



Reentry Resource Manual **Jefferson County**

<http://www.louisvillereentry.org/>

A SECOND CHANCE TO MAKE A FIRST IMPRESSION

24 hour support hotline
Call toll free: 1-877-INMATE (1-877-466-2834)

*Last Updated
June 2018*

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

If you cannot find the 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.

Table of Contents

Alcoholics/Narcotics/Gamblers Anonymous	25-26
Birth Certificates	61
Child Development	63
Clothing Assistance	65-66
Colleges/Universities	58
Community Service Sites	16-17
Court Information	11-13
Crisis Counseling and Hotlines	48
Cultural Services	74
Dental Services	47
Disabilities	59-60
Domestic Violence Victim Services and Offender Treatment	18-19
Drivers License Information	61
Emergency Food	67-68
Employment Assistance	49-52
Family Services	54
Financial Assistance	64
GED/High School Diploma	56-57
Health Insurance Assistance	27-43
HIV/AIDS Programs	70-72
Housing, Halfway Houses, and Emergency Shelters	53
Housing Authority of Louisville/Miscellaneous	53
Impulse Control Counseling	18
Interpreters	59
Legal Counsel and Aid	13
Medical Care and Medication Assistance	44-46
Mental Health Services	47
Parenting Classes	63
Planned Parenthood Sites	73
Police Agencies	14-15
Recreational and Leisure Opportunities	75-76
Reentry Directory	4-6
Reentry Programs	7-10
Senior Citizen Services	68
Sex Offender Housing	53
Sex Offender Treatment/Referral Form	20-21
Social Security Cards	61-62
Substance Abuse Treatment	22-24
Transportation	55
Veteran's Services	69
Vision Assistance	46
Vocational Rehabilitation Services	59

Reentry Directory

NAME	Work Location	E-MAIL	PHONE
MARTY JOHNSON	PROBATION & PAROLE DISTRICT 17 1407 W. JEFFERSON ST, STE 1000 LOUISVILLE, 40203	Marty.johnson@ky.gov	(502) 595-3405

Probation and Parole Offices by Zip Code

District 16		40025, 40059, 40202, 40203, 40204, 40205, 40206, 40207, 40208, 40217, 40222, 40223, 40241, 40242, 40243, 40245
District 17		40210, 40211, 40212
District 18		40118, 40177, 40209, 40214, 40215, 40216, 40258, 40272
District 19		40023, 40213, 40218, 40219, 40220, 40225, 40228, 40229, 40291, 40299

Louisville Metro Reentry Task Force

Glen Minor, Executive Director

Email: glenn@louisvillereentry.org

Phone: (502) 290-2725

Web Page: <http://www.louisvillereentry.org/>

Specific Reentry Programs/Classes

- Goodwill Industries of Kentucky
- New Legacy Reentry Corporation
- PORTAL New Direction
- Thinking for a Change (T4C)
- 24/7 Dads
- Moral Recognition Therapy (MRT)

Goodwill Industries of Kentucky

Attention:
Ex-offenders on parole
Need Help Finding Employment?

KentuckianaWorks Reentry By Design
offers free job-search assistance, if you qualify.

To qualify, you must be:

- Age 19 or older
- On parole
- Unemployed and having difficulty finding a job
- Have a referral from your Parole Officer

For more information,
contact your Parole Officer or
KentuckianaWorks Reentry By Design, operated by
Goodwill Industries of Kentucky
located at 909 East Broadway, Louisville.
Phone: (502) 585-5221
Hours: Monday-Friday, 8:30 a.m. to 4 p.m.



Goodwill Industries of Kentucky reserves the right to accept or deny
any individual's entry into the KentuckianaWorks Reentry By Design program.



KentuckianaWorks Reentry By Design, operated by Goodwill Industries of Kentucky, is a program to assist individuals (age 19 or older) who are on parole find employment. Funding for the program is provided by the U.S. Department of Justice, through the Kentucky Department of Corrections, and is an initiative of KentuckianaWorks, Greater Louisville's Workforce Investment Board.

Goodwill Industries of Kentucky
909 East Broadway
Louisville, KY 40204
502-585-5221 (Office)
502 - 585-5230 (Fax)

REFERRAL FORM
REENTRY BY DESIGN INITIATIVE PROGRAM

Referring Date: _____ Participant Name: _____

DOC ☐ or PID ☐ Number:

P & P District: _____ SS # _____

Address: _____ Type of Residence _____

City: Louisville State: KY Zip: _____ Phone #: _____

Other Phone #: _____ Best time to Contact: _____

Type of Supervision: Parole LSCMI Completed _____

Probation/Parole Officer: _____ Phone #: _____ ext. _____

Officer email: _____@KY.GOV

County and State of Conviction: _____

Is participant currently enrolled in another program?
(*Sex Offender Reentry Program; Anger Mgt. etc.*) _____

Programs participant has completed while incarcerated?
(*Prison to the street ;SAP; etc.*) _____

<u>Violent</u>	<u>Sexual</u>	<u>Theft</u>	<u>Substance Abuse</u>
<input type="checkbox"/> Robbery	<input type="checkbox"/> Unlawful transaction W/a minor	<input type="checkbox"/> Forgery	<input type="checkbox"/> DWI/DUI
<input type="checkbox"/> Assault 1,2,3,4	<input type="checkbox"/> Rape	<input type="checkbox"/> Fraud	<input type="checkbox"/> Poss...Of Marijuana
<input type="checkbox"/> Murder	<input type="checkbox"/> Molestation	<input type="checkbox"/> Receiving Stolen Property	<input type="checkbox"/> Trafficking
<input type="checkbox"/> Manslaughter	<input type="checkbox"/> Incest	<input type="checkbox"/> Poss... Controlled Substance	
<input type="checkbox"/> Carrying a concealed Weapon	<input type="checkbox"/> Sodomy	<input type="checkbox"/> T/BUT over/under \$300.00	
		<input type="checkbox"/> Burglary	

Employment History:

****Email completed form to:**

CADC Workforce Development Specialist
Goodwill Industries of Kentucky
909 E. Broadway
Louisville, KY 40204
Phone: (502) 585-5221 ext. 225
Fax: (502) 585-5230
Email: tera.west@kentuckianaworks.org

NEW LEGACY REENTRY CORPORATION

Faith based community organization whose mission is to empower ex-offenders and veterans who are reentering society by fostering a New Legacy of hope and motivation via support services, education, employment, and community service. Our program utilizes seven core components to address the societal stigma and challenges that ex-offenders and homeless veterans face, as they find substantive ways to integrate, successfully, back into mainstream society. For more information about New Legacy, please email info@newlegacyrc.org or call (502) 276-0660. You can visit us on the web at www.newlegacyrc.org

PORTAL NEW DIRECTIONS

A Second Chance to Make A First Impression

Barriers program designed to assist offenders in understanding the concept of Reentry and how it will work during incarceration and after release. Upon completion, individual receives 90 days credit toward their sentence. Program is facilitated by Department of Corrections. For those currently incarcerated, speak to Institution's Reentry Coordinator for referral. Parolees should contact parole officer for referral.

THINKING FOR A CHANGE

Behavioral program designed to address social skills, problem solving skills, and changes in thinking patterns. Upon completion, participants receive 90 days credit toward sentence. Program is facilitated by Department of Corrections. For those incarcerated, speak to Institution's Reentry Coordinator to discuss eligibility and possible referral. Parolees should contact parole officer for eligibility and possible referral.

Jefferson Circuit Court Judges

<u>Division One:</u> Hon. Barry Willett	(502) 595-4054 (502) 595-4942	<u>Division Eight:</u> Hon. A. C. McKay Chauvin	(502) 595-4294 (502) 595-4256
<u>Division Two:</u> Hon. James Shake	(502) 595-4062 (502) 595-4947	<u>Division Nine:</u> Hon. Judith McDonald–Burkman	(502) 595-4356 (502) 595-4153
<u>Division Three:</u> Hon. Mitch Perry	(502) 595-4919 (502) 595-4952	<u>Division Ten:</u> Hon. Angela McCormick-Bisig	(502) 595-4327 (502) 595-4363
<u>Division Four:</u> Hon. Charles Cunningham	(502) 595-4604 (502) 595-4660	<u>Division Eleven:</u> Hon. Brain Edwards	(502) 595-4400 (502) 595-4421
<u>Division Five:</u> Hon. Mary Shaw	(502) 595-4799 (502) 595-4063	<u>Division Twelve:</u> Hon. Susan Schultz Gibson	(502) 595-3012 (502) 595-3044
<u>Division Six:</u> Hon. Olu Stevens	(502) 595-4311 (502) 595-4233	<u>Division Thirteen:</u> Hon. Frederic Cowan	(502) 595-3011 (502) 595-4101
<u>Division Seven:</u> Hon. Audra J. Eckerle	(502) 595-4103 (502) 595-4248		

Jefferson Family Court Judges

<u>Division One:</u> A-Brt Hon. Joan Byer	(502) 595-4656	<u>Division Six:</u> Mar-O Hon. Jerry Bowles	(502) 595-4502
<u>Division Two:</u> Bru-De Hon. Hugh Smith Haynie	(502) 595-4996	<u>Division Seven:</u> P-Sch Hon. Joseph O'Reilly	(502) 595-4993
<u>Division Three:</u> Gr-Ja Hon. Patricia Walker Fitzgerald	(502) 595-4326	<u>Division Eight:</u> Df-Go Hon. Donna L. Delahanty	(502) 595-4043
<u>Division Four:</u> Ti-Z Hon. Dolly Wisman Berry	(502) 595-4969	<u>Division Nine:</u> Je-Map Hon. Stephen George	(502) 595-4998
<u>Division Five:</u> Sci-Th Hon. Eleanore M. Garber	(502) 595-4988	<u>Division Ten:</u> Hon. Paula F. Sherlock	(502) 595-4699

Jefferson District Court Judges

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

Circuit Court Clerks Office

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

Commonwealth Attorney's Office

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

Jefferson County Attorney's Office

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

Legal Services

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

Local Police Agencies

Louisville Metro Police Department

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

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

• Anonymous Tipline - 502-574-LMPD (5673)

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

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

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

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

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

Jefferson County Sheriff's Department

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

(502) 574-5400

Other Police Departments

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

Metro Corrections Department

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

Court Approved Community Service Sites

American Red Cross

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

Cain Center for the Disabled, Inc.

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

Dare to Care

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

Gospel Missionary Baptist Church

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

Kentucky Harvest

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

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

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

Louisville Metro Community Action Partnership- West

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

Louisville Metro Community Action Partnership - East

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

Louisville Metro Community Action Partnership

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

Louisville Metro Community Action Partnership

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

Medical Foundation of Jefferson County

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

Neighborhood House

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

New Directions Housing Corp.

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

New Jerusalem Apostolic Church

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

Plymouth Community Renewal Ctr.

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

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

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

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

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

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

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

Domestic Violence Offender Treatment Programs

A list of certified providers can be located at:

<http://chfs.ky.gov/NR/rdonlyres/E05B480D-0969-45DA-845D-AD6E4F6FBB96/0/CertifiedDVProviders.rtf>

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

Center for Women and Families

(502) 581-7200

www.thecenteronline.org

New Beginnings

(502) 459-0391

Springhaven (formerly Lincoln Train DV Program)

1-270-769-1234

Victim Information and Notification Everyday (VINE)

(502) 511-1670

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

Impulse Control Counseling

Michael Wardford (502) 589-8009

Batterers Intervention Program

JEFFERSON CIRCUIT COURT FAMILY DIVISION BATTERERS INTERVENTION PROGRAM

August 16, 2010

- | | | |
|--|---|---|
| <p>1) Herb Marcum
Kim Dial, Director
Sevan Counties Services-Transitions
914 E. Broadway, Suite 216
Louisville, Kentucky 40204
(502) 584-0044
(Hispanic Interpreter Available)</p> | <p>(4) Ronald Dobbs
Dobbs & Associates, Inc.
3801 Springhurst Blvd., Ste., 101
Louisville, Kentucky 40241
(502) 394-0101</p> <p>Ronald Dobbs
4400 Breckenridge Lane, Suite 126
Louisville, Kentucky 40218-4135
(502) 394-0101</p> <p>Ronald Dobbs
Lyles Mall
2600 W. Broadway, Suite 209
Louisville, Kentucky 40211
(502) 394-0101</p> | <p>(8) ** Keith L. McKenzie
Greater Lou. Counseling Center
Contact Intake for Appointments
332 West Broadway, Suite 905
Louisville, KY 40202
(502) 587-9737</p> <p>** Greater Lou. Counseling Center
2100 Gardiner Lane, Suite 217
Louisville, KY 40205
(502) 456-9744</p> <p>** Harrods Creek Comm. Development
106 South 38th Street
Louisville, KY 40212
(502) 587-9737</p> |
| <p>(2) Leo Hobbs
Michele Hagan
New Beginnings
2600 W. Broadway, Suite 209
Louisville, Kentucky 40211
(502) 493-7794/Fax 493-7795</p> <p>Leo Hobbs
Michele Hagan
New Beginnings
4400 Breckenridge Lane, Suite 126
Louisville, Kentucky 40218-4135
(502) 493-7794/Fax 493-7795</p> | <p>(5) ** Michael Wardford
(West End Counseling Service)
332 West Broadway, Suite 613B
Louisville, KY 40202
(502) 589-8009</p> <p>** Michael Wardford
3508 Dumesnil
Louisville, KY 40211
(502) 776-1156</p> <p>** Michael Wardford
Maurice Williamson
Shelton & West End Counseling
2201 Griffith Ave.
Louisville, KY 40212
(502) 776-1156/599-8852</p> <p>Maurice Williamson
Michael Wardford
East End Counseling
AA & Associates
4006 Dutchmans Lane, Suite 200
Louisville, KY 40207
(502) 599-8852/589-8009
(Hispanic Interpreter Available)</p> | <p>(9) Kevin Pangburn
Family Care Center
1425 Story Ave.
Louisville, Kentucky 40206
(502) 584-1369, ext. 322</p> <p>5402 Valley Station Rd.
Louisville, KY 40272
(502) 584-1369, ext. 322</p> <p>(10) William C. Green
1729 A. Highway 44E
Shepherdsville, Kentucky 40165
(502) 543-4766</p> <p>William C. Green
Kilgore Samaritan Counseling
918 Ormsby Lane
Louisville, KY 40222
502-327-4822</p> |
| <p>** Leo Hobbs
Michele Hagan
New Beginnings
1512 Crums Lane, Suite 214
Louisville, Kentucky 40211
(502) 493-7794/Fax 493-7795</p> <p>** Leo Hobbs
New Beginnings
606 Crystal Place, Suite 8
La Grange, KY 40031
(502) 493-7794/Fax 493-7795</p> | <p>(3) ** Dave Harmon & Associates, Inc.
Alfred Perkins
Professional Towers Building
4016 Dupont Circle, Suite 226
Louisville, KY 40207
(502) 896-8006/Fax(502) 896-8055</p> <p>Dave Harmon & Associates, Inc.
Alfred Perkins
Professional Centre Building
3834 Dixie Hwy., Suite 310,
Louisville, KY 40218
(502) 896-8006/Fax(502) 896-8055</p> <p>Dave Harmon & Associates, Inc.
Alfred Perkins
Iniquis Manor
5330 S. 3rd Street, Suite 234
Louisville, KY 40214
(502) 896-8006/Fax (502) 896-8055</p> <p>Dave Harmon & Associates, Inc.
Alfred Perkins
c/o First Assembly of God Church
404 Garrard Street
Taylorville, KY 40071
(502) 896-8006/Fax(502) 896-8055</p> | <p>(6) Cassandra Gray
Creative Spirits Counseling Center
1900 Midland Trail, Suite #3
Shelbyville, KY 40065
(502) 633-5054/Fax (502) 633-4970
(Hispanic Interpreter Available)</p> <p>(7) ** Linda Merkley
3415 Bardstown Road, Suite 300
Louisville, Kentucky 40218
(502) 693-2453</p> <p>Linda Merkley
Shelton Counseling
10601 W. Manslick Rd.
Fairdale, Kentucky 40118
(502) 693-2453</p> |
| | | <p>(11) Dr. Alberto Carrillo
2008 Family Circle
Lexington, KY 40505
(859) 421-1914
(Spanish Only)</p> <p>** Male and Female Groups</p> |

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

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

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

For further information contact Bruce Campbell (ext. 234), or (502) 933-1719.

SEX OFFENDER TREATMENT PROGRAM

COMMUNITY SERVICES REFERRAL FORM

- ☐ Parole
☐ Felony Probation
☐ Misdemeanant Probation

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

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

MAXIMUM EXPIRATION DATE: _____
LEVEL OF SUPERVISION: _____

CURRENT OFFENSE (S): _____

SENTENCE: _____

PRIOR SEX OFFENSE (S): _____

PRIOR/CURRENT COUNSELING: _____

COMMENTS: _____

PROBATION/PAROLE OFFICER

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

PLEASE ATTACH PSI AND ANY PAROLE/PROBATION SPECIFICATIONS.

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

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

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

SAP Agency Referral List

AA & ASSOCIATES

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

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

ABOVE AND BEYOND COUNSELING

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

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

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

ALCOHOL ABUSE AND AWARENESS

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

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

ALCOHOL EDUCATION & COUNSELING SERVICES

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

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

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

ALL ABOUT CHANGE

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

BETTER ALTERNATIVES COUNSELING

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

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

DAVE HARMON & ASSOCIATES

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

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

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

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

GREATER LOISVILLE COUNSELING CENTER

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

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

KENTUCKY DRIVING SCHOOL

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

CONTACT: Receptionist
ASSESSMENT FEE: \$10

LEAP

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

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

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

NEW BEGINNINGS

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

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

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

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

NEW AGE COUNSELING

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

WESTEND COUNSELING SERVICES

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

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

AA Central Office

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

Gambler's Anonymous

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

J A D A C

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

Narcotics Anonymous

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

[illegible]

Health Insurance Assistance:

Affordable Care Act information:

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

www.kynect.ky.gov

1-855-4kynect

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

Individuals and Families fact sheet



kynect

Kentucky's Healthcare Connection

Quality Health Coverage. For Every Kentuckian.

Getting Kentuckians Covered.

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

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

It's easy to apply.

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

Help to shop for free.

There are plenty of places to find out more about kynect. You can visit kynect.ky.gov or call customer service at 1-855-4kynect (459-6328), TTY: 1-855-326-4664. We have special groups trained and ready to help you.

• Insurance Agents • Kynectors • Customer Service • DCBS Offices

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

Quality plans to meet your needs.

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

Plans you can afford.

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

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

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

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

Compare health plans more simply.

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



kynect.ky.gov

1-855-4kynect (459-6328)

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

Many people qualify for help with insurance payments.

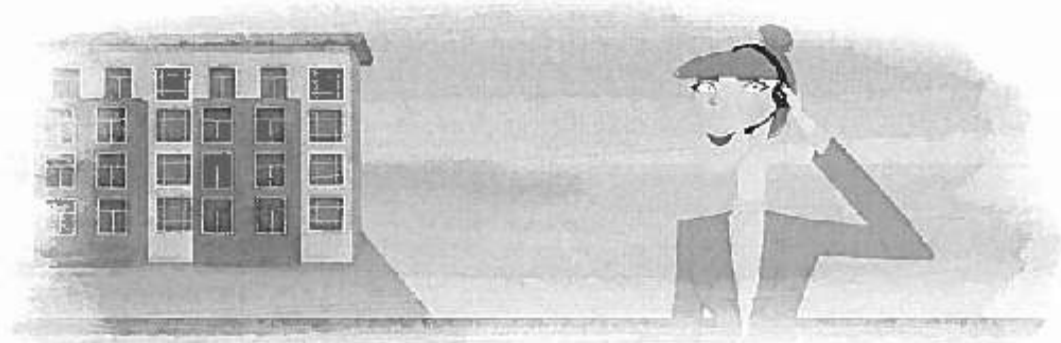
You are	You qualify for	Your estimated cost to buy health insurance
An individual 18 or older making less than \$16,105*	Medicaid, a government program	No cost
An individual 18 or older making \$20,000*	Payment assistance that you can use to pay for your insurance premium, and special discounts to pay less when you receive medical care**	Your estimated cost is \$67 per month or \$800 per year, if you pick the second-least-expensive Silver plan
An individual 18 or older making over \$45,980*	You do not qualify for payment assistance or special discounts, but you are still eligible to buy health insurance through Kynect	
A family of four making less than \$32,813*	Medicaid, a government program	No cost
A family of four making \$48,000*	Payment assistance that you can use to pay for your insurance premium, and special discounts to pay less when you receive medical care**	Your estimated cost is \$262 per month or \$3,024 per year if you pick the second-least-expensive Silver plan
A family of four making \$80,000*	A tax credit that you can use to pay for your insurance premium**	Your estimated cost is \$634 per month or \$7,600 per year, if you pick the second-least-expensive Silver plan
A family of four making over \$94,200*	You do not qualify for payment assistance or special discounts, but you are still eligible to buy health insurance through Kynect	

*2014 federal poverty level for the year 2014

**The next step through Kynect to be eligible for payment assistance and special discounts

Apply today.

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



kynect.ky.gov

1-866-4kynect (469-6328)



Health Coverage & Help Paying Costs Application for One Person

THINGS TO KNOW

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



Health Coverage & Help Paying Costs Application for One Person

STEP 1 Tell Us about Yourself

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

1. First Name, Middle Initial, Last name, Suffix (as it appears on your Social Security card)			
2. Social Security Number (SSN)		We need your SSN if you want coverage and have a SSN. We use SSNs to check income and other information to see if you are eligible for help with health coverage costs.	
3. If you want coverage and SSN is not provided, select reason for not providing it.			
<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 or call 1-855-4kynect (459-6328). Para ayuda en Español, llame gratis al 1-855-4kynect (459-6328).

Form KHBE-111

Rev. 8-30-13

Page 2 of 5

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

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

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

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

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

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

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

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

☐ Yes ☐ No

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

☐ Yes. Answer questions a-d below.

a. Immigration Document Type: _____

b. Document ID Number: _____

c. Have you lived in the U.S. since 1995? ☐ Yes ☐ No

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

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

31. Race (OPTIONAL)

<input type="checkbox"/> White	<input type="checkbox"/> American Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Samoan
<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other Pacific Islander

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

a. What is the name of the tribe? _____

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

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

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

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

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

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

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

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

☐ Yes ☐ No

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

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

If yes, in what state were you living? _____

How old were you? _____

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



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

Form KHSB-113

Rev. 8-30-13

Page 3 of 5

STEP 2 Current Job and Income Information

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

Income from Job 1 1. Employer Name ☐ Check here if income is from self-employment

2. What is the gross amount you make (before taxes)?
\$ _____

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

Income from Job 2 4. Employer Name ☐ Check here if income is from self-employment

5. What is the gross amount you make (before taxes)?
\$ _____

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

7. Additional Income: List here any additional income you may receive, give the amount and how often you get it. 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	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

8. Household Deductions: Give us information about things that you pay and that can be deducted on an income tax return. Giving us this information could make the cost of health insurance lower.

Type of Deduction	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 and Fees	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Twice a month	<input type="checkbox"/> Monthly

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

\$ _____



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

Form KHBE-111

Rev. 8-30-13

Page 4 of 5

STEP 3 Other Healthcare Coverage

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

☐ YES. If yes, complete the information below.

☐ NO.

Type of coverage _____ Policy Number _____

Name of policy holder _____ Coverage start date _____

Name of insurance company _____ Coverage end date _____

Insurance Company's Address _____

STEP 4 Sign and Date this Application

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

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

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

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

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

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

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

If I am eligible for Medicaid:

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

Signature _____

Date (mm/dd/yyyy) _____



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

Form KHBE-111

Rev. 8-30-13

Page 5 of 5



Health Coverage & Help Paying Costs

Application for More Than One Person

THINGS TO KNOW

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



Health Coverage & Help Paying Costs

Application for More Than One Person

STEP 1 Tell Us about Yourself (the Responsible Party)

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

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



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

Form KHBE-150

Rev. 8-30-13

Page 2 of 9

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

☐ YES. If yes, answer questions a–d.

☐ NO. If no, skip to question d.

a. What will be your filing status?

☐ Married Filing Jointly

☐ Married Filing Separately

☐ Single

☐ Head of Household

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

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

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

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

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

How are you related to the tax filer? _____

Answer the following questions only if you want coverage:

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

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

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

If yes, which month(s)? _____

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

☐ Yes ☐ No

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

☐ Yes. Answer questions a–d below.

a. Immigration Document Type: _____

b. Document ID Number: _____

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

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

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

31. Race - (OPTIONAL)

☐ White

☐ American Indian

☐ Filipino

☐ Vietnamese

☐ Guamanian or Chamorro

☐ Black or African

☐ Alaska Native

☐ Japanese

☐ Other Asian

☐ Samoan

☐ American

☐ Asian Indian

☐ Korean

☐ Native Hawaiian

☐ Other Pacific Islander

☐ Chinese

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

Name: _____

Date of Birth: _____

Gender ☐ Male

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

☐ Female

Race (OPTIONAL): _____

STEP 2 Other Members of the Household

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

Get started with the members of your tax household.



If you need help with your application or to apply faster online, go to www.kynect.ky.gov or call 1-855-4kynect (459-6326). Para ayuda en Español, llame gratis al 1-855-4kynect (459-6326).

Form KHBE-110

Rev. 8-30-13

Page 3 of 9

Person 2

1. First name, Middle initial, Last name & Suffix (as it appears on Social Security card)		2. Relationship to you	
3. Social Security Number (SSN)		We need PERSON 2's SSN if PERSON 2 wants coverage and has a SSN. Giving us the SSN can be helpful if not applying for health coverage too since it can speed up the application process.	
4. If PERSON 2 wants coverage and SSN is not provided, select reason for not providing it. <input type="checkbox"/> Religious Objection <input type="checkbox"/> Not eligible to receive SSN due to alien status <input type="checkbox"/> Applied for SSN <input type="checkbox"/> Newborn without SSN <input type="checkbox"/> Do not have an SSN and may only be issued an SSN for a valid non-work reason <input type="checkbox"/> Refuse to provide SSN			
5. If PERSON 2 is applying for health coverage, check here <input type="checkbox"/> and answer all questions. If PERSON 2 is not applying for health coverage, do not answer questions 13-18.			
6. Date of Birth (mm/dd/yyyy)	7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	8. Used tobacco at least 4 times a week in the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Does PERSON 2 live at the same address as the RESPONSIBLE PARTY? <input type="checkbox"/> Yes. If yes, do not enter an address below. <input type="checkbox"/> No. If no, enter PERSON 2's address below.			
10. Home Address		11. Mailing Address (Required if different from Home Address)	
12. Does PERSON 2 plan to file a federal income tax return for coverage year 2014? (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			



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

Form KHB-110

Rev. 8-30-13

Page 4 of 9

Person 3

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



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

Form #HBE-110

Rev. 8-30-13

Page 5 of 9

Person 4

1. First name, Middle initial, Last name & Suffix (as it appears on Social Security card)		2. Relationship to you	
3. Social Security Number (SSN)		We need PERSON 4's SSN if PERSON 4 wants coverage and has a SSN. Giving us the SSN can be helpful if not applying for health coverage too since it can speed up the application process.	
4. If PERSON 4 wants coverage and SSN is not provided, select reason for not providing it. <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 1995? <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			



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

Form KHBE-150

Rev. 8-30-13

Page 6 of 9

STEP 3 Additional Questions

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

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

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

- a. Who? _____
b. When did this person enter prison? (mm/dd/yyyy) _____
c. When did this person leave prison? (mm/dd/yyyy) _____
d. Is this person currently waiting for a decision on charges? ☐ Yes ☐ No

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

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

- a. Who? _____
b. What is the due date or the last date of pregnancy? (mm/dd/yyyy) _____
c. How many children are/were expected with this pregnancy? _____
d. Would this person like to be referred to WIC (a program that offers food to women, infants & children)? ☐ Yes ☐ No

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

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

- a. Who? _____
b. Is this person a member of a federally recognized tribe, band, nation, community or other group?
☐ Yes. If yes, answer questions c-e. ☐ No. If no, go to question 4.
c. What tribe? _____
d. What state is this tribe primarily located in? _____
e. Is this person eligible to receive or has ever received a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs? ☐ Yes ☐ No

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

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

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

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

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

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

- a. Who? _____ f. Policy number _____
b. Type of coverage _____ g. Coverage start date _____
c. Name of policy holder _____ h. Coverage end date _____
d. Name of insurance company _____
e. Address of insurance company _____

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

In what state did he/she live? _____

How old was he/she? _____

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



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

Form KHBE-110

Rev. 8-30-13

Page 7 of 9

STEP 4 Income and Deductions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

\$ _____



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

Form KIBE-010

Rev. 8-30-13

Page 8 of 9

STEP 5 Sign and Date this Application

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

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

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

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

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

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

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

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

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

Signature _____

Date (mm/dd/yyyy) _____



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

Form KHDE-110

Rev. 8-30-13

Page 9 of 9

Medical Care Assistance

Emergency Room-University Hospital

(502) 562-3015

University Hospital – Main Line

(502) 562-3000

University Primary Care Clinic

550 S. Jackson St. Louisville, KY 40202

(502) 562-4000

AIM Clinic (Internal Medicine)

(502) 561-8686

Cardiology/Pulmonary Clinic

(502) 561-8686

Dental Clinic

(502) 852-7660

Family Medicine Clinic

(502) 562-6503

Neurology Clinic

(502) 562-6511

OB/GYN Clinic

(502) 561-8850

Orthopedic Clinic

(502) 562-6501

Psychiatry Clinic

(502) 852-5866

Surgery Clinic

(502) 562-6511

WINGS Clinic (HIV)

(502) 561-8844

University C & Y Health Clinic

(medical card with C & Y required)

555 S. Floyd St. Louisville, KY 40202

(502) 852-5321

University Child Health Specialists

230 E. Broadway Louisville, KY 40202

(502) 629-8990

Phoenix Health Center

Healthcare for the Homeless <http://www.fhclouisville.org/homeless.htm>

712 E. Muhammad Ali Blvd. Louisville, KY 40202

Presbyterian Community Center

701 S. Hancock St. Louisville, KY 40203

(502) 584-0201

Kosair Children's Hospital

231 E Chestnut St. Louisville, KY 40202

(502) 629-6000

Park DuValle Community Health Centers

(502) 568-6972

1015 W. Chestnut St. Louisville, KY 40203

(502) 584-2992

2237 Hikes Ln. Louisville, KY 40218

(502) 479-8930

311 Reasor Ave. Louisville, KY

(502) 477-2248

3015 Wilson Ave. Louisville, KY 40211

(502) 774-4401

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

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

Homeless Healthcare

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

HOPE Clinic (at Family Health Center)

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

The Healing Place

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

Men's Center

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

Women's Center

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

Medical Assistance Program

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

Public Health & Wellness

400 East Gray St Louisville KY 40201
(502) 574-6520

Need help paying for your medicines:

Family Health Centers

- Recovery Health Network 1-800-808-1213 www.recoveryhealthnetwork.com
- West Louisville Community Ministries (502) 778-2815 (zip codes 40210,11,12,03)
- St. Matthew Area Ministries (502) 893-0205 (40207 mainly within zip code)
- South Louisville Community Ministries (502) 367-6445 (zips 40209,14,15,08)
- Shively Area Ministries (502) 447-4330 (zip 40216)
- Southeast Associated Ministries (502) 499-9350 (zip 40218,20)
- Southwest Community Ministries (502) 935-9957 (zip 40258,72,40177)
- Fern Creek/Highview United Ministries (502) 762-9608 (zip 40228, 40291)
- Highlands Community (502) 451-3695 (zip 40205,04)

- Sister Visitors Program (502) 776-0434 (zip 40203,11,12)
- Neighborhood Visitor (502) 426-2824 (zip 40018,40027,40059,40223,41,42,43,45)
- East Louisville Community Ministries (502) 561-0722 (zip 40202,04)
- Eastern Area Community Ministries (502) 244-6141 (40018,40027,40059,40222,23,41,42,43,45)
- Jeffersontown Area Ministries (502) 267-1055 (zip 40299,23,20)
- Help Ministries of Central Louisville (502) 587-1999 or (502) 637-6441 (zip 40202, 03)
- United Crescent Hill Ministries (502) 893-0346 (zip 40206-Not Butchertown)

Pharmaceutical Companies that offer free medications to low income people:

Boehringer Ingelheim 800-556-8317 ~Serentil	Pfizer Inc. 866-706-2400 ~Navane ~ Zoloft ~Sinequan
Bristol-Myers Squibb Co. 800-332-2056 ~BuSpar ~ Prolixin ~Bristol-Myers Squibb Co. ~Desyrel ~ Serzone	Schering Laboratories/Key Pharm. 800-656-9485 ~Trilafon
Eli Lilly and Co. 800-545-6962 ~Prozac ~ Zyprexa	Zeneca Pharmaceuticals 800-424-3727 ~Elavil
	Needy meds – www.needy meds.com

Vision Assistance

Kentucky Vision Project

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

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

Kentucky Lion's Eye Foundation

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

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

Dental Services

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

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

Monday and Wednesday:

Southwest Government Center
7219 Dixie Highway

Tuesday and Thursday:

Newburg Community Center
4810 Exeter Ave.

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

L&N Building
908 W. Broadway

University of Louisville Dentistry

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

Comfort Dental

(502)935-0505
8700 Dixie Highway Louisville KY 40258

Park Duvalle

(502) 774-4401
3015 Wilson Ave Louisville KY 40211

Homeless Healthcare

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

Mental Health Services

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

The following services are available through Seven Counties:

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

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

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

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

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

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

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

Psychiatric Services

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

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

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

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

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

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

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

Crisis Counseling

Rape Services

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

Domestic Violence Victim

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

Pregnancy Hotlines

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

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

Opportunities For Life 1-800-822-5824

Child Abuse

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

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

Children first – Abuse Counseling (502) 893-3900

Hope Now Hotline (24 / 7 access)

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

Wave 3 “It’s Your Life” Youth Helpline

Youth and their parents (502) 589-8727

Crisis Response Team

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

Emergency Psychiatry Services (EPS)

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

Interlink Counseling Services

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

Employment Assistance and Staffing Companies

Adecco

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

Ahead Staffing

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

Belcan Staffing

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

A Better Industrial Employee Inc

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

Caudill Seed

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

Center for Women and Families

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

Crew Career Center

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

Crown Services

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

Dunhill Staffing

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

Extension Staffing

1500 W. Market
Louisville, KY 40203

Express Personnel

11003 Bluegrass Pky #400
Louisville, KY 40299

Express Personnel Services

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

Food Team

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

GSI Commerce

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

GTS Staffing

4200 Bishop Lane
Louisville, KY 40218

Integrity Staffing

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

Job Corp

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

Kelley Services

3560 Bashford Ave
Louisville, KY 40218

Kelly Services

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

Kentuckianaworks

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

Kroger Distribution Center

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

Labor Express

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

Labor Finders

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

Labor Ready

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

Labor Works

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

Malone Staffing

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

Manpower

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

McClarty & Associates

502 S. 3rd Street Louisville, KY 40202
(502) 583-5796

Premier Packaging

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

Project One

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

Purcell Staffing

6609 Fern Valley Rd #101
Louisville, KY 40219

Randstad

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

Remedy Staffing

4229 Bardstown Rd
Louisville, KY 40218

Staffmark

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

Swift Packaging

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

Trojan Labor of Louisville

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

Urban League

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

Kentuckiana Works Youth Career Center

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

Career One-Stop Center - www.careeronestop.org

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

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

The Urban League – www.lul.org

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

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

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

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

Goodwill Industries – www.goodwill.org (SEE PAGE 8)

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

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

Youthbuild Louisville - www.youthbuildlouisville.org

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

Requirements of YouthBuild:

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

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

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

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

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

Great job search engine!

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

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

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

Prodigal Ministries, Inc. - www.prodigalky.org

Women's program (502) 749-9194
Men's program (502) 588-9096

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

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

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

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

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

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

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

Housing, Halfway Houses, and Emergency Shelters

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

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

Housing Authority of Louisville

Executive Office: (502) 569-3420

Leasing and Occupancy (502) 569-3400

Special Investigations (502) 569-2376

Special Investigations Hotline (502) 569-2378

TDD Device for the Deaf (502) 569-3828

Communities:

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

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

Family Services

NEIGHBORHOOD PLACE

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

First Neighborhood Place at Thomas Jefferson Middle School

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

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

Neighborhood Place at 810 Barret

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

Additional Services: WIC Nutrition Program

South Jefferson Neighborhood Place (Fairdale Site)

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

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

South Jefferson Neighborhood Place (Valley High Site)

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

Neighborhood Place Northwest at Shawnee High School

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

Additional Services: Healthy Start Initiative

Neighborhood Place Ujima at the DuValle Education Center

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

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

Neighborhood Place for Greater Cane Run Area

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

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

Neighborhood Place Bridges of Hope

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

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

Satellite Office:

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

All core services available except School Social Services

Additional Services: WIC Nutrition Program

Neighborhood Place South Central

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

Transportation

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

<http://www.ridetarc.org>

Cash Fares All express riders must add \$1 additional fare, or 50¢ for discounted riders*	
Adult cash fare	\$1.75
TARC 3 cash fare	\$3.00
College Students (Except UofL & UPS students)	\$1.50
Students (Ages 6-17 only)*	80¢
Medicare cardholders*	80¢
Senior Citizens 65+*	80¢
Citizens with Disabilities*	80¢
Fixed route with TARC 3 ID	80¢
Circulators (30¢ for Senior Citizens, Citizens with Disabilities, and Medicare Card Holders, and students)	75¢
Trolleys	FREE
Children (5 and under with adult)	FREE
Stop 'n' Go Transfer	FREE

Greyhound Bus

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

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

Yellow Cab Taxi Service

(502) 636-5511

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

<http://yellowcablouisville.com/>

General Educational Development (GED)

Adult Education Website: www.ged4u.com

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

Requirements

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

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

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

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

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

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

Class Sites:

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

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

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

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

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

GED on TV

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

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

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

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

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

Kentucky Enrollment Process

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

Jefferson County High School Programs

(Offender receives diploma rather than GED)

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

Ahrens Education Center
546 S. 1st Street Louisville, KY 40202

Liberty High School
3307 Indian Trail Louisville, KY 40213

Iroquois High School
4615 Taylor Blvd. Louisville, KY 40215

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

Lyndon Education Center
502 Wood Rd. Louisville, KY 40222

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

Colleges/Universities/Trade Schools

University of Louisville

All campuses
(502) 852-5555
www.louisville.edu

Bellarmino University

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

Daymar College

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

Galen College

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

Indiana Wesleyan University

263 Whittington Parkway Louisville, KY 40222
(502) 261-5015
www.indwes.edu

ITT Technical Institute

10509 Timberwood Circle Louisville, KY 40223
(502) 327-7424
www.itt-tech.edu

Jefferson Community and Technical Colleges

All campuses
(502) 213-5333
www.jctc.kctcs.net

Louisville Technical Institute

3901 Atkinson Square Louisville, KY 40218
(502) 456-6509
www.louisvilletech.com

National College of Business and Technology

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

Northwood University

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

Brown Mackie College

3605 Fern Valley Rd. Louisville, KY 40219
(502) 968-7191
www.retsaec.com

Spalding University

851 S. 4th Street Louisville, KY 40203
(502) 585-9911
www.spalding.edu

Spencerian College

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

Sullivan University

3101 Bardstown Rd Louisville, KY 40205
(502) 456-6505
www.sullivan.edu

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

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

Interpreters

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

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

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

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

Vocational Rehabilitation Services

410 W. Chestnut St. 2nd floor
Louisville, Ky 40201
(502) 595-4173

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

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

Disabilities

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

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

OBTAINING A DRIVER'S LICENSE OR ID

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

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

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

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

LOCATIONS

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

OBTAINING A BIRTH CERTIFICATE

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

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

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

If you are on active parole supervision, contact the Reentry officer in your district for a free copy of your birth certificate.

OBTAINING A SOCIAL SECURITY CARD

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

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

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

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

LOCATIONS OF SOCIAL SECURITY OFFICE

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

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

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

PARENTING CLASSES

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

Pre-register by calling Intake at

(502) 893-3900 ext. 275 or 276

10936 Dixie Hwy. Louisville, KY 40272

(502) 381-5363

(Mon 5:00 – 6:30pm)

209 Executive Park Louisville, KY 40207

(502) 895-4671

(Wed 5:00 – 6:30pm)

703 So. 31st St. Louisville, KY 40211

(502) 776-4200

(Thurs 1:00-2:30pm)

Greater Louisville Counseling

332 W. Broadway STE 905 Louisville, KY 40202

(502) 587-9737

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

Council on Prevention and Education Substance (COPES)

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

845 Barret Ave

Louisville, KY 40204

(502) 583-6820

www.copes.org

Neighborhood Place

3410 Lee Lane

Louisville, KY 40216

(502) 485-6810

Child Development

Child Support Office (502) 574-8300

Community Coordinated Childcare (502) 618-5675

KCHIP 1-877-524-4718

Passport 1-800-578-0603

WIC (502) 584-6676

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

First Steps (502) 459-0225

Healthy Start (502) 574-5275

Head Start (502) 485-1919

Home of the Innocents (502) 596-1000 www.homeoftheinnocents.org

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

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

Emergency Financial Assistance

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Clothing

Baptist Fellowship Center

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

Bethlehem Baptist Church

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

Clothe-A-Child Consortium

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

DAV

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

Dress for Success

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

Fairdale Area Community Ministries

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

Goodwill Industries

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

Grace Lutheran Church

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

The Healing Place

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

(Women) 1607 W. Broadway

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

Infant Resource Center

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

Emmanuel Missions

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

Jefferson County Public Schools

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

MUSCL

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

Nearly New Shop

Mid City Mall
(502) 454-6633

Plymouth Urban Center

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

Presbyterian Community Center

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

Schuhmann Social Services Center

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

Shively Area Ministries

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

Sister Visitor Program

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

Southeast Christian Church

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

Sts. Simon and Jude

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

St. Vincent DePaul Society

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

United Crescent Hill Ministries

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

Walnut Street Baptist Church

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

Wayside Christian Mission

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

Emergency Food

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

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

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

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

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

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

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

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

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

Highland Community Ministries
(502) 451-3695

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Groceries

Dare to Care Food Bank (502) 966-3821

Kentucky Harvest (502) 894-9999

Sister Visitor Center (502) 776-0155

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

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

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

Commodity Supplemental (Food)

Food Program (502) 595-3031

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

Children (WIC) (502) 574-6676

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

SENIOR CITIZEN'S SERVICES

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

Aging Resource Center (502) 589-4941

Aging and Disabled Citizens (502) 574-5092

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

Grandparents raising Grandchildren Support Group (502) 778-7418

Elder Serve Home Care (502) 583-8012

Adult Protective Services (502) 595-4803

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

AARP Senior Employment (502) 584-0309

600 W. Cedar on the Lower Level

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

VETERAN'S SERVICES

The Healthcare for Homeless Veterans Program
provides:

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

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

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

VET PLACE - 755 So. Shelby St. Louisville, KY 40203 (502) 583-2199 (also 5 transitional beds)
Homeless Vets Program – www1.va.gov/homeless.index.asp (877) 424-3838

VA HEALTHCARE CENTER

Dupont (Mental Health Clinic), 4010 Dupont Circle Louisville, KY 40207 (502) 287-6187
3934 N. Dixie Hwy Ste. 210 Louisville, KY 40216 (502) 287-6000

LOUISVILLE VA MEDICAL CENTER

800 Zorn Ave. Louisville, KY 40206 (502) 287-4000 or www.louisville.va.gov

St. John Center HCHV Veterans Program,

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

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

Veterans Center (Outreach), 1347 S 3rd St. Louisville, KY 40208 (Mon-Fri 9am-5pm)
(Combat Veterans & Trauma Survivor Counseling) (502) 634-1916
(Employment Services)

Apprenticeship Training or On-the-Job Training Benefit :

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

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

Substance Abuse Treatment Facility Locator

1-800-662-HELP or www.findtreatment.samhsa.gov

Interlink Counseling Services

8311-B Preston Highway

Louisville KY 40219

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

www.interlinkservices.org

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

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

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

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

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

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

HIV/AIDS Programs

HIV & AIDS LEGAL PROJECT

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

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

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

SPECIALTY CLINIC

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

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

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

SUPPORT SERVICES, HOUSE OF RUTH

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

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

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

AIDS PROJECT

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

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

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

AIDS SERVICES CENTER COALITION

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

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

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

AIDS PREVENTION AND EDUCATION

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

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

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

FREEDOM HOUSE

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

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

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

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

Intake Procedure: Call for information

Area Served: Jefferson County, Kentucky

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

Planned Parenthood Sites

HEALTH SERVICES, OKOLONA

4211 Trio Avenue
Louisville, Kentucky 40219

Telephone Numbers and Contact Information

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

Operating Agency: Planned Parenthood of Louisville, Inc.

Person in Charge: Polly Mackey, Nurse Practitioner

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

Fees: Sliding Scale Fee

Eligibility Requirements: No Restrictions

Intake Procedure: Call for information

Area Served: Jefferson County, Kentucky

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

HEALTH SERVICES, PLANNED PARENTHOOD

1025 South Second Street
Louisville, Kentucky 40203

Telephone Numbers and Contact Information

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

Operating Agency: Planned Parenthood of Louisville, Inc.

Person in Charge: Phyllis Banks, Director of Patient Services

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

Fees: Sliding Scale Fee; accept private insurance and Medicaid

Eligibility Requirements: No Restrictions

Intake Procedure: Call for information

Area Served: Jefferson County, Kentucky

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

Cultural Services

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

Recreational and Leisure Opportunities

Actors Theatre of Louisville

(502) 584-1205

www.actorstheatre.org

E.P. Tom Sawyer State Park

3000 Freys Hill Road Louisville, KY 40241

(502) 426-8950

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

Kentucky Derby Museum

704 Central Avenue Louisville, KY 40208

(502) 637-7097

www.derbymuseum.org

Kentucky International Convention Center

221 South 4th Street Louisville, KY 40202

(502) 595-4391

www.kyconvention.org

Louisville Bats

401 East Main Street Louisville, KY 40202

(502) 212-2287

www.minorleaguebaseball.com

Louisville Free Public Library

(502) 574-1611 (call for locations)

www.lfpl.org

- [Main Library](#)
301 York Street Louisville, KY 40203
(502) 574-1611
- [Bon Air](#)
2816 Del Rio Place Louisville, KY 40220
(502) 574-1795
- [Crescent Hill](#)
2762 Frankfort Avenue
Louisville, KY 40206
(502) 574-1793
- [Fairdale](#)
10616 W. Manslick Rd
Fairdale, KY 40218
(502) 375-2051
- [Fern Creek](#)
6768 Bardstown Road
Louisville, KY 40291
(502) 231-4605
- [Highlands/Shelby Park](#)
1250 Bardstown Rd.
Louisville, KY 40204
(502) 574-1672
- [Young Adult Outpost](#) (part of the
Highlands/Shelby Park branch)
1250 Bardstown Road
Louisville, KY 40204
(502) 574-1640

- [Iroquois](#)
601 W. Woodlawn Ave.
Louisville, KY 40215
(502) 574-1720
- [Jeffersonton](#)
10635 Watterson Trail
Louisville, KY 40299
(502) 267-5713
- [Middletown](#)
200 North Juneau Drive
Louisville, KY 40243
(502) 245-7332
- [Newburg](#)
4800 Exeter Ave.
Louisville, KY 40243
(502) 479-6160
- [Okolona](#)
7709 Preston Highway
Louisville, KY 40219
(502) 964-3515
- [Portland](#)
3305 Northwestern Pkwy
Louisville, KY 40212
(502) 574-1744
- [St. Matthews](#)
3940 Grandview Avenue
Louisville, KY 40207
(502) 574-1771
- [Shawnee](#)
3912 West Broadway
Louisville, KY 40211
(502) 574-1722
- [Shively](#)
3920 Dixie Highway
Louisville, KY 40216
(502) 574-1730
- [Southwest](#)
10375 Dixie Highway
Louisville, KY 40272
(502) 933-0029
- [Western](#)
604 South Tenth Street
Louisville, KY 40203
(502) 574-1779
- [Westport](#)
8100 Westport Road
Louisville, KY 40222
(502) 394-0379

Louisville Metro Parks

(502) 456-8100

www.louisvilleky.gov/MetroParks/

Adult Sports Leagues

3783 Illinois Ave. Louisville, KY 40213

(502) 456-8171

www.louisvilleky.gov/MetroParks/recreation/athletics

Louisville Science Center

727 West Main Street Louisville, KY 40202

(502) 561-6100

www.louisvillescience.org

Louisville Slugger Museum

800 West Main Street Louisville, KY 40202

(502) 588-7228

www.sluggermuseum.org

Louisville Zoo

1100 Trevilian Way Louisville, KY 40213

(502) 459-2181

www.louisvillezoo.org

Speed Art Museum

2035 South Third Street Louisville, KY 40208

(502) 634-2700

www.speedmuseum.org

YMCA

www.ymcalouisville.org

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