☐ White

☐ American Indian

☐ Filipino

☐ Vietnamese

☐ Guamanian or Chamorro

☐ Black or African American

☐ Alaska Native

☐ Japanese

☐ Other Asian

☐ Samoan

☐ Chinese

☐ Asian Indian

☐ Korean

☐ Native Hawaiian

☐ Other Pacific Islander

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

Name: _____

Date of Birth: _____

Gender ☐ Male

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

☐ Female

Race (OPTIONAL): _____

STEP 2

Other Members of the Household

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

Get started with the members of your tax household.



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

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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 checked="" type="checkbox"/> Yes. If yes, you will need to complete and include Appendix A with this application. <input type="checkbox"/> No			
14. Does PERSON 2 want help paying for medical bills from the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No 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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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) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> American Indian</td> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Guamanian or Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> Alaska Native</td> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Other Asian</td> <td><input type="checkbox"/> Samoan</td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Other Pacific Islander</td> </tr> </table>				<input type="checkbox"/> White	<input type="checkbox"/> American Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other Pacific Islander
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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?	<input type="checkbox"/> Check here if income is from self-employment
3. What is the gross amount this person makes (before taxes)? \$	4. How often? <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly

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

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

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

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

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

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

\$



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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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Medical Care Assistance

Crittenden County

Crittenden Health System/Ambulance Service

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

Crittenden Hospital

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

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

Crittenden County Health Department

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

Daviess County

Daviess County Community Health Center

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

www.healthdepartment.org

Department of Vocational Rehabilitation

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

Matthew 25 HIV Services

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

Hancock County

Hancock County Health Department

175 Harrison Street, Hawesville
(270) 927-8803

Hancock County Senior Services

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

Hancock County Emergency Operations Center

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

Henderson County

Henderson Mom's Clinic

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

Deaconess Gateway Hospital

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

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

Methodist Hospital

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

Matthew 25 HIV Clinic

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

Anthony's Hospice

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

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

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

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

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

McLean County

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

Muhlenberg County

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

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

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

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

Ohio County

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

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

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

Union County

Union County Health Department

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

Deaconess Medical

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

Methodist Hospital Union County

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

Webster County

Webster County Family Medicine

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

Webster County Health Department

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

Methodist Family Practice

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

Dr. V. S. Soni

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

Methodist Family Medicine Sebree

47 E. Webster Street
Sebree, KY 42455

Trover Clinic

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

Need help paying for your medicines:

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

[Kentucky Prescription Assistance Program.](#)

Pharmaceutical Companies that offer free medications to low income people:

Boehringer Ingelheim 800-556-8317
~Serentil

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

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

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

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

Zeneca Pharmaceuticals 800-424-3727
~Elavil

Needymeds – www.needymeds.com

Vision Assistance

Kentucky Vision Project

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

Kentucky Lion's Eye Foundation

(Assistance w/ eye exams, glasses, etc.)

301 E. Muhammad Ali Blvd. Louisville, KY 40202 (502) 583-0564

Dental Services

Community Dental Clinic

2811 New Hartford Rd. Suite A
Owensboro, KY 42303
(270) 691-6205

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

Mental Health Services

Daviess County

Deaconess Cross Pointe

920 Frederica Street
Suite 1003
Owensboro, KY 42303
(270)686-8984

New Way of Life Counseling

227 St. Ann Street
Owensboro, KY 42303
(270)684-8005

River Valley Behavioral Health

First Time Appointment Point of Entry
1100 Walnut Street
Owensboro, KY 42301
(270)689-6800

River Valley Behavioral Health

CRISIS STABILIZATION UNIT (CSU)
1100 Walnut Street
Owensboro, KY 42301
(270)684-0567

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

Henderson County

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Muhlenberg County

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

Ohio County

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

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

Crisis Counseling

Rape Services

New Beginnings Hotline

1-800-226-7273

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

(800) 656-HOPE (4673).

Domestic Violence Victim

National Domestic Violence Hotline

1-800-779 SAFE

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

1-877-KYSAFE1

National Suicide Prevention Lifeline

1-800-273-TALK (8255)

National Domestic Violence Hotline

1-800-779 SAFE

Pregnancy Hotlines

Care Net
425 E 18th St.
Owensboro, KY 42303

(270) 813-5410

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

(270) 926-7561

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

(812) 473-4990

Child Abuse

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

1-800-752-6200

Crisis Response Team

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

1-888-522-7228

Employment Assistance and Staffing Companies

Daviess County

Kelly Services

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

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

Express Employment

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

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

Malone Staffing

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

Trojan Labor

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

Manpower

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

Office of Employment & Training

3108 Fairview Drive
Owensboro, KY 42303
(270) 686-2502
www.oet.ky.gov

Employment Plus

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

Proman Staffing

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

Spartan Staffing (Non-violent offenders only)

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

Hancock County

Hancock County One-Stop Career Center Information

Director - Carolyn Nugent

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

Email: CareerCenter@HancockKy.us

Services

☐ Employer Services -

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

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

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

Henderson County

Custom Staffing

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

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

Kelly Services
706 Green Street
Henderson, KY 42420
(270) 826-1140
www.kellyservices.com

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

McLean County

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

Muhlenberg County

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

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

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

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

Ohio County

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

Kentucky Office of Employment and Training – www.oet.ky.gov

Great job search engine!

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

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

Housing

Crittenden County

Crittenden County Cares
(270)965-5310

Daviess County

Emergency Shelters

Boulware Center Mission

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

Daniel Pitino Shelter

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

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

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

St. Benedict's For Men

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

Assisted Living / Nursing Homes

Bon Harbor Nursing & Rehab Center

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

Carmel Home

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

Davco Rest Home

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

Fern Terrace

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

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

A Fresh Start
(270) 240-3180

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

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

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

Harborside Healthcare Rehab & Nursing Center

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

Heritage Place

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

Hermitage Care & Rehab Center

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

Maplebrook Village Garden

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

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

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

Roosevelt House
530 Yale Place #1

Owensboro, KY 42301
(270) 926-1673

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

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

Permanent Housing

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

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

Hancock County

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

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

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

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

Henderson County

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

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

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

Henderson Christian Community Outreach

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

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

Housing Authority of Henderson

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

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

Family units where head of household is 18

Single person age 62 or older

Single employed person ages 45-62

Single at least age 18 and is low-income

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

Shelter For Women and Children

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

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

Muhlenberg County

Central City Housing Authority

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

Greenville Housing Authority

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

Union County

Municipal Housing Authority

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

Housing Rehabilitation

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

Morganfield Nursing & Rehab

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

Webster County

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

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

Family Services

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

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

Transportation

Owensboro Transit Bus Office
(270) 687-6570

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

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

*Transfers are given out only downtown.

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

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

*Transfers are given out only at 3rd and Main

Greyhound Bus

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

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

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

Taxi Services

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

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

Komfort Kabs (Owensboro)
(270) 684-4646

Riverbend Taxi (Henderson)
(270) 683-6262

Henderson Taxi
(270) 577-6755

DOC/KYTC Voucher Program

Please contact your local Reentry Coordinator for scheduling; for supervised clients only
Transportation needs covered by program

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

General Educational Development (GED) / Other Adult Education Opportunities

Adult Education Website: www.ged4u.com

Requirements

- Must be 17 years of age or older and out of a classroom setting for more than one year before making application or your high school class has graduated
- If you are less than 19 years of age, you must bring an official letter showing your date of withdrawal.
- Must be certified “test-ready” by obtaining a minimum score on the GED Official Practice Test (OPT). This test is given by Adult Education Offices

Crittenden County

Crittenden County Adult Education

200 Industrial Drive

Marion, KY 42064

(270) 965-0224

Offers GED, Work Keys test, National Career Readiness Certificate

Mantle Rock Native Education & Cultural Center

110 S Main St.

Marion, KY 42065

(270) 965-5882

Daviess County

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

300 Gradd Way

Owensboro, KY 42301

(270) 926-4433

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

Skilltrain / GED

1501 Frederica Street

Owensboro, KY 42303

(270) 686-4454

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

Friday by appointment only

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

Hancock County

Hancock County Adult Education/Career Center

1605 US Hwy 60 W

Hawesville, Kentucky 42348

(270) 927-8066

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

Services:

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

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

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

Henderson County

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

HCC offers various programs which include:

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

Muhlenberg County

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

Ohio County

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

Union County

Union County Adult Education

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

Uniontown Elem/Family Resource Center

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

Webster County

Adult Education

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

Webster County Migrant Education

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

Webster County Technology Center

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

GED on TV

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

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

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

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

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

Kentucky Enrollment Process

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

Colleges/Universities/Trade Schools

Daviess County

Brescia University

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

Kentucky Wesleyan College

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

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

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

Henderson County

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

Muhlenberg County

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

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

Ohio County

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

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

Interpreters

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

Kentucky Commission on the Deaf and Hard of Hearing
Access Center (www.kcdhh.ky.gov)

Vocational Rehabilitation Services

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

There are four requirements for eligibility:

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

Disabilities

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

OBTAINING A DRIVER'S LICENSE OR ID

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

- Must have original certified birth certificate
- Must have Social Security card
- Must go to Driver Licensing Region Office for NEW License

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

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

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

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

REGIONAL LICENSING REGION OFFICE LOCATIONS

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

**Appointments are required to obtain driver's license or ID. Please visit www.drive.ky.gov for more information*

OBTAINING A BIRTH CERTIFICATE

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

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

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

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

OBTAINING A SOCIAL SECURITY CARD

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

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

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

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

LOCATIONS OF SOCIAL SECURITY OFFICE

<https://www.ssa.gov/locator/>

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

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

National toll-free number is also available.

1-800-772-1213

Emergency Financial Assistance

Crittenden County

Child Support Enforcement

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

Cabinet for Families & Children

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

Family Resource Youth Center

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

Daviess County

Child Support Division

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

St. Vincent DePaul Society

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

Church

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

Store

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

Family Support

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

Salvation Army

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

Goodwill Industries of Kentucky

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

Owensboro Christian Church

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

Help Office of Owensboro

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

Tenth Street Baptist Church Pantry

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

Audubon Area Community Action Agency

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

Centro Latino

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

Daniel Pitino Shelter

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

Hancock County

Family Support Office

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

Audubon Community Office & Help Office

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

Saint Vincent DePaul

210 4th Street
Lewisport, KY 42351

Henderson County

Child Support Division

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

Church

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

Family Support

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

Goodwill Industries of Kentucky

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

Daniel Pitino Shelter

602 8th St.
Henderson, KY 42420
(270) 823-5469

St. Vincent DePaul

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

Salvation Army

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

Habitat For Humanity

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

Audubon Area (Winter Care)

270-826-6071

Henderson Community Christian Outreach

270-826-5592

Mary and Martha – Holy Name

(270) 826-2096
Home Repairs – Community Development

Muhlenberg County

Kentucky Department for Families and Children/Community Based Services

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

Muhlenberg County Baptist Association

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

Pennyrile Allied Community Services

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

Ohio County

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

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

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

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

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

VETERAN'S SERVICES

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

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

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

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

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

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

Substance Abuse Treatment Facility Locator
1-800-662-HELP or www.findtreatment.samhsa.gov

Suicide Prevention Lifeline – 1-800-273-8255 www.suicidepreventionlifeline.org/veterans/default.aspx

U.S. Department of Defense Support for Troops & Families – www.militaryhomefront.dod.mil

Military One Source – 1-800-342-9647 www.militaryonesource.com

Cultural Services

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

(270) 852-8328

International Center of Kentucky

(270) 683-3425

Recreational and Leisure Opportunities

Crittenden County

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

Crittenden County Park
Marion, KY 42064

Daviess County

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Shifley Park
Bittel Road & Dallas Avenue
Owensboro, KY 42301

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

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

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

Henderson County

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

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

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

East End Spray Park
214 Letcher Street
Henderson, KY 42420

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

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

Ohio County

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

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

Union County

Higginson-Henry State Park

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

Morganfield City Park

201 Park Street Morganfield, KY 42437

Dunbar Park

625 W. Geigers Street Morganfield, KY
42437

YMCA

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

Uniontown City Park

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

Webster County

Baker Park

Dixon, KY 42409

Sturgis City Park

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

Waverly City Park

Johnson Street Waverly, KY 24262

Caseyville Boat Dock and Recreation Area

HY 1508 Sturgis, KY 42459

Uniontown River Park

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

Coffey Park

6th and King Street
Sturgis, KY