



Division of Reentry Services

# **Reentry Resource Manual**

## **District 14**

Bourbon, Garrard, Harrison, Jessamine, Nicholas, Pendleton, Robertson, Scott, &  
Woodford 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**

<b>NAME</b>	<b>Work Location</b>	<b>E-MAIL</b>	<b>PHONE</b>
Alexis Darland Reentry Coordinator	PROBATION & PAROLE DISTRICT 14 80 THOMAS LANE VERSAILLES, KY 40383	<a href="mailto:Alexis.Darland@ky.gov">Alexis.Darland@ky.gov</a>	859-753-3918
Felicia Leischner Reentry Employment Program Admin	PROBATION AND PAROLE DISTRICT 5 672 DAVID AVE DANVILLE, KY 40422	<a href="mailto:Felicia.Leischner@ky.gov">Felicia.Leischner@ky.gov</a>	859-270-9933
William Wild Reentry Employment Program Admin	PROBATION AND PAROLE DISTRICT 7 103 LANDMARK DR, SUITE 100 BELLEVUE, KY 41073	William.Wild@ky.gov	502-764-1372 859-391-7593
Matthew Russell Reentry Employment Program Admin		<a href="mailto:Matthew.russell@ky.gov">Matthew.russell@ky.gov</a>	TBD
Michelle Chism Region 6 Program Admin	PROBATION AND PAROLE DISTRICT 14 80 THOMAS LANE VERSAILLES, KY 40383	<a href="mailto:Michelle.Chism@ky.gov">Michelle.Chism@ky.gov</a>	859-358-8031

## **Probation and Parole Offices by County**

Versailles Office 80 Thomas Lane Versailles, KY 40383 (859) 873-5549	Woodford and Scott
Cynthiana Office 930 US Highway 27 South, Suite 9 Cynthiana, KY 41031 (859) 234-2952	Bourbon, Harrison, Nicholas, Pendleton, Robertson
Lancaster Office 308 W. Maple St. Suite 13 Lancaster, KY 40444 (859) 792-4814	Garrard and Jessamine



## **Reentry Programs/Classes**

For information highlighting program summaries, time frame, admission criteria, program content, applicable policies, and locations, please visit [The Kentucky Department of Corrections Course Catalogue of Offender Programs & Education](#)

Reentry Programming is facilitated by Reentry Coordinators in each District. The program schedule is as follows –

Class Name	Facilitator	Schedule	Email to Enroll
MRT Anger Management	Alexis Darland	Monday, 10AM	<a href="mailto:alexis.darland@ky.gov"><u>alexis.darland@ky.gov</u></a>
MRT Parenting	Alexis Darland	Monday, 1:00pm	<a href="mailto:alexis.darland@ky.gov"><u>alexis.darland@ky.gov</u></a>
MRT Untangling Relationships	Alexis Darland	Wednesday, 1:00PM	<a href="mailto:alexis.darland@ky.gov"><u>alexis.darland@ky.gov</u></a>
MRT Thinking for Good	Alexis Darland	Thursdays, 1:00 PM	<a href="mailto:alexis.darland@ky.gov"><u>alexis.darland@ky.gov</u></a>
MRT	Alexis Darland	Thursdays 10:00am	<a href="mailto:alexis.darland@ky.gov"><u>alexis.darland@ky.gov</u></a>

\*Schedule subject to change, please contact your reentry coordinator for the most up to date schedule.

## **Social Services Clinician Directory**

NAME	WORK LOCATION	PHONE
Tonya Taylor Social Service Clinician District 14	PROBATION & PAROLE DISTRICT 14 80 THOMAS LANE Versailles, KY 40383	(859) 298-4359
Brie Brown Social Service Clinician District 14	PROBATION & PAROLE DISTRICT 14 309 W MAPLE AVE	(502) 564-0880

	LANCASTER, KY 40444	
Cortney Hatmaker Social Service Clinician District 14	PROBATION & PAROLE DISTRICT 14 930 US HIGHWAY 27 S. CYNTHIANA, KY 41031	(859) 234-2952

## **Goodwill Industries of Kentucky**

# GOODWILL WORKS

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

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

Further, through partnerships with employers across the state – and by matching job seekers with long-term career coaches – Goodwill is connecting Kentuckians with meaningful opportunities to find a career path and climb the ladder out of poverty. For more information, call **1-844-GWK-WORK (1-844-495-9675)** or contact the Goodwill Works office closest to you:

### **Louisville Metro Area**

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

### **Lexington Area & Central Kentucky**

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

### **Somerset Area & Eastern Kentucky**

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

### **Bowling Green Area & Western Kentucky**

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

### **Pikeville**

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

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

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

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

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

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

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

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

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

# **Bourbon County Resources**

## **Bourbon Co. Circuit Court Judges**

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

859-987-2624

### Division One:

Hon. Jeremy M. Mattox

### Division Two:

Hon. Kathryn H. Gabhart

## **Bourbon Co. Family Court Judges**

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

859-987-2624

### Division Three:

Hon. Lisa H. Morgan

### Division Four:

Hon. William J. Fooks

## **Bourbon Co. District Court Judges**

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

859-987-2624

### Division One:

Hon. Bolton Bevins

### Division Two:

Hon. Sarah R. Hays

## **Bourbon County Commonwealth Attorney's Office**

Hon. Sharon Muse  
187 South Main Street  
Versailles, KY 40383  
(859) 873-4797  
FAX (859) 873-3627

## **Bourbon County Attorney's Office**

Hon. G. Davis Wilson  
301 Main Street, Courthouse, Suite 10  
Paris, KY 40361  
(859) 987-2145  
FAX (859) 987-2147

## **Bourbon County Useful Phone Numbers**

<u>County Clerk</u>	(859- 987-2142	<u>Paris/Bourbon County Library</u>	(859) 987-4419
<u>County Judge Executive</u>	(859) 987-2135	<u>Post Office</u>	(859)987-4500
<u>Circuit Court Clerk (main office)</u>	(859) 987-2624	<u>Bourbon Co. Citizen Newspaper</u>	(859) 987-1870
<u>City Manager</u>	(859) 987-2110	<u>Bourbon County Schools</u>	(859) 987-2180
<u>Cooperative Extension Office</u>	(859) 987-1895	<u>Paris City Schools</u>	(859) 987-216
<u>Driver's License</u>	(859) 987-2609	<u>Paris Police Administrative Line</u>	(859) 987-2100
<u>Health Department</u>	(859) 987-1915	<u>County Sherriff Admin Line</u>	(859) 987-2130
<u>Housing Authority</u>	(859) 987-2575	<u>Fire &amp; Ambulance County Line</u>	(859) 987-2140
<u>Bourbon Community Hospital</u>	(859) 987-3600	<u>Fire &amp; Ambulance City Line</u>	(859) 987-2120
<u>Bourbon County Adult Ed</u>	(859) 987-5863	<u>KYNECTOR</u>	(859) 361-9585

## **Legal Services**

Public Defenders Office	(833) 385-6053 FAX (502) 570-9978
Legal Aid of the Bluegrass	(859) 431-8200

## **Bourbon County Community Resources**

<b>Agency</b>	<b>Services</b>
Community Action Center 1414 South Main Street Paris, Kentucky 40361 859-987-5277	Assistance for eligible recipients for food, clothing, and utilities
Counseling Associates 419 Main Street Suite 205 Paris, KY 40361 859-377-5050	Intensive out-patient / 16-week educations treatment program / Community Mental Health / DUI Classes
Bourbon County Adult Education 525 High Street Paris, KY 40361 859-987-5863	Adult Education
Bourbon County Health Department 341 East Main Street Paris, KY 40361 (859) 987-1915	To help individuals in need / based on income

# **Garrard County Resources**

## **Garrard Co. Circuit Court Judges**

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

859-792-2961

Division One:

Hon. Hunter Daugherty

## **Garrard Co. Family Court Judges**

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

859-792-2961

Division Two:

Hon. Jeff Moss

## **Garrard Co. District Court Judges**

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

859-792-2961

Division One:

Hon. Bill Oliver

Division Two:

Hon. Janet C. Booth

## **Garrard County Commonwealth Attorney's Office**

Hon. Clinton "Andy" Sims

104 Richmond Ave

Nicholasville, KY 40356

(859) 887-2722

FAX (859) 885-6304

## **Garrard County Attorney's Office**

Hon. Chris Whitworth

7 Public Square

Lancaster, KY 40444

(859) 792-2331

FAX (859) 792-9531



## **Garrard County Useful Phone Numbers**

<u>County Clerk</u>	(859) 792-3071 (859) 792-3072	<u>Garrard County Library</u>	(859) 792-3424
<u>County Judge Executive</u>	(859) 792-3531	<u>Post Office</u>	(859) 792-2941
<u>Circuit Court Clerk (main office)</u>	(859) 792-2961	<u>Garrard Central Record</u>	(859) 792-2831
<u>Health Department</u>	(859) 792-2153	<u>Garrard County Schools</u>	(859) 792-3018
<u>Housing Authority</u>	(859) 792-3813	<u>Lancaster Police Headquarters</u>	(859) 792-6000
<u>St Joesph Jessamine</u>	(859) 887-4100	<u>Garrard County Sherriff</u>	(859) 792-3591
<u>City Hall</u>	(859) 792-2241	<u>Lancaster Fire &amp; Rescue</u>	(859) 792-4775
<u>Garrard County Adult Ed</u>	(859) 792-8666	<u>KYNECTOR</u>	(502) 682-0944

## **Legal Services**

Public Defenders Office	(833) 514-8978 FAX (859) 881-5946
AppalReD Legal Aid	(866) 277-5733

# **Harrison County Resources**

## **Harrison Co. Circuit Court Judges**

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

859-234-1914

Division One:

Hon. Jay Delaney

## **Harrison Co. Family Court Judges**

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

859-234-1914

Division Two:

Hon. Heather Fryman

## **Harrison Co. District Court Judges**

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

859-234-1914

Hon. Charles W. Kuster Jr.

## **Harrison County Commonwealth Attorney's Office**

Hon. E. Douglas Miller  
204 East Pike St.  
Cynthiana, KY 41031  
(859) 235-0387  
FAX (859) 235-0737

## **Harrison County Attorney's Office**

Hon. Bradley Vaughn  
105 W. Pike St  
Cynthiana, KY 41031  
(859) 234-3110  
FAX (859) 234-4134

## **Harrison County Useful Phone Numbers**

<u>County Clerk</u>	(859) 234-7130	<u>Cynthiana Harrison Library</u>	(859) 234-4881
<u>County Judge Executive</u>	(859) 234-7136	<u>Post Office</u>	(859) 234-4632
<u>Circuit Court Clerk</u>	(859) 234-1914	<u>Cynthiana Democrat Newspaper</u>	(859) 234-1035
<u>Health Department</u>	(859) 234-2842	<u>Harrison County Schools</u>	(859) 234-7110
<u>Housing Authority</u>	(859) 234-5388	<u>Cynthiana Police Department</u>	(859) 234-7157
<u>Harrison Memorial Hospital</u>	(859) 234-2300	<u>Harrison County Sherriff</u>	(859) 234-7135
<u>City Hall</u>	(859) 234-7150	<u>Cynthiana Fire &amp; Rescue</u>	(859) 234-7158
<u>Harrison County Adult Ed</u>	(859) 234-8626	<u>KYNECTOR</u>	(859) 629-5144

## **Legal Services**

Public Defenders Office	(833) 254-2460 FAX (859) 234-2522
Legal Aid of the Bluegrass	(859) 431-8200

## **Harrison County Community Resources**

<b>Agency</b>	<b>Services</b>
New Vista 257 Parkland Heights Cynthiana, KY 41031 859-234-6940	Outpatient Treatment for people suffering from addiction problems
Community Action Center 216 Old Lair Road Cynthiana, KY 41031 859-234-2121	Assistance for eligible recipients for food, clothing, and utilities

# **Jessamine County Resources**

## **Jessamine Co. Circuit Court Judges**

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

859-885-885-6722

Division One:

Hon. Hunter Daugherty

## **Jessamine Co. Family Court Judges**

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

859-885-4531

Division Two:

Hon. Jeff Moss

## **Jessamine Co. District Court Judges**

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

859-887-1005

Division One:

Hon. Bill Oliver

Division Two:

Hon. Janet C. Booth

## **Jessamine County Commonwealth Attorney's Office**

Hon. Clinton "Andy" Sims

104 Richmond Ave

Nicholasville, KY 40356

(859) 887-2722

FAX (859) 885-6304

## **Jessamine County Attorney's Office**

Hon. Brian T. Goettl

117 South Main St, Suite 100

Nicholasville, KY 40356

(859) 885-3425

FAX (859) 881-5642

## **Jessamine County Useful Phone Numbers**

<u>County Clerk</u>	(859) 885-4161	<u>Jessamine County Library</u>	(859) 885-3523
<u>County Judge Executive</u>	(859) 885-4500	<u>Post Office</u>	(859) 887-5666
<u>Circuit Court Clerk</u>	(859) 885-4531	<u>Jessamine Journal Newspaper</u>	(859) 759-0047
<u>Health Department</u>	(859) 885-4149	<u>Jessamine County Schools</u>	(859) 885-4179
<u>Housing Authority</u>	(859) 885-4324	<u>Nicholasville Police Department</u>	(859) 885-9467
<u>St. Joseph Jessamine</u>	(859) 887-4100	<u>Jessamine County Sherriff</u>	(859) 885-4139
<u>Jessamine County Adult Ed</u>	(859) 887-9509	<u>Nicholasville Fire &amp; Rescue</u>	(859) 885-9221
<u>Bluegrass Community Action</u>	(859) 885-3512	<u>KYNECTOR</u>	(502) 682-0944

## **Legal Services**

Public Defenders Office	(833) 514-8978 FAX (859) 881-5946
Legal Aid of the Bluegrass	(859) 431-8200

## **Jessamine County Community Resources**

<b>Agency</b>	<b>Services</b>
Jessamine County Homeless Coalition 218 East Maple Street Nicholasville, KY 40356 859-813-0233	Homeless Shelter
Jessamine County Community Action Center 213 South Main Street, Suite 103 Nicholasville, KY 40356 859-885-3512	Helps individuals suffering from addiction / mental problems
Bluegrass Community Action 213 S. Main Street, Suite 103 (Contact-Michelle Ballew) Nicholasville, KY 40356 859-885-3512	Assist clients who need health insurance
Jessamine County Adult Education 851 Wilmore Rd. Nicholasville, KY 40356 859-887-9509	Adult Education / GED
New Vista 324 Southview Drive Nicholasville, KY 40356 859-885-6315	Outpatient counseling services for mental health and substance abuse treatment

# **Nicholas County Resources**

## **Nicholas Co. Circuit Court Judges**

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

859-289-2336

Division One:

Hon. Jay Delaney

## **Nicholas Co. Family Court Judges**

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

859-289-2336

Division Two:

Hon. Heather Fryman

## **Nicholas Co. District Court Judges**

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

859-887-1005

Division One:

Hon. Charles W. Kuster Jr.

## **Nicholas County Commonwealth Attorney's Office**

Hon. E. Douglas Miller

204 Richmond Ave

Cynthiana, KY 41031

(859) 235-0387

FAX (859) 235-0737

## **Nicholas County Attorney's Office**

Hon. Dawn C. Letcher

125 E. Main St, Courthouse

Carlisle, KY 40311

(859) 289-3746

FAX (859) 289-3746

## **Nicholas County Useful Phone Numbers**

<u>County Clerk</u>	(859) 289-3730	<u>Nicholas County Library</u>	(859) 289-5595
<u>County Judge Executive</u>	(859) 289-3725	<u>Post Office</u>	(859) 289-5291
<u>Circuit Court Clerk</u>	(859) 289-2336	<u>Nicholas County Schools</u>	(859) 289-3770
<u>Health Department</u>	(859) 289-2188	<u>Carlisle Police Department</u>	(859) 289-3710
<u>Harrison Memorial Hospital</u>	(859) 289-3338	<u>Nicholas County Sherriff</u>	(859) 289-3740
<u>Nicholas County Adult Ed</u>	(606) 776-7799	<u>Carlisle Fire &amp; Rescue</u>	(859) 289-3710
<u>Community Action Council</u>	(859) 289-7172	<u>KYNECTOR</u>	(859) 469-1984

## **Legal Services**

Public Defenders Office	(833) 254-2460 FAX (859) 234-2522
Legal Aid of the Bluegrass	(859) 431-8200

## **Nicholas County Community Resources**

<b>Agency</b>	<b>Services</b>
Department of Social Services 311 Moorefield Rd. Carlisle, KY 40311 859-289-7123	Social Service assistance
Family Resource Center 105 School Drive Carlisle, Kentucky 40311 859-289-3702	Child, youth and family services

# **Pendleton County Resources**

## **Pendleton Co. Circuit Court Judges**

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

859-654-3347

Division One:

Hon. Jay Delaney

## **Pendleton Co. Family Court Judges**

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

859-654-3347

Division Two:

Hon. Heather Fryman

## **Pendleton Co. District Court Judges**

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

859-654-3347

Division One:

Hon. Charles W. Kuster Jr.

## **Pendleton County Commonwealth Attorney's Office**

Hon. E. Douglas Miller

204 Richmond Ave

Cynthiana, KY 41031

(859) 235-0387

FAX (859) 235-0737

## **Pendleton County Attorney's Office**

Hon. Stacey Sanning

204 Mill St. PO Box 243

Butler, KY 41006

(859) 654-2600

FAX (859) 654-2132



## **Pendleton County Useful Phone Numbers**

<u>County Clerk</u>	(859) 654-3380	<u>Pendleton County Library</u>	(859) 654-8535
<u>County Judge Executive</u>	(859) 654-4321	<u>Post Office</u>	(859) 654-1431
<u>Circuit Court Clerk</u>	(859) 654-3347	<u>Pendleton County Schools</u>	(859) 654-6911
<u>Health Department</u>	(859) 654-6985	<u>Falmouth Police Department</u>	(859) 654-5555
<u>Harrison Memorial Hospital</u>	(859) 289-3338	<u>Pendleton County Sherriff</u>	(859) 654-4511
<u>Pendleton County Adult Ed</u>	(859) 412-7635	<u>Falmouth Fire &amp; Rescue</u>	(859) 654-8256
<u>KYNECTOR</u>	(859) 380-0338		

## **Legal Services**

Public Defenders Office	(833) 254-2460 FAX (859) 234-2522
Legal Aid of the Bluegrass	(859) 431-8200

## **Pendleton County Community Resources**

<b>Agency</b>	<b>Services</b>
St. Vincent De Paul Thrift / Donation Store 518 Barkley Street Falmouth, Kentucky 41040 859-654-2444	Assistance in Clothing items
Adult Education Center 2525 Highway, 27 North Falmouth, KY 41040 859-654-3325	Adult Education
Department for Social Services 500 Market St. Falmouth, KY 41040 859-654-3381	Social service assistance
Northern KY Comprehensive Care Center 320 Mountjoy Street Falmouth, KY 41040 859-654-6988	Helps individuals suffering from addiction / mental problems
St. Elizabeth Alcohol and Drug Treatment Center 512 Maple Avenue Falmouth, KY 41040 859-572-3500	Outpatient counseling services for substance/mental abuse

# **Robertson County Resources**

## **Robertson Co. Circuit Court Judges**

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

859-654-3347

Division One:

Hon. Jay Delaney

## **Robertson Co. Family Court Judges**

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

859-654-3347

Division Two:

Hon. Heather Fryman

## **Robertson Co. District Court Judges**

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

859-654-3347

Division One:

Hon. Charles W. Kuster Jr.

## **Robertson County**

### **Commonwealth Attorney's Office**

Hon. E. Douglas Miller

204 East Pike Street

Cynthiana, KY 41031

(859) 235-0387

FAX (859) 235-0737

### **Robertson County Attorney's Office**

Hon. Jesse P. Melcher

127 North Main Street

PO BOX 345

Mt. Olivet, KY 41064

(606) 724-5322

FAX (606) 724-2612

## **Robertson County Useful Phone Numbers**

<u>County Clerk</u>	(606) 724-5022	<u>Robertson County Library</u>	(606) 724-2015
<u>County Judge Executive</u>	(606) 724-5615	<u>Post Office</u>	(606) 724-5612
<u>Circuit Court Clerk</u>	(606) 724-5993	<u>Robertson County Schools</u>	(606) 724-5431
<u>Health Department</u>	(606) 724-5222	<u>Mt. Olivet Police Department</u>	(606) 842-0303
<u>Robertson Co Health Care Facility</u>	(606) 724-5020	<u>Robertson County Sherriff</u>	(606) 724-5511
<u>Robertson County Adult Ed</u>	(606) 776-7799	<u>KYNECTOR</u>	(606) 748-8807

## **Legal Services**

Public Defenders Office	(833) 254-2460 FAX (859) 234-2522
Legal Aid of the Bluegrass	(859) 431-8200

## **Robertson County Community Resources**

### **Agency**

### **Services**

Family Resource Center 177 N. Main Street Mt. Olivet, KY 41064 606-724-2088	Adult Education (GED)
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# **Scott County Resources**

## **Scott Co. Circuit Court Judges**

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

502-863-0474

Division One:

Hon. Jeremy M. Mattox

Division Two:

Hon. Kathryn H. Gabhart

## **Scott Co. Family Court Judges**

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

502-863-0474

Division Three:

Hon. Lisa H. Morgan

Division Four:

Hon. William J. Fooks

## **Scott Co. District Court Judges**

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

502-863-0474

Division One:

Hon. Bolton Bevins

Division Two:

Hon. Sarah Hays Spedding

## **Scott County Commonwealth Attorney's Office**

Hon. Sharon Muse

187 South Main Street

Versailles, KY 40383

(859) 873-4797

FAX (859) 873-3627

## **Scott County Attorney's Office**

Hon. Cameron Culbertson

198 East Washington Street

Georgetown, KY 40324

(502) 863-7870

FAX (502) 863-7871

## **Scott County Useful Phone Numbers**

<u>County Clerk</u>	(502) 863-7875	<u>Scott County Library</u>	(502) 863-3566
<u>County Judge Executive</u>	(502) 863-7850	<u>Post Office</u>	(502) 863-3875
<u>Circuit Court Clerk</u>	(502) 863-0474	<u>Scott County Schools</u>	(502) 863-3663
<u>Health Department</u>	(502) 863-3971	<u>Georgetown Police Department</u>	(502) 863-7826
<u>Housing Authority</u>	(502) 863-3773	<u>Scott County Sherriff</u>	(502) 863-7855
<u>Georgetown Community Hospital</u>	(502) 868.1100	<u>Georgetown Fire &amp; Rescue</u>	(502) 863-7832
<u>Scott County Adult Ed</u>	(859) 246-4696	<u>KYNECTOR</u>	(859) 339-2308 (502) 600-3763
<u>Bluegrass Community Action</u>	(502) 863-9403		

## **Legal Services**

Public Defenders Office	(833) 385-6053 FAX (502) 570-9978
Legal Aid of the Bluegrass	(859) 431-8200

## **Scott County Community Resources**

<b>Agency</b>	<b>Services</b>
Crossroads Counseling 1236 Paris Pike Georgetown, KY 40324 502-370-7229	IOP services, Mental Health, Anger Management, Substance Abuse
The Gathering Place Mission Men's Shelter 339 Bourbon Street Georgetown, KY 40324 502-570-4711	Men's Shelter / Wait list only / Food
The Gathering Place Mission, Women & Children Emergency Homeless Shelter 115 Water Street Georgetown, KY 40324 502-570-4711	Shelter for women and children
Transform Scott County 701 Slone Dr. Suite 3 Georgetown, KY 40324 502-642-0982	Helps individuals that are in need (food, shelter, clothing, etc.)
The Amen House 319 East Main Street, Suite B Georgetown, KY 40324 502-863-5305	Provides food for homeless / in need, clothing
Counseling Associates 207 Champion Way, Suite 7	Counseling

Georgetown, KY 40324 502-867-1336	
New Vista 110 Roach St. Georgetown, KY 40324 502-863-4734	IOP / Outpatient counseling for mental health/substance abuse
Kentucky Career Center 100 Technology Court, Suite B Georgetown, KY 40324 502-863-2402	Helps qualified Individuals with disabilities find employment
FOCUS Wesleyan Church 115 N. Water Street Georgetown, KY 40324 502-369-2096	NA Group (Monday/Fridays @ 7:00 PM)
Victory Life Church 1141 Lexington Road Georgetown, KY 40324 502-863-0523	Celebrate Recovery Tuesdays @ 6:30 PM NA/AA
Northside Christian Church 117 E. Jefferson Street Georgetown, KY 40324 502-863-3211	Narcotics Anonymous Thursdays @ 7:00 PM / Women Only
Salvation Army – Georgetown Community Center 100 Washington Square Georgetown, KY 40324 502-863-1551	Only open during day / make phone calls / shower / hygiene items / food
Community Action Council 340 E. Washington Street Georgetown, KY 40324 502-863-9403	Helps individuals that are in need (food, shelter, clothing, etc.)
Scott County Health Department 300 E. Washington Street Georgetown, KY 40324 502-863-3971	To help individuals in need / based on income

# **Woodford County Resources**

## **Woodford Co. Circuit Court Judges**

**Woodford - Kentucky Court of Justice (kycourts.gov)**

859-873-3711

Division One:

Hon. Jeremy M. Mattox

Division Two:

Hon. Kathryn H. Gabhart

## **Woodford Co. Family Court Judges**

**Woodford - Kentucky Court of Justice (kycourts.gov)**

859-873-3711

Division Three:

Hon. Lisa H. Morgan

Division Four:

Hon. William J. Fooks

## **Woodford Co. District Court Judges**

**Woodford - Kentucky Court of Justice (kycourts.gov)**

859-873-3711

Division One:

Hon. Bolton Bevins

Division Two:

Hon. Sarah Hays Spedding

## **Woodford County Commonwealth Attorney's Office**

Hon. Sharon Muse

187 South Main Street

Versailles, KY 40383

(859) 873-4797

FAX (859) 873-3627

## **Woodford County Attorney's Office**

Hon. Alan J. George

Woodford Co. Courthouse

Room 300

103 S. Main Street

Versailles, KY 40383

(859) 873-5001

FAX (859) 873-7501

## **Woodford County Useful Phone Numbers**

<u>County Clerk</u>	(859) 873-3421	<u>Woodford County Library</u>	(859) 873-5191
<u>County Judge Executive</u>	(859) 873-4139	<u>Post Office</u>	(859) 873-3241
<u>Circuit Court Clerk</u>	(859) 873-3711	<u>Woodford County Schools</u>	(859) 879-4600
<u>Health Department</u>	(859) 873-4541	<u>Versailles Police Department</u>	(859) 873-3126
<u>Housing Authority</u>	(859) 873-5351	<u>Woodford County Sherriff</u>	(859) 873-3119
<u>Bluegrass Community Hospital</u>	(859) 873-3111	<u>Versailles Fire &amp; Rescue</u>	(859) 873-5829
<u>Woodford County Adult Ed</u>	(859) 887-9509	<u>KYNECTOR</u>	(502) 956-6356
<u>Bluegrass Community Action</u>	(859) 873-8182		

## **Legal Services**

Public Defenders Office	(833) 385-6053 FAX (502) 570-9978
Legal Aid of the Bluegrass	(859) 431-8200

## **Woodford County Community Resources**

<b>Agency</b>	<b>Services</b>
Journey Provisions / Baby Provisions 560 Fielding Drive Versailles, KY 40383 859-873-7421	Will help with interview outfits or if a tragedy happens (furniture, clothing, diapers, etc.)
Community Action Center 285 Beasley Rd. Versailles, KY 40383 859-873-8182	Assistance for eligible recipients for food, clothing, and utilities
Woodford Adult Education Center 209 Thoroughbred St. Versailles, Kentucky 40383 859-887-9509	Adult Education / GED Classes
Woodford County Health Department 229 North Main Street Versailles, KY 40383 859-873-4541	To help individuals in need / based on income



## **CLOTHING**

Woodford County Probation and  
Parole Clothing Closet  
80 Thomas Lane  
Versailles, KY 40383  
859-873-5549

Garrard County Probation and  
Parole Clothing Closet  
308 W. Maple St. Suite 13  
Lancaster, KY 40444  
859-792-4814

Paris Community Action Center  
1414 South Main Street  
Paris, KY 40361  
859-987-5277

Cynthiana Community Action  
Center  
216 Old Lair Rd  
Cynthiana, KY 41031  
859-234-2121

The Amen House  
319 East Main Street, Suite B  
Georgetown, KY 40324  
502-863-5305

Transform Scott County  
701 Slone Drive, Suite 3  
Georgetown, KY 40324  
502-642-0982

Fair Haven Rescue Mission  
260 West Pike Street  
Covington, KY 41011  
859-491-1027

St. Vincent De Paul  
Thrift/Donation Store  
518 Barkley Street  
Falmouth, KY 41040  
859-654-2444

Journey Provisions  
560 Fielding Drive  
Versailles, KY 40383  
859-873-7421

Bluegrass Community Action  
Center  
200 Park Street  
Versailles, KY 40383  
859-873-8182

Salvation Army – Georgetown  
Community Center  
100 Washington Square  
Georgetown, KY 40324  
502-863-1551

Georgetown Community Action  
Center  
751 Slone Drive #10  
Georgetown, KY 40324  
502-863-9403

## EDUCATION SERVICES

### Bluegrass Community Technical College

Georgetown Campus: 200 Technology Court

Georgetown, KY 40324

Phone: (502) 570-0735

(859) 253-9603 (Admissions- English)

(859) 246-6897 (Spanish)

Web Address: [www.bluegrass.kctcs.edu](http://www.bluegrass.kctcs.edu)

Hours: Mon-Wed: 8:00 am-8:20 pm, Thurs: 8:00 am-8:10 pm, Fri: 8:00am-4:30PM

This agency offers a variety of academic and technical programs, Associates of Arts and Sciences and Associates of Applied Sciences degrees, career services (resume help, career fair, workshops), English as a Second Language (ESL).

### Adult Education

Skills U offers services for preparing for the GED exam, improving basic skills, learning English as a second language, preparing for college, and preparing for employment. All classes are free.

#### Bourbon County

525 High Street

Room 123

Paris, KY, 40361

859-987-5863

[lisa.farmer@bourbon.kyschools.us](mailto:lisa.farmer@bourbon.kyschools.us)

Monday: 9:30 a.m. - 7 p.m.

Tuesday: 9:30 a.m. - 5 p.m.

Wednesday: 9:30 a.m. - 7 p.m.

Thursday: 9:30 a.m - 4 p.m..

Fri-Sun: Closed

#### Garrard County

65 Public Square

Lancaster, KY, 40444

859-792-8666

[michael.mcclellan@kedc.org](mailto:michael.mcclellan@kedc.org)

Monday-Friday: 9:00 am – 5:00

PM,

Sat-Sun: Closed

#### Harrison County

319 Webster Avenue

Cynthiana, KY, 41031

859-234-8626 Ext. 66422

[Beth.tucker@kctcs.edu](mailto:Beth.tucker@kctcs.edu)

Monday-Friday: 9:00 am – 5:00

PM,

Sat-Sun: Closed

#### Jessamine County

851 Wilmore Road

Nicholasville, KY 40356

859-887-9509

[mary.newton@jessamine.kyschools.us](mailto:mary.newton@jessamine.kyschools.us)

Monday: 9:00 a.m. - 5 p.m.

Tuesday: 9:00 a.m. - 8:00 p.m.

Wednesday: 9:00 a.m. - 8 p.m.

Thursday: 9:00 a.m. - 8 p.m.

Friday: 9 a.m. - 1 p.m.

Sat – Sun: Closed

Nicholas County

223 North Broadway  
Carlisle, KY 40311  
606-776-7799

[Morgan.Sloas@kctcs.edu](mailto:Morgan.Sloas@kctcs.edu)

Monday: 9 a.m. - 4 p.m.  
Tuesday: 9:00 a.m. - 4 p.m.  
Wednesday: 9:00 a.m. - 4 p.m.  
Friday: 9 a.m. - 4 p.m.  
Thurs, Sat, Sun: Closed

Pendleton County

801 Robbins Avenue  
Falmouth, KY 41040  
859-412-7635

Robertson County

223 North Broadway  
Carlisle, KY 40311  
606-776-7799

[Morgan.Sloas@kctcs.edu](mailto:Morgan.Sloas@kctcs.edu)

Monday: 9 a.m. - 4 p.m.  
Friday: 9 a.m. - 4 p.m.  
Tues, Wed, Thurs, Sat, Sun: Closed

Scott County

200 Technology Court  
Georgetown, KY 40324  
859-246-4996

[tommy.hurt@kctcs.edu](mailto:tommy.hurt@kctcs.edu)

Monday: 8:30 a.m. - Noon; 1 p.m. - 3 p.m.  
Tuesday: 8:30 a.m. - Noon; 1 p.m. - 6:30 p.m.  
Wednesday: 8:30 a.m. - Noon  
Thursday: 8:30 a.m. - Noon; 3 p.m. - 6:30 p.m.  
Fri-Sat: Closed

Woodford County

209 North Main Street  
Ste. DE, FL 2  
Versailles, KY 40383  
859-887-9509

[mary.newton@jessamine.kyschools.us](mailto:mary.newton@jessamine.kyschools.us)

Mon- Fri: By appointment only  
Sat-Sun: Closed

Kentucky Career Centers

Kentucky Career Center- Bluegrass offers a one-stop solution for job seekers. Job seekers can access employment, education, training, and support services to succeed in the labor market. Training assistance may be provided in high-demand fields.

Georgetown

100 Technology Drive  
Georgetown, KY 40324  
Phone: (502) 863-2402  
Web Address: [www.ckycareers.com](http://www.ckycareers.com)  
Hours: Mon-Fri.: 8:00am-4:30pm

Covington

1324 Madison Avenue  
Covington, KY 41011  
Phone: (859) 292-6666  
Web Address: [www.ckycareers.com](http://www.ckycareers.com)  
Hours: Mon-Fri.: 8:00am-4:30pm

Danville

121 E Broadway  
Danville, KY 40422  
Phone: (859) 239-7004  
Web Address: [www.ckycareers.com](http://www.ckycareers.com)  
Hours: Mon-Fri.: 8:00am-4:30pm

Morehead

1225 US 60W, Suite 106  
Morehead, KY 40351  
Phone: (606) 783-8525  
Web Address: [www.ckycareers.com](http://www.ckycareers.com)  
Hours: Mon-Fri.: 8:00am-4:30pm

## **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.

## **EMPLOYMENT SERVICES**

### **Kentucky Career Centers**

Kentucky Career Center- Bluegrass offers a one-stop solution for job seekers. Job seekers can access employment, education, training, and support services to succeed in the labor market. Training assistance may be able to be provided in high-demand fields.

Georgetown  
100 Technology Drive  
Georgetown, KY 40324  
Phone: (502) 863-2402  
Web Address:  
[www.ckycareers.com](http://www.ckycareers.com)  
Hours: Mon-Fri.: 8:00am-4:30pm

Covington  
1324 Madison Avenue  
Covington, KY 41011  
Phone: (859) 292-6666  
Web Address:  
[www.ckycareers.com](http://www.ckycareers.com)  
Hours: Mon-Fri.: 8:00am-4:30pm

Danville  
121 E Broadway  
Danville, KY 40422  
Phone: (859) 239-7004  
Web Address:  
[www.ckycareers.com](http://www.ckycareers.com)  
Hours: Mon-Fri.: 8:00am-4:30pm

Morehead  
1225 US 60W, Suite 106  
Morehead, KY 40351  
Phone: (606) 783-8525  
Web Address:  
[www.ckycareers.com](http://www.ckycareers.com)  
Hours: Mon-Fri.: 8:00am-4:30pm

### **Goodwill Industries of Kentucky**

130 West New Circle Road, Suite 100  
Lexington, KY 40505  
Phone: (859) 277-3661

Web Address: <https://www.goodwillky.org/programs/>

Hours: Mon-Fri 8:30am-4:30pm

Goodwill's employment services program is designed to help individuals develop work behaviors needed to obtain and successfully keep their job.

The participant receives one-on-one assistance from a Goodwill employment specialist including job search assistance, short-term job coaching and support, suggestions for job modifications, and progress monitoring. Participant goals are based on identifying skills needed to maintain employment in his/her current position.

For more information, Rachel Hoover, at (859) 277-3661

**Reentry Employment Program Administrator**

Felicia Leischner

Division of Reentry Services

80 Thomas Lane

Versailles, KY 40383

859-270-9933

[felicia.leischner@ky.gov](mailto:felicia.leischner@ky.gov)

Works on behalf of the Kentucky Department of Corrections to assess and refer clients towards employment opportunities in the community.

## Food Assistance

### Fair Haven Rescue Mission

260 West Pike Street  
Covington, KY 41011  
859-491-1027

### Community Action Center - Paris

1414 South Main Street  
Paris, KY 40361  
859-987-5227

### Community Action Center - Cynthiana

216 Old Lair Road  
Cynthiana, KY 41031  
859-234-2121

### Community Action Center - Versailles

200 Park Street  
Versailles, KY 40383  
859-873-8182

### Community Action Center - Nicholasville

300 Southview Drive  
Nicholasville, KY 40356  
859-885-3512

### The Gathering Place Mission

339 Bourbon Street  
Georgetown, KY 40324  
502-570-4711

### Transform Scott County

101 Fordland Drive  
Georgetown, KY 40324  
502-642-0982

### The Amen House

319 E. Main Street  
Georgetown, KY 40324  
502-863-5305

### Journey Provisions

560 Fielding Drive  
Versailles, KY 40383  
859-873-7421

### Salvation Army Georgetown Community Center

100 Washington Square  
Georgetown, KY 40324  
502-863-1551

### Jessamine County Homeless Coalition

218 East Maple Street  
Nicholasville, KY 40356  
859-813-0233

Three daily meals provided to  
anybody in need of a meal.  
Breakfast 7:00am - 8:00am  
Lunch 12:00pm - 1:00pm  
Dinner 6:00pm - 7:30pm

## HEALTH SERVICES

### Woodford County Health

#### Department

229 N. Main Street  
Versailles, KY 40383  
859-873-4541

### Scott County Health Center

300 E Washington St.  
Georgetown, KY 40324  
502-863-3971

### Bourbon County Health

#### Department

341 E Main Street  
Paris, KY 40361  
859-987-1915

### Jessamine County Health

#### Department

210 E Walnut Street  
Nicholasville, KY 40356  
859-885-4149

### Nicholas County Health Center

2320 Concrete Road

Carlisle, KY 40311

859-289-2188

### Harrison County Health Center

364 Oddville Ave.  
Cynthiana, KY 41031  
859-234-2842

### Garrard County Health

#### Department

89 Farra Drive  
Lancaster, KY 40444  
859-792-2153

### Pendleton County Health

#### Department

329 Highway 330 West  
Falmouth, KY 41040  
859-654-6985

### Robertson County Health

#### Department

45 McDowell Street  
Mt. Olivet, KY 41064  
606-724-5222

### **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 ~ Zolof  
~Sinequan

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

Zeneca Pharmaceuticals 800-424-3727  
~Elavil

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

### **Vision Assistance**

#### Kentucky Vision Project

The client fills out the application and it can be faxed or mailed. The Project will review the application and once approved, they send the client a letter with instructions of where to go (date/time/location) to get their glasses.

For an Application: <http://kyeyes.org/howitworks.cfm>



## **HOUSING**

### Emergency Shelter of Northern Kentucky

436 W 13<sup>th</sup> Street  
Covington, KY 41011  
859-291-4555

A facility with 68 beds, a Daytime Navigation Center for showers, laundry, cell phone charging stations, onsite medical clinic and community partner rooms. Operates a year-round emergency shelter and housing work program beds for men, year-round shower & laundry program for men and women and the emergency cold shelter from November-March for adult men and women.

### The Gathering Place Mission Men's Shelter

339 Bourbon Street  
Georgetown, KY 40324  
502-570-4711

Gathering Place offers a safe, dry shelter to men. All residents must first complete a screening with one of our staff and take a drug test. A "failed" drug test does not preclude residency but all residents must agree to be drug & alcohol free during their residency at Gathering Place. Residents are also subject to random drug tests while living here. Our rules are reviewed during the initial screening and all residents agree that violation of the rules are grounds for dismissal.

### The Gathering Place Women's (children) Shelter

502-570-4711

Nearby the Men's Shelter is a shelter for women with children (girls any age; boys 12 & under). We're able to serve up to 16 women/children in this space at any one time. Gathering Place is not responsible for childcare and children may not be left alone at the shelter, nor in the care of other residents, under any circumstances. There is a kitchen in the Women's Shelter where residents can prepare their own meals. Or they can visit Emmaus Kitchen for the daily meal served there. All residents must first complete a screening with one of our staff and take a drug test. A "failed" drug test does not preclude residency but all residents must agree to be drug & alcohol free during their residency at Gathering Place. Residents are also subject to random drug tests while living here. Our rules are reviewed during the initial screening and all residents agree that violation of the rules are grounds for dismissal.

### Jessamine County Homeless Coalition

218 East Maple Street

Nicholasville, KY 40356

859-813-0233

Provides temporary shelter for those in need in Jessamine County. Offers 4 days emergency shelter to those who are temporarily homeless. Has a 90 days case managed program which focuses on housing stability and placement, with an emphasis on arrangement, coordination, monitoring, and delivery of services related to housing needs and improving house stability. Provides three daily meals to anyone in need, Breakfast: 7 – 8 AM, Lunch: 12-1 PM, Dinner: 6-730 PM. Also has community laundry from 5-7 PM, and community showers from 9 AM until 6 PM.

Oxford House Amory Place - Men

103 Brahms Court

Georgetown, KY 40324

502-642-5597

Oxford House offers self-help for recovery without relapse to members addicted to drugs and alcohol. Each Oxford House offers a proven, effective, and low-cost method for preventing relapse.

Oxford House Karleigh - Women

122 Salinger Drive

Georgetown, KY 40324

502-642-5217

Oxford House offers self-help for recovery without relapse to members addicted to drugs and alcohol. Each Oxford House offers a proven, effective, and low-cost method for preventing relapse.

Oxford House Knight - Men

100 Dogwood Drive

Georgetown, KY 40324

859-407-8591

Oxford House offers self-help for recovery without relapse to members addicted to drugs and alcohol. Each Oxford House offers a proven, effective, and low-cost method for preventing relapse.

Men's P&N Promises

535 Maple Street

Georgetown, KY 40324

502-370-4551

Provides safe living environments for residents to continue their path to recovery. Homes are fully furnished and centrally located in Georgetown, Kentucky.

Women's P&N Promises

1116 Pawnee Trail  
Georgetown, KY 40324  
502-370-4551

Provides safe living environments for residents to continue their path to recovery. Homes are fully furnished and centrally located in Georgetown, Kentucky.

Elizabeth's Village

107 Court Street  
Georgetown, KY 40324  
502-863-0800

Elizabeth's Transitional Home serves as a transitional home for single women and women with minor children. This home is a place where women can come and receive assistance during their journey to self-sufficiency. We have eight open beds for long term residents. The average stay lasts between 6-12 months. During their stay, we provide case management to help them work weekly on reaching long term goals. In our case management we work on financial literacy, time management, healthy boundaries and relationships, and other relevant topics. We also refer to additional support services. A major part of our program is the social support that is provided by volunteers. Graduates go on to be positive, contributing members of their community without the stress of homelessness being just around the corner.

Paris Housing Authority

1006 Cypress Street  
Paris, KY 40361  
859-987-2575

Lancaster Housing Authority

109 Kincaid Ave  
Lancaster, KY 40444  
859-792-3813

Nicholasville Housing Authority

601 Broadway Street  
Nicholasville, KY 40356  
859-885-4324

Cynthiana Housing Authority

148 Federal Drive  
Cynthiana, KY 41031  
859-234-5388

Versailles Housing Authority

519 Poplar Circle  
Versailles, KY 40383  
859-873-5351

Georgetown Housing Authority

139 Scroggins Park Drive  
Georgetown, KY 40324  
502-863-3773

Falmouth Housing Authority

412 Beech Street  
Falmouth, KY 41040  
859-654-8492

Paris Housing Authority

1006 Cypress Street  
Paris, KY 40361  
859-987-2575

## **Transportation**

### **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)

### **Blue Grass Ride**

#### **Georgetown**

Bluegrass RIDE offers fare-free transit service throughout Georgetown. Two different routes available to take you where you need to go, Monday through Saturday.

#### **Nicholasville**

Bluegrass RIDE provides FREE public transit throughout Nicholasville. Three new bus routes take you where you need to go. Buses run hourly, Monday through Saturday. All three routes connect at the Downtown Transfer Stop on East Walnut Street between Main St and York St.

## **LEGAL SERVICES**

### **Bourbon County**

Bourbon County Attorney  
301 Main Street, Courthouse, Suite 10  
Paris, KY 40361  
(859) 987-2145  
FAX (859) 987-2147

Public Defenders Office  
Email: [DPA.Georgetown.Trial.Office.Contacts@ky.gov](mailto:DPA.Georgetown.Trial.Office.Contacts@ky.gov)  
Phone: 833-385-6053  
Fax: 502-570-9978  
Address:  
1031 Lexington Rd., Suite A  
Georgetown, KY 40324

Legal Aid of the Bluegrass  
300 East Main Street, Suite 110  
Lexington, KY 40507  
859-431-8200

### **Garrard County**

Garrard County Attorney's Office  
7 Public Square  
Lancaster, KY 40444  
(859) 792-2331  
FAX (859) 792-9531

Public Defenders Office  
Email: [DPA.Nicholasville.Trial.Office.Unit.Contacts@ky.gov](mailto:DPA.Nicholasville.Trial.Office.Unit.Contacts@ky.gov)  
Phone: 833-514-8978  
Fax: 859-881-5946  
Address:  
109 S 2nd Street  
Nicholasville, KY 40356-1554

AppalReD Legal Aid  
120 N. Front Avenue  
Prestonsburg, KY 41653  
866-277-5733

## Harrison County

Harrison County Attorney's Office  
105 W. Pike St  
Cynthiana, KY 41031  
(859) 234-3110  
FAX (859) 234-4134

Public Defenders Office  
Email: [DPA.Cynthiana.Trial.Office.Unit.Contacts@ky.gov](mailto:DPA.Cynthiana.Trial.Office.Unit.Contacts@ky.gov)  
Phone: 833-254-2460  
Fax: 859-234-2522  
Address:  
59 East Ridge Road, Suite 2  
Cynthiana, KY 41031

Legal Aid of the Bluegrass  
300 East Main Street, Suite 110  
Lexington, KY 40507  
859-431-8200

## Jessamine County

Jessamine County Attorney's Office  
117 South Main St, Suite 100  
Nicholasville, KY 40356  
(859) 885-3425  
FAX (859) 881-5642

Public Defenders Office  
Email: [DPA.Nicholasville.Trial.Office.Unit.Contacts@ky.gov](mailto:DPA.Nicholasville.Trial.Office.Unit.Contacts@ky.gov)  
Phone: 833-514-8978  
Fax: 859-881-5946  
Address:  
109 S 2nd Street  
Nicholasville, KY 40356-1554

Legal Aid of the Bluegrass  
300 East Main Street, Suite 110  
Lexington, KY 40507  
859-431-8200

## Nicholas County

Nicholas County Attorney's Office  
125 E. Main St, Courthouse  
Carlisle, KY 40311  
(859) 289-3746  
FAX (859) 289-3746

Public Defenders Office  
Email: [DPA.Cynthiana.Trial.Office.Unit.Contacts@ky.gov](mailto:DPA.Cynthiana.Trial.Office.Unit.Contacts@ky.gov)  
Phone: 833-254-2460  
Fax: 859-234-2522  
Address:  
59 East Ridge Road, Suite 2

Legal Aid of the Bluegrass  
300 East Main Street, Suite 110  
Lexington, KY 40507  
859-431-8200

## Pendleton County

Pendleton County Attorney's Office  
204 Mill St. PO Box 243  
Butler, KY 41006  
(859) 654-2600  
FAX (859) 654-2132

Public Defenders Office  
Email: [DPA.Cynthiana.Trial.Office.Unit.Contacts@ky.gov](mailto:DPA.Cynthiana.Trial.Office.Unit.Contacts@ky.gov)  
Phone: 833-254-2460  
Fax: 859-234-2522  
Address:  
59 East Ridge Road, Suite 2

Legal Aid of the Bluegrass  
300 East Main Street, Suite 110  
Lexington, KY 40507  
859-431-8200

## Robertson County

Robertson County Attorney's Office  
127 North Main Street  
Mt. Olivet, KY 41064  
(606) 724-5322  
FAX (606) 721-2612

Public Defenders Office  
Email: [DPA.Cynthiana.Trial.Office.Unit.Contacts@ky.gov](mailto:DPA.Cynthiana.Trial.Office.Unit.Contacts@ky.gov)  
Phone: 833-254-2460  
Fax: 859-234-2522  
Address:  
59 East Ridge Road, Suite 2

Legal Aid of the Bluegrass  
300 East Main Street, Suite 110  
Lexington, KY 40507  
859-431-8200

## Scott County

Scott County Attorney's Office  
198 East Washington Street  
Georgetown, KY 40324  
(502) 863-7870  
FAX (502) 863-7871

Public Defenders Office  
Email: [DPA.Georgetown.Trial.Office.Contacts@ky.gov](mailto:DPA.Georgetown.Trial.Office.Contacts@ky.gov)  
Phone: 833-385-6053  
Fax: 502-570-9978  
Address:  
1031 Lexington Rd., Suite A  
Georgetown, KY 40324

Legal Aid of the Bluegrass  
300 East Main Street, Suite 110  
Lexington, KY 40507  
859-431-8200



## Woodford County

Woodford County Attorney's Office  
Woodford County Courthouse  
Room 300, 103 S. Main Street  
Versailles, KY 40383  
(859) 873-5001  
FAX (859) 873-7501

Public Defenders Office  
Email: [DPA.Georgetown.Trial.Office.Contacts@ky.gov](mailto:DPA.Georgetown.Trial.Office.Contacts@ky.gov)  
Phone: 833-385-6053  
Fax: 502-570-9978  
Address:  
1031 Lexington Rd., Suite A  
Georgetown, KY 40324

Legal Aid of the Bluegrass  
300 East Main Street, Suite 110  
Lexington, KY 40507  
859-431-8200

## **SOCIAL ASSISTANCE**

### Community Action Center – Paris

1414 South Main Street  
Paris, KY 40361  
859-987-5227

### Community Action Center - Cynthiana

216 Old Lair Road  
Cynthiana, KY 41031  
859-234-2121

### Community Action Center - Versailles

200 Park Street  
Versailles, KY 40383  
859-873-8182

### Community Action Center - Nicholasville

300 Southview Drive  
Nicholasville, KY 40356  
859-885-3512

### Bourbon County Family Support Office

(Food stamps, medical, welfare etc.)  
525 High Street  
2<sup>nd</sup> Floor  
Paris, KY 40361  
Phone (855) 306-8959  
Fax (859) 987-9041

### Bourbon County Protection & Permanency Office

(Child and adult abuse and neglect, foster care and adoptions, etc.)  
525 High Street  
2<sup>nd</sup> Floor  
Paris, KY 40361  
Phone (859) 987-4655  
Fax (859) 987-4376

### Garrard County Family Support Office

(Food stamps, medical, welfare etc.)  
136 Commerce Drive  
Lancaster, KY 40444  
Phone (855) 306-8959  
Fax (859) 792-2049

Garrard County Protection & Permanency Office  
(Child and adult abuse and neglect, foster care and adoptions, etc.)  
136 Commerce Drive  
Lancaster, KY 40444  
Phone (859) 792-2186  
Fax (859) 792-2049

Harrison County Family Support Office  
(Food stamps, medical, welfare etc.)  
59 East Ridge Rd, Suite 1  
Cynthiana, KY 41031  
Phone (855) 306-8959  
Fax (859) 234-3465

Harrison County Protection & Permanency Office  
(Child and adult abuse and neglect, foster care and adoptions, etc.)  
59 East Ridge Rd  
Cynthiana, KY 41031  
Phone (859) 234-3884  
Fax (859) 234-3465

Jessamine County Family Support Office  
(Food stamps, medical, welfare etc.)  
111 Edgewood Plaza  
Nicholasville, KY 40356  
Phone (855) 306-8959  
Fax (859) 887-9350

Jessamine County Protection & Permanency Office  
(Child and adult abuse and neglect, foster care and adoptions, etc.)  
111 Edgewood Plaza  
Nicholasville, KY 40356  
Phone (859) 885-9451  
Fax (859) 885-4189

Nicholas County Family Support Office  
(Food stamps, medical, welfare etc.)  
311 Moorefield Rd  
Carlisle, KY 40311  
Phone (855) 306-8959  
Fax (859) 289-4535

Nicholas County Protection & Permanency Office  
(Child and adult abuse and neglect, foster care and adoptions, etc.)  
311 Moorefield Rd  
Carlisle, KY 40311  
Phone (859) 289-7123  
Fax (859) 289-4535

Pendleton County Family Support Office  
(Food stamps, medical, welfare etc.)  
500 Market Street  
Falmouth, KY 41040  
Phone (855) 306-8959  
Fax (859) 654-5868

Pendleton County Protection & Permanency Office  
(Child and adult abuse and neglect, foster care and adoptions, etc.)  
500 Market Street  
Falmouth, KY 41040  
Phone (859) 654-3381  
Fax (859) 654-5868

Robertson County Family Support Office  
(Food stamps, medical, welfare etc.)  
420 North Main Street  
Mt. Olivet, KY 41064  
Phone (855) 306-8959  
Fax (606) 724-2000

Robertson County Protection & Permanency Office  
(Child and adult abuse and neglect, foster care and adoptions, etc.)  
420 North Main Street  
Mt. Olivet, KY 41064  
Phone (606) 724-2174  
Fax (606) 724-2000

Scott County Family Support Office  
(Food stamps, medical, welfare etc.)  
100 Technology Court, Suite A  
Georgetown, KY 40324  
Phone (855) 306-8959  
Fax (502) 863-1069

Scott County Protection & Permanency Office  
(Child and adult abuse and neglect, foster care and adoptions, etc.)  
100 Technology Court, Suite A  
Georgetown, KY 40324  
Phone (502) 863-0565  
Fax (502) 868-0667

Woodford County Family Support Office  
(Food stamps, medical, welfare etc.)  
52 Thomas Lane  
Versailles, KY 40383  
Phone (855) 306-8959  
Fax (859) 873-8410

Woodford County Protection & Permanency Office  
(Child and adult abuse and neglect, foster care and adoptions, etc.)  
52 Thomas Lane  
Versailles, KY 40383  
Phone (859) 873-8041  
Fax (859) 873-8410

Social Security Administration  
Bourbon, Harrison, & Jessamine Counties  
2241 Buena Vista Rd Suite 110  
Lexington, KY 40505  
Phone: (866) 530-7754  
Web Address: [www.ssa.gov](http://www.ssa.gov)  
Hours: Mon-Fri: 9am – 4pm  
They offer assistance with claims regarding retirement, disability,  
death, Medicare, and other related services.

Social Security Administration  
Scott & Woodford Counties  
140 Flynn Avenue  
Frankfort, KY 40601  
Phone: (866) 964-1724  
Web Address: [www.ssa.gov](http://www.ssa.gov)  
Hours: Mon-Fri: 9am – 4pm  
They offer assistance with claims regarding retirement, disability,  
death, Medicare, and other related services.

### Social Security Administration

Nicholas & Robertson Counties

509 Marketplace Dr.

Maysville, KY 41056

Phone: (855) 807-8802

Web Address: [www.ssa.gov](http://www.ssa.gov)

Hours: Mon-Fri: 9am – 4pm

They offer assistance with claims regarding retirement, disability, death, Medicare, and other related services.

### Social Security Administration

Garrard County

103 Belinda Blvd

Danville, KY 40422

Phone: (877) 512-3850

Web Address: [www.ssa.gov](http://www.ssa.gov)

Hours: Mon-Fri: 9am – 4pm

They offer assistance with claims regarding retirement, disability, death, Medicare, and other related services.

### Social Security Administration

Pendleton County

7 Youell Street

Florence, KY 41042

Phone: (800) 772-1213

Web Address: [www.ssa.gov](http://www.ssa.gov)

Hours: Mon-Fri: 9am – 4pm

They offer assistance with claims regarding retirement, disability, death, Medicare, and other related services.

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

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

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

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

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

### **LOCATIONS**

1. Covington	1840 Simon Kenton Way Covington, KY 41011	(502) 764-1916
2. Danville	1714 Perryville Rd. Ste 118 Danville, KY 40422	(859) 439-5133
3. Frankfort	200 Mero St. Frankfort, KY 40601	(502) 564-1257
4. Lexington - Leestown	141 Leestown Center Way, Ste. 125	(859) 963-4018
5. Lexington - Spindletop	2624 Research Park Dr. Lexington, KY	KYTC.DDLlexSpin@ky.gov
6. Maysville	1918 Old Main St. Maysville, KY 41056	(606) 721-6006

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

## **OBTAINING A BIRTH CERTIFICATE**

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

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

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

## **OBTAINING A SOCIAL SECURITY CARD**

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

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

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

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

### **LOCATIONS OF SOCIAL SECURITY OFFICE**

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

Bourbon, Harrison, & Jessamine Counties  
2241 Buena Vista Rd Suite 110  
Lexington, KY 40505  
Phone: (866) 530-7754

Scott & Woodford Counties  
140 Flynn Avenue  
Frankfort, KY 40601

Nicholas & Robertson Counties  
509 Marketplace Dr.  
Maysville, KY 41056

Garrard County  
103 Belinda Blvd  
Danville, KY 40422

Pendleton County  
7 Youell Street  
Florence, KY 41042

National toll-free number is also available.

1-800-772-1213



## VA Benefits:

1-800-827-1000

- ❖ Burial
- ❖ Death Pension
- ❖ Dependency Indemnity Compensation
- ❖ Direct Deposit
- ❖ Directions to VA Benefits Regional Offices
- ❖ Disability Compensation
- ❖ Disability Pension
- ❖ Education
- ❖ Home Loan Guaranty
- ❖ Medical Care

## VA - Vocational Rehabilitation and Employment:

1-800-827-1000

## VA - Beneficiaries in receipt of Pension Benefits:

1-877-294-6380

## VA - Debt Management Center (Collection of Non-Medical Debts)

1-800-827-0648

## **TREATMENT SERVICES**

### **Counseling of the Bluegrass**

419 Main Street

Paris, KY 40361

Phone: (859) 377-5050

Offers intensive out-patient, 16-week education treatment program, Community Mental Health, and DUI Classes

### **New Vista – Georgetown**

110 Roach Street

Georgetown, KY 40324

Phone: (502) 863-4734

Outpatient Treatment for people suffering from addiction problems.

### **New Vista – Nicholasville**

324 Southview Drive

Nicholasville, KY 40356

Phone: (859) 885-6315

Outpatient Treatment for people suffering from addiction problems.

### **Transitions, Inc.**

1716 Glenway Ave

Covington, KY 41011

Phone: (859) 261-3777

Helps individuals suffering from addiction and mental problems.

### **Northkey Community Care**

320 Mountjoy Street

Falmouth, KY 41040

Phone: (859) 578-3200

Helps individuals suffering from addiction and mental problems.

### **St. Elizabeth Alcohol and Drug Treatment Center**

512 Maple Avenue

Falmouth, KY 41040

Phone: (859) 572-3500

Outpatient counseling services for substance and mental abuse.

## Crossroads Counseling

1236 Paris Pike

Georgetown, KY 40324

Phone: (502) 370-7229

IOP services, Mental Health, Anger Management and Substance Abuse.

## Counseling Associates

203 Champion Way, Suite 7

Georgetown, KY 40324

Phone: (502) 867-1336

Counseling services

## **Mental Health Services**

Centerstone Services, for all appointments call (502) 589-1100

Crisis Number 1-800-221-0446

The following services are available through Centerstone:

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

## **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.

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)**  
**COMMUNITY COMPONENT**

The Sex Offender Treatment Program for Probation & Parole District 14 is housed in the Lexington Probation and Parole Office at 2008 Mercer Avenue. Clients are referred into this program by 1) court order; 2) Parole Board Order; 3) request for evaluation is made by a Probation and Parole Officer. The Officer needs to complete a *Sex Offender Treatment Program Community Services Referral Form* (see next page) and submit it along with a copy of the PSI and any pertinent information.

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

**For further information contact Elizabeth R. Smith 502-764-1099**  
<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

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

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

**DEPARTMENT OF CORRECTIONS**  
**DIVISION OF MENTAL HEALTH**  
**SUBSTANCE ABUSE PROGRAM (SAP)**  
**Probation & Parole District 14**

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

For further information, contact the Social Service Clinician(s) in your office.

Tonya Taylor - Versailles  
Phone: 859-298-4359

Brie Brown - Lancaster  
Phone: 502-783-7208

Cortney Hatmaker - Cynthiana  
Phone: 502-316-4554

## **Health Insurance Assistance:**

Kentucky Health Benefit Exchange:

KHBE.ky.gov

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

Kynect:

Assistance & Support programs for Kentuckians

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

Affordable Care Act information:

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

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

1-855-4kynect

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

## Individuals and Families fact sheet



**kynect**

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

### Getting Kentuckians Covered.

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

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

### It's easy to apply.

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

### Help to shop for free.

There are plenty of places to find out more about kynect. You can visit [kynect.ky.gov](http://kynect.ky.gov) or call customer service at 1-855-4kynect (459-6328), TTY: 1-855-325-4554. We have special groups trained and ready to help you.

• Insurance Agents • Kynectors • Customer Service • DCBS Offices

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

### Quality plans to meet your needs.

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

### Plans you can afford.

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

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

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

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

### Compare health plans more simply.

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



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

1-855-4kynect (459-6328)



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

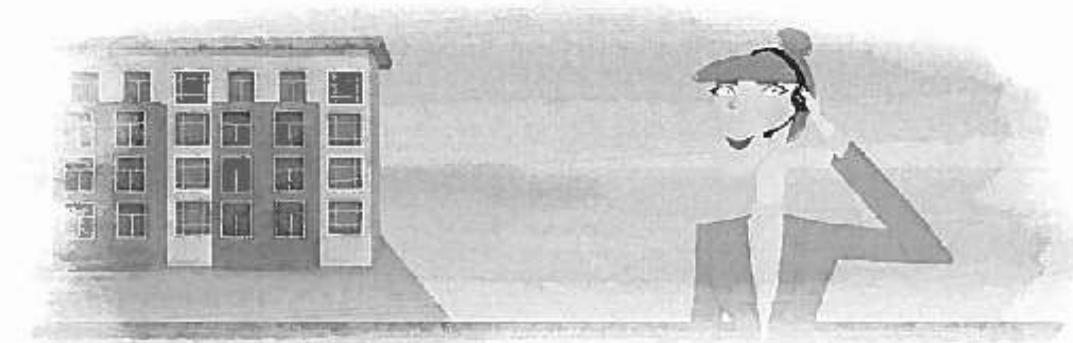
### Many people qualify for help with insurance payments.

<i>You are</i>	<i>You qualify for</i>	<i>Your estimated cost to buy monthly insurance</i>
An individual 18 or older making less than \$16,105*	Medicaid, a government program	No cost
An individual 18 or older making \$20,000*	Payment assistance that you can use to pay for your insurance premium, and special discounts to pay less when you receive medical care**	Your estimated cost is \$67 per month or \$800 per year, if you pick the second-least-expensive Silver plan
An individual 18 or older making over \$45,980*	You do not qualify for payment assistance or special discounts, but you are still eligible to buy health insurance through Kynect	
A family of four making less than \$32,913*	Medicaid, a government program	No cost
A family of four making \$48,900*	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	

\*Income limits are based on the year 2014. \*\*The most money through Kynect is for people 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](http://kynect.ky.gov)

1-866-4kynect (469-6328)



## Health Coverage & Help Paying Costs Application for One Person

THINGS TO KNOW

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



## Health Coverage & Help Paying Costs Application for One Person

### STEP 1 Tell Us about Yourself

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

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



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

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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 American

☐ Alaska Native

☐ Japanese

☐ Other Asian

☐ Samoan

☐ Chinese

☐ Asian Indian

☐ Korean

☐ Native Hawaiian

☐ Other Pacific Islander

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

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

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

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

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

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

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

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

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

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

☐ Yes ☐ No

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

38. Were you receiving Medicaid when you became too old to be eligible for foster care placement? ☐ Yes ☐ No  
If yes, in what state were you living? \_\_\_\_\_ How old were you? \_\_\_\_\_

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



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

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

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

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

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

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

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

**If I am eligible for Medicaid:**

- I understand that if Medicaid pays for a medical expense, any other health insurance or legal settlement payments will go to Medicaid to reimburse it for the expense.
- I understand that my application may be reviewed to make sure that eligibility was determined correctly. If my application is reviewed, I must cooperate with the review.

Signature \_\_\_\_\_

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



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



# Health Coverage & Help Paying Costs

## Application for More Than One Person

### STEP 1

### Tell Us about Yourself (the Responsible Party)

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

1. First name, Middle initial, Last name & Suffix (as it appears on your Social Security card)			
2. Social Security Number (SSN)		We need your SSN if you want coverage and have a SSN. Giving us your SSN can be helpful. If you don't want health coverage too since it can speed up the application process.	
3. If you want coverage and SSN is not provided, select the reason for not providing it.			
<input type="checkbox"/> Religious Objection		<input type="checkbox"/> Not eligible to receive SSN due to alien status	
<input type="checkbox"/> Do not have an SSN and may only be issued an SSN for a valid non-work reason		<input type="checkbox"/> Applied for SSN	
		<input type="checkbox"/> Refuse to provide SSN	
4. If you are applying for health coverage, check here <input type="checkbox"/> and answer all questions.			
If you are <b>not</b> 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](http://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)? <input type="checkbox"/> Yes. If yes, you will need to complete and include Appendix A with this application. <input type="checkbox"/> No																
27. Do you want help paying for medical bills from the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which month(s)? _____																
28. Are you a U.S. citizen or national? <input type="checkbox"/> Yes <input type="checkbox"/> No	29. If you are not a U.S. citizen or national, do you have immigration status? <input type="checkbox"/> Yes. Answer questions a–d below. a. Immigration Document Type: _____ b. Document ID Number: _____ c. Have you lived in the U.S. since 1996? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Are you a veteran or active-duty member of the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No															
30. Are you of Hispanic, Latino or Spanish origin? (OPTIONAL) <input type="checkbox"/> Yes <input type="checkbox"/> No																
31. Race - (OPTIONAL) <table border="0"><tr><td><input type="checkbox"/> White</td><td><input type="checkbox"/> American Indian</td><td><input type="checkbox"/> Filipino</td><td><input type="checkbox"/> Vietnamese</td><td><input type="checkbox"/> Guamanian or Chamorro</td></tr><tr><td><input type="checkbox"/> Black or African American</td><td><input type="checkbox"/> Alaska Native</td><td><input type="checkbox"/> Japanese</td><td><input type="checkbox"/> Other Asian</td><td><input type="checkbox"/> Samoan</td></tr><tr><td><input type="checkbox"/> Chinese</td><td><input type="checkbox"/> Asian Indian</td><td><input type="checkbox"/> Korean</td><td><input type="checkbox"/> Native Hawaiian</td><td><input type="checkbox"/> Other Pacific Islander</td></tr></table>		<input type="checkbox"/> White	<input type="checkbox"/> American Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> American Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Guamanian or Chamorro												
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Samoan												
<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other Pacific Islander												
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: <input type="checkbox"/> Male <input type="checkbox"/> Female Is this person of Hispanic, Latino or Spanish origin? (OPTIONAL) <input type="checkbox"/> Yes <input type="checkbox"/> No Race (OPTIONAL): _____																

## STEP 2 Other Members of the Household

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

**Get started with the members of your tax household.**



If you need help with your application or to apply faster online, go to [www.kynect.ky.gov](http://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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## Person 2

1. First name, Middle initial, Last name & Suffix (as it appears on Social Security card)		2. Relationship to you	
3. Social Security Number (SSN)		We need PERSON 2's SSN if PERSON 2 wants coverage and has a SSN. Giving us the SSN can be helpful if not applying for health coverage too since it can speed up the application process.	
4. If PERSON 2 wants coverage and SSN is not provided, select reason for not providing it. <input type="checkbox"/> Religious Objection <input type="checkbox"/> Not eligible to receive SSN due to alien status <input type="checkbox"/> Applied for SSN <input type="checkbox"/> Newborn without SSN <input type="checkbox"/> Do not have an SSN and may only be issued an SSN for a valid non-work reason <input type="checkbox"/> Refuse to provide SSN			
5. If PERSON 2 is applying for health coverage, check here <input type="checkbox"/> and answer all questions. If PERSON 2 is <b>not applying</b> 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? (Individuals can apply for health insurance even if they don't file a federal income tax return.) <input type="checkbox"/> YES. If yes, answer questions a-d. <input type="checkbox"/> NO. If no, skip to question d.			
a. What will be PERSON 2's filing status? <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Single <input type="checkbox"/> Head of Household			
b. If married, what is the spouse's name? _____			
c. Does PERSON 2 have any tax dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name(s) of dependent(s): _____			
d. Is PERSON 2 claimed as a dependent on someone else's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the name of the tax filer: _____ How is PERSON 2 related to the tax filer? _____			
13. Is PERSON 2 offered health coverage from a job (including someone else's job, like a parent's or spouse's job)? <input type="checkbox"/> Yes. If yes, you will need to complete and include Appendix A with this application. <input type="checkbox"/> No			
14. Does PERSON 2 want help paying for medical bills from the last 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which month(s)? _____			
15. Is PERSON 2 a U.S. citizen or national?  <input type="checkbox"/> Yes <input type="checkbox"/> No	16. If not a U.S. citizen or national, does PERSON 2 have immigration status? <input type="checkbox"/> Yes. Answer questions a-d below. a. Immigration Document Type: _____ b. Document ID Number: _____ c. Has PERSON 2 lived in the U.S. since 1996? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Is PERSON 2 a veteran or active-duty member of the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No		
17. Is PERSON 2 of Hispanic, Latino or Spanish origin? (OPTIONAL) <input type="checkbox"/> Yes <input type="checkbox"/> No			
18. Race - (OPTIONAL) <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Black or African American <input type="checkbox"/> Alaska Native <input type="checkbox"/> Japanese <input type="checkbox"/> Other Asian <input type="checkbox"/> Samoan <input type="checkbox"/> Chinese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander			



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## Person 3

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



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## Person 4

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



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### STEP 3 Additional Questions

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

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

☐ YES. If yes, answer questions a-d. ☐ NO. If no, go to question 2.

a. Who?

b. When did this person enter prison? (mm/dd/yyyy)

c. When did this person leave prison? (mm/dd/yyyy)

d. Is this person currently waiting for a decision on charges? ☐ Yes ☐ No

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

☐ YES. If yes, answer questions a-d. ☐ NO. If no, go to question 3.

a. Who?

b. What is the due date or the last date of pregnancy? (mm/dd/yyyy)

c. How many children are/were expected with this pregnancy?

d. Would this person like to be referred to WIC (a program that offers food to women, infants & children)? ☐ Yes ☐ No

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

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

a. Who?

b. Is this person a member of a federally recognized tribe, band, nation, community or other group?

☐ Yes. If yes, answer questions c-e. ☐ No. If no, go to question 4.

c. What tribe?

d. What state is this tribe primarily located in?

e. Is this person eligible to receive or has ever received a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs? ☐ Yes ☐ No

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

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

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

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

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

☐ YES. If yes, answer questions a-h. ☐ NO. If no, go to question 7.

a. Who?

f. Policy number

b. Type of coverage

g. Coverage start date

c. Name of policy holder

h. Coverage end date

d. Name of insurance company

e. Address of insurance company

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

In what state did he/she live?

How old was he/she?

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



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## STEP 4 Income and Deductions

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

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

2. Who is this person's employer?

☐ Check here if income is from self-employment

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

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

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

6. Who is this person's employer?

☐ Check here if income is from self-employment

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

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

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

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

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

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

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

\$



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## STEP 5 Sign and Date this Application

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

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

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

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

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

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

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

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

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

Signature

Date (mm/dd/yyyy)



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