

2023-24 Head Start / Preschool Application

Have you ever filled out a Head Start application? ☐ Yes ☐ No

Enrolling Agency

Enrolling Site

Primary Caregiver General Information

First Name

M. Init.

Last Name

Gender ☐ Male ☐ Female

App. Date

B-Day

Receives WIC

☐ Yes ☐ No

☐

Receives Food Stamps/SNAP

Language

- ☐ English
☐ Middle-Eastern Languages
☐ Spanish
☐ Pacific Island Languages
☐ Other _____

Other Language

- ☐ English
☐ Middle-Eastern Languages
☐ Spanish
☐ Pacific Island Languages
☐ Other _____

Ethnicity

☐ Hispanic

- ☐ White
☐ Asian
☐ Native American

Race

- ☐ Bi/Multi-racial
☐ Black
☐ Pacific Islander

☐ Unspecified

☐ Other _____

Education Level

- ☐ Grade 9 or less ☐ High School Graduate
☐ Grade 10 ☐ Some College/Vocational/
☐ Grade 11 Associates Degree
☐ GED ☐ Bachelor or Advanced Degree

Education Completion Date

Employment Status

- ☐ Unemployed ☐ Employed Full Time
☐ Self employed ☐ Job training or in school
☐ Employed seasonal ☐ Employed part-time
☐ Homemaker ☐ Retired or disabled

Employer / School Name

☐ Veteran of US Military

☐ (Active) US Military

Phone

Home:

Mobile:

Work:

E-mail:

Home Address

City

State

Zip Code

Other Address

Address Type:

☐ Previous ☐ Mailing ☐ Other

Family Structure

☐ Two Parent ☐ Single Parent

in Family

in Household

Parent(s)/Guardian(s) Best Descriptor

- ☐ Parents (biological, step, adoptive) ☐ Grandparents
☐ Other Relatives (nongrandparent) ☐ Foster Parent(s)
☐ Other

Medical Insurance

☐ Yes ☐ No

Specify:

Current

☐ Homeless ☐ Own

Current Housing

Housing

☐ Rent ☐ Other

Start Date

___ / ___ / ___
Month / Day / Year

Previous

☐ Homeless ☐ Own

Housing

☐ Rent ☐ Other

If "Homeless" or "Other" is listed for Current Housing, you must complete a Family Residency Questionnaire

Recruitment Activities: How did you hear about the Head Start program and our application process?

(Select Only One)

- ☐ Community Event ☐ Public Ads (newspaper) ☐ Flyers/Posters
☐ Former HS Parent ☐ Family/Friend ☐ Public Service Announcement (tv, radio)
☐ Agency Referral ☐ Mailings ☐ Other

No Secondary Caregiver (skip application for secondary caregiver) ☐

Secondary Caregiver General Information

First Name M. Init. Last Name

Gender ☐ Male ☐ Female B-Day

Language ☐ English
☐ Middle-Eastern Languages
☐ Spanish
☐ Pacific Island Languages
☐ Other _____

Other Language ☐ English
☐ Middle-Eastern Languages
☐ Spanish
☐ Pacific Island Languages
☐ Other _____

Ethnicity

☐ Hispanic

☐ White

☐ Asian

☐ Native American

Race

☐ Bi/Multi-racial

☐ Black

☐ Pacific Islander

☐ Unspecified

☐ Other _____

Education Level

☐ Bachelor or Advanced Degree

☐ Some College/Vocational/
Associates Degree

☐ High School Graduate

☐ GED

☐ Grade 11

☐ Grade 10

☐ Grade 9 or less

Employment Status

☐ Employed full time

☐ Homemaker

☐ Employed part time

☐ Retired or disabled

☐ Job training or in school

☐ Employed seasonal

☐ Self employed

☐ Unemployed

Education Completion Date

Employer / School Name

☐ (Active) Member of
US Military

☐ Veteran of US Military

Phone

Home:

Mobile:

Work:

E-mail:

☐ Same as Primary Caregiver's

Home Address

City

State

Zip Code

Medical Insurance

☐ Yes

☐ No

Specify:

Comments

Child Information

Agency Applicant For ☐ Current Year ☐ Next Year

Desired Center *Center 1* *Center 2* *Center 3*

First Name Mid. Init. Last Name

App. Date Gender ☐ Male ☐ Female B-Day

Demographic Information

<p>Language</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Middle-Eastern Languages</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Pacific Island Languages</p> <p><input type="checkbox"/> Other _____</p>	<p>Other Language</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Middle-Eastern Languages</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Pacific Island Languages</p> <p><input type="checkbox"/> Other _____</p>
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<p>Ethnicity</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Native American</p>	<p>Race</p> <p><input type="checkbox"/> Bi/Multi-racial</p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> Pacific Islander</p> <p><input type="checkbox"/> Unspecified</p> <p><input type="checkbox"/> Other _____</p>
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US Citizen ☐ Yes ☐ No

Eligibility Information

Parental Status

(Check all that apply)

☐ Grandparent
 ☐ Teen Parent
 ☐ Student Parent
 ☐ Guardian
 ☐ Group Home
 ☐ Dual Custody
 ☐ Homeless
 ☐ Disabled Parent
 ☐ Foster Parent

☐ In Foster Care during current program year (Must be checked if "Foster Parent" above is checked)

Relation to Primary Caregiver
 Relation to Secondary Caregiver

☐ Special Need
 Disability Status ☐ No ☐ Suspected ☐ Certified IEP ☐ Certified IFSP

<p><input type="checkbox"/> Child Protective Services</p> <p><input type="checkbox"/> Death of Immediate Family Member</p> <p style="text-align: center;">(Within the previous 12 months)</p>	<p><input type="checkbox"/> Non-English Speaking</p> <p><input type="checkbox"/> Adopted Child, Previously in Foster Care</p>
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Desired Program Option

☐ Part Day, 4 days per week
☐ Full Day, 4 days per week
☐ Full Day, 5 days per week

Additional Information

Family Size

In order to help establish program eligibility, we must determine the size of your family using the definition of "family" found in **45 CFR Part 1305.2(e)** of the Head Start Program Performance Standards. *This definition states that family means "all persons living in the same household who are: (1) Supported by the income of the parent(s) or guardian(s) of the child enrolling or participating in the program, **AND** (2) related to the parent(s) or guardian(s) by blood, marriage, or adoption OR (3) the child's authorized caregiver or legally responsible party.*

Name	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
D.O.B.	<input type="text"/>	Relation to Child <input type="text"/>
Name	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
D.O.B.	<input type="text"/>	Relation to Child <input type="text"/>
Name	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
D.O.B.	<input type="text"/>	Relation to Child <input type="text"/>
Name	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
D.O.B.	<input type="text"/>	Relation to Child <input type="text"/>
Name	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
D.O.B.	<input type="text"/>	Relation to Child <input type="text"/>

Total # of family members
(including child & caregivers)

Transportation

Will you need Head Start to transport your child to and from school each day? ☐ Yes ☐ No

Please give directions to your home (be very specific)

Emergency Information

Name	<input type="text"/>	Release to:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #	<input type="text"/>	Emergency Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	<input type="text"/>	Release to:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #	<input type="text"/>	Emergency Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	<input type="text"/>	Release to:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #	<input type="text"/>	Emergency Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	<input type="text"/>	Release to:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #	<input type="text"/>	Emergency Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No

I authorize the above designated persons to be contacted in case of emergencies and/or for release of my child. I certify that all information that I have provided in this application is complete and correct. I understand that if I knowingly provided false information, participation in this agency's program may be terminated and my family may not be eligible for further services. I also understand

Back to Presentation

<input type="text"/>	<input type="text"/>
Parent / Guardian Signature	Date
<input type="text"/>	<input type="text"/>
Staff Signature	Title / Position

BSACAP Family Residency Questionnaire

Note: As of December 12, 2007 with the passage of the Head Start Reauthorization Act of 2007, any child whose current housing situation entitles them to services under section 725(2) of the McKinney-Vento Act (42 U.S.C. 11435(2)) is considered automatically eligible for Head Start services. Eligibility may be determined by completing this questionnaire.

Name of Parent Filling Out Questionnaire: _____

Name of Child: _____ Sex: ____ Male ____ Female
Last First Middle

Birth Date: ____/____/____ Age: _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine whether the child may be automatically eligible for Head Start services.

1. Is your current address a temporary living arrangement? ____ Yes ____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? ____ Yes ____ No

If you answered NO to both of the questions above, this child is not automatically eligible for Head Start under the McKinney-Vento Act. Staff and parent signatures are still required and the box for "Not Eligible" should be checked.

If you answered YES to either of the questions, please complete the remainder of this form.

Where is the family presently living? (Check one box.)

- ☐ In a motel
- ☐ In a shelter
- ☐ Sharing the housing of others
- ☐ Moving from place to place
- ☐ In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Address _____ Zip _____ Phone _____

I certify that the information I have given is correct to the best of my knowledge. I understand that if the program determines that my child does not automatically qualify for Head Start services under the McKinney-Vento Act, acceptance into the program will be decided based on the program's current child eligibility criteria.

Parent/Guardian Signature _____ Date _____

Based on the information above and a brief interview with the family, I attest that to the best of my knowledge that this child is ☐ **Eligible** ☐ **Not Eligible**
for enrollment in the Head Start program based on the McKinney-Vento Act.:

Staff Signature _____ Date _____

Now let's take a look at some possible scenarios that you might encounter that may or may not be considered as "Homeless"

[Back to Presentation](#)

Foster Care

AOC-DN

Rev. 1-1

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Commonwealth of Kentucky
Court of Justice www.courts.ky.gov
KRS 610.010, 050, 070, 080, 110
KRS 610.160, 170
KRS 620.023, 027, 100, 140, 220
FCRPP 22



ORDER DISPOSITION HEARING

Court ☐ District ☒ F
County Floyd
Division _____
Hearing Type: Disposition (D)

IN THE INTEREST OF:

A CHI

Birthdate	Sex	Race	SSN
10-19-11	M	W	

The following persons were present at today's hearing:

☒ Mother ☒ Father ☐ Child ☒ County Attorney ☒ CHFS Worker ☒ GAL
☐ Stepparent ☐ RECCS

☐ Foster Parent(s)

☐ Other

☐ CASA volunteer ☒ Other Family Member

☒ Parent's Attorney(s) Hon. Craig Davis / Hon. Steven Bailey Relative

ORDER

WHEREAS, the above-named child has been brought before this Court pursuant to KRS 610.010, the Court find jurisdiction has been properly sought and based upon the findings of fact and conclusions of law which follow this ORDER IT IS HEREBY ORDERED THE ABOVE-NAMED CHILD SHALL:

Doc. Code:

- ☒ OCOM ☐ Be committed, or remain committed, to the Cabinet for Families & Children (CHFS);
- ☒ OTR ☐ Be placed or continue remaining out of home of removal with relatives or other appropriate person(s);

☐ ORC ☐ Be returned/released to home of removal;

☐ OREM ☐ Remain in the home.

NOTE: An Order of Temporary Custody to CHFS IS NOT a permissible dispositional alternative. KRS 620.140(2).

Name and address of parent(s) to whom custody is granted (if other than CHFS):

Name:

Address:

Pikeville, Ky. 41501

FILED
TENDERED
THIS 17 DAY OF MAY 2011
DOUGLAS R. HALL, CLERK

- ☒ It is further ORDERED that parents, guardians or other person(s) exercising custodial control or supervision cooperate with the Cabinet for Health and Family Services and actively participate in any treatment or social service program. (KRS 610.160).

- ☐ Child Support ORDERED. (Use AOC-152 Uniform Child Support Order And/Or Wage/Benefit Withholding Order For Kentucky Employers).

- ☐ OTHER ORDERS:

Mother / Father to sign record release - have records sent to Soc. Services along with Drug Screens completed to have them sent to Social Service.

Foster Care

J-00181-001
District ☒ Family
County Johnson
Division 1
Hearing Type: Permanency (APR)

ORDER PERMANENCY HEARING

IN THE INTEREST OF: XXXXXX

A CHILD

Birthdate	Sex	Race	SSN
10/10/2011	M	C	

The following persons were present at today's hearing:

- ☐ Mother ☒ Father ☐ Child ☒ County Attorney ☒ CHFS Worker ☒ GAL
☐ Stepparent ☒ PECCS I
☐ Foster Parent(s) _____
☐ Other _____
☐ CASA volunteer ☐ Other Family Member _____
☒ Parent's Attorney(s) _____

ORDER

WHEREAS, the above-named child was brought before this Court for a permanency hearing (APR) pursuant to KRS 610.125, the Court finds its jurisdiction has been properly sought and based upon the findings of fact and conclusions of law which follow this ORDER, IT IS HEREBY ORDERED:

1. The PERMANENCY PLAN shall be:

- ☐ Return to Parent
☐ Adoption
☒ Placed with a permanent custodian
☐ Placed in another planned permanent living arrangement
☐ Other

2. The Court further ORDERS that the above-named child shall:

Doc. Code:

OCOM ☐ Be committed, or remain committed, to the Cabinet for Health and Family Services (CHFS) or the Department of Juvenile Justice (DJJ);

OTR ☒ Be placed, or continue to remain, out of home of removal with relatives or other appropriate person/agency;

ORC ☐ Returned/Released to home of removal;

OREM ☐ Remain in the home.

☐ Discharge from custody of DJJ: custody returned to CHFS pursuant to prior disposition and commitment order dated _____ which remains in effect. KRS Ch. 620

Name and address of person(s) to whom custody is granted (if other than CHFS or DJJ):

Name: _____

Address: _____

Hager Hill, Ky. 41222

Relationship: PATERNAL GREAT GRANDPARENTS

3. ☐ Child Support ordered. (Use AOC-152, Uniform Child Support Order And/Or Wage /Benefit Withholding Order For Kentucky Employers).

Foster Care

DCBS Number: [REDACTED]

DCBS Name: [REDACTED]

DPP-113A

(Rev. 9/06)

Commonwealth of Kentucky
Cabinet for Health and Family Services
Department for Community Based Services
~~Division for Protection and Permanency~~

RESOURCE HOME CONTRACT SUPPLEMENT

(Relates to Foster Home Contract No.)

=====

Section A.

1. Name of Child: [REDACTED] Date of Birth: Oct 22, 2009

Child's TWIST Case Number: [REDACTED] Child's SSN: [REDACTED]

2. Placement Date: Dec 23, 2014 3. Effective Date of Rate: Dec 23, 2014

4. Foster Care Rate: Basic: \$ 22.70

Advanced: \$

5. Emergency Shelter Rate (Basic) \$

6. Medically Fragile Rate (Basic, Adv., Degreed) \$

7. Specialized Medically Fragile Rate (Advanced or Degreed) \$

8. Care Plus Rate (Basic or Advanced) \$

9. Supplemental Services Rate \$

APPROVED: _____ RSOS _____
Signature Title Date

=====

Section B.

Date the Medical Passport (forms DSS 106, 106A, and 106A-1 through 106A-6) was given to the Resource Home Parents: _____

Child's Current Grade Level (circle one)

Pre-school / Pro-K 1 2 3 4 5 6 7 8 9 10 11 12

Child is performing (check one) ☐ At grade level ☐ Below grade level ☐ Above grade level.

Name and address of school child previously attended:

Date the Educational Passport was requested from the school:

Name and address of school child will be attending, if different:

Educational Rights

From the desk of...

I [REDACTED], give
[REDACTED] temporary custody
of my children [REDACTED]
[REDACTED] and [REDACTED].
Only until I have a stable home
to raise them in. I am starting
to get my life together and
when I do, I do want my
children back. This will
not be for long. I also want
to see them and call them
whenever I want in the meantime.
As soon as I have a home and
the means, I want them back
without any interference from
anyone and without courts or
lawyers or cops involved.

[REDACTED]
6-8-2015

[REDACTED]
6-8-15

State of Ky, County of Pike
The foregoing instrument was acknowledged
before me this 8 day of June, 2015,
by [REDACTED]
Debecca Y. [REDACTED] Notary Public
My commission expires April 19, 2015



Educational & Medical Rights

KNOW ALL PERSONS

That I, [redacted] (city) Pike (county)
Ky (state) residing at [redacted] (street address) do hereby make, constitute,
and appoint [redacted] residing at [redacted] (full
address) my true and lawful attorney in fact for me and in my name, place and stead, in their sole discretion, to transact,
handle and dispose of the limited matters set forth herein, specifically:

To consent to medical treatment for [redacted] minor child, of whom I am the biological parent,
~~legal custodian or legal guardian.~~ Medical treatment means any medical, chiropractic, optometric, or dental examination,
diagnostic procedure, and treatment, including but not limited to hospitalization, developmental screening, mental health
screening and treatment, preventive care, pharmacy services, immunizations recommended by the federal Centers for
Disease Control and Prevention's Advisory Committee on Immunization practices, well-child care, and blood testing,
except that "medical treatment" shall not include HIV/AIDS testing, controlled substance testing, or any other testing for
which a ~~separate court order or informed consent~~ is required under other applicable law.

To make school-related decisions for [redacted] minor child, of whom I am the biological parent, legal
~~custodian or legal guardian.~~ I hereby affirm that the minor child resides with [redacted]
(attorney in fact) at Pikeville Ky 41501 (full address).

This instrument is intended to, and does hereby, grant to my attorney full power and authority to do and perform each and
every act and thing whatsoever requisite, necessary and proper to be done, in the exercise of the rights and powers
herein granted, as fully, to all intents and purposes, as I might or could do personally present, hereby ratifying and
confirming all that my attorney shall do or cause to be done by virtue thereof.

It is fully understood that any school district asked to recognize the authority assigned by this instrument may regularly
review and/or audit the residency of the child. Falsification of this document may constitute a criminal offense.

The rights, powers and authority of my attorney shall commence upon execution of this instrument and shall remain in full
force and effect until this instrument is terminated by me in writing.

So acknowledged this 18th day of May, 2012.

Parent/Legal Guardian's Name (printed)

Parent/Legal Guardian's Signature

Subscribed and sworn before me on May 18th, 2012.

[redacted], Notary Public. My commission expires: 02/19/2013.

THIS IS NOT A COURT ORDER.

The execution or possession of this form does not signify that a person has lawful custody or guardianship of the child
mentioned herein. The limited purpose of this form is to indicate that the above-named person given power of attorney has
the authority to consent to medical treatment and to make school-related decisions for the above-named child. This form is
not required to be filed with the circuit court clerk. Falsification of this document may constitute a criminal offense.

Foster Care

AOC-DNA

Rev. 9-02

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Court of Justice www.kycourts.net

KRS 610.010, .050, .070, .160, .170

KRS 620.023, .027, .080, .090, .100,

KRS 620.130, .220

ORDER

TEMPORARY REMOVAL HEARING

County

Division

Hearing Type: Temp Removal (TRH)

IN THE INTEREST OF:

Jesse Pinkman

A CHILD

Birthdate	Sex	Race	SSN
9-12-2011	M	W	XXXXXXXX

The following persons were present at today's hearing:

☒ Mother ☒ Father ☒ Child ☐ County Attorney ☒ CFC Worker ☒ GAL

☐ Stepparent ☐ PECCS

☐ Other

☐ CASA volunteer ☐ Other Family Member

☐ Parent's Attorney(s) SAUL GOODMAN

ORDER

WHEREAS, the above-named child has been brought before this Court pursuant to KRS 610.010, the Court finds its jurisdiction has been properly sought and based upon the findings of fact and conclusions of law which follow this ORDER, IT IS HEREBY ORDERED THAT THIS CHILD SHALL BE:

Doc. Code:

1. ☐ OTC ☐ Placed in temporary custody of Cabinet for Families & Children (CFC). Advisory recommendations for placement, if any, are:

☒ OTR ☐ Placed in temporary custody of relatives of other appropriate person or agency

☐ ORC ☐ Returned / Released to home of removal

☐ OREM ☐ Remain in the home

Name and address of person(s) to whom temporary custody is granted (if other than CFC):

Name: Hank & Marie Schaefer

Address: 1220 Oak Drive
Salisbury, KY 40465

Relationship: Nephew

2. ☐ Child Support Ordered (Use AOC-152 Uniform Child Support Order)

3. ☐ Any parent, guardian or person(s) exercising custodial control or supervision of the child shall cooperate and actively participate in treatment or a social service program. KRS 610.160.

Foster Care

AOC-DNA-2
Rev. 6-12
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Commonwealth of Kentucky
Court of Justice www.courts.ky.gov
KRS 610.010, .050 620.023, .027, .050,
.060, .080, .220
FCRPP 19; 42 U.S.C. § 678(5)(G)



EMERGENCY CUSTODY ORDER

9969
Court ☐ District ☒ Family
County Johnson
Division _____

IN THE INTEREST OF: George Orwell, A CHILD

Birthdate	Sex	Race	SSN
6-22-12	M	W	XXXXXXXXXX

ORDER

WHEREAS, the above-named child has been brought before this Court pursuant to KRS 610.010, the Court finds its jurisdiction has been properly sought, and based upon the Findings of Fact and Conclusions of Law which follow, **IT IS HEREBY ORDERED THAT THIS CHILD SHALL BE:**

Dis. Code:

- OTC ☒ Placed in emergency custody of the Cabinet for Health & Family Services (CHFS).
OTR ☐ Placed out of home of removal in emergency custody of relatives or other appropriate person or agency.

Name and address of person to whom custody is granted (if other than CHFS):

Name: _____
Address: _____

Person(s) with Custody PRIOR to entry of this ORDER:

Name: FRANK Orwell
Address: 200 Ocean Blvd
Tampa, FL 33603
Relationship: Father

FINDINGS OF FACT / CONCLUSIONS OF LAW

WHEREAS, _____, having testified by affidavit or sworn testimony that the following facts are true:

THE COURT FINDS:

- ☒ Reasonable efforts were made to prevent the child's removal from the home.
☐ Reasonable efforts to prevent removal were not provided, but are being made to reunify the family.
☐ Reasonable efforts to preserve or reunify the child with his/her family are not required pursuant to KRS 610.127.

Prevention Plan

NAME of FAMILY or INDIVIDUAL <i>Steven Avery</i>		Was a Community Partner in updating this Plan? <u>YE</u>	
OBJECTIVE: <i>Improvements to be made to dwelling to assure standard living conditions</i> (Family or Individual Objective? (Circle))			
Foster Care			
		?	When?
<ul style="list-style-type: none"> - <i>Charles Avery (son) will remain with relatives until hearing.</i> - <i>Home will be cleaned, sanitized, and insulated during that time.</i> - <i>2 ^{broken} windows will be replaced</i> - <i>All animals will be removed from the inside of the home.</i> - <i>Case Worker will visit the home prior to hearing to assure that improvements have been made.</i> 			
How will the successful accomplishment of these tasks be noticed and documented? <i>Documentation of improvements will be presented to judge</i>			
Potential Consequences if this Prevention Plan is not successful? <i>* Child will remain in the care of relatives.</i>			
Family Solutions		Signed <i>Andy Caberis</i> Witnessed <i>JAMES LEAK</i>	

Court
Judge

HON. JANIE M. WELLS

Foster Care

11:28:38AM DocketList.Rpt
11/13/2015 11:28:38AM 2
11/17/2015 Court Docket
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Start of docket 1

1

CO 15-J-00121-001

IN RE: *Morgan Hensley*

F W ***-**-9933

COUNTY ATTORNEY
CHILD
CUSTODIAL PARENT/PERSON
COMPLAINING WITNESS
FAMILY MEMBER
FAMILY MEMBER

PRESK

Morgan Hensley
Ted Hensley

JAMES Hensley

(Pat. GF)

DONNA Williams

(MAT. GM)

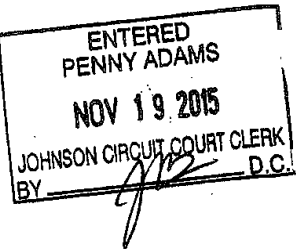
☐ Bail Credit Denied

☐ Danger to self or others

☐ Flight Risk

OTHER HEARING

Sch Memo: INITIAL HEARING



() Costs Waived due to indigence

() Installment / Deferred Payment

11/09/2015 NA

0028130

620070

DEPENDENCY ACTION - UJC (O) (X)

☐ Deadly Weapon Involved

The Cabinet shall address visitation issues.

End of Docket

of Cases

- The Initial Hearing is re-set for December 1, 2015 at 9:30 am. due to no service.*
- Summons is to be re issued.*
- Temporary Custody of the Child is granted to JAMES Hensley (Pat. GF), [redacted]*
- The Court adopts the Cabinet's recommendations.*

Janie M. Wells

DNA-4

Rev. 9-02

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Court of Justice

KRS 610.010, .050, .070, .080, .110

KRS 610.160, .170

KRS 620.023, .027, .100, .140, .220

Child is still with parents

ORDER ADJUDICATION HEARING

Division

Hearing Type: Adjudication (AH)

IN THE INTEREST OF: Walter White, A CHILD

Birthdate	Sex	Race	SSN
<u>5-19-12</u>	<u>M</u>	<u>W</u>	<u>XXXXXXXX</u>

The following persons were present at today's hearing:

☒ Mother ☒ Father ☐ Child ☒ County Attorney ☒ CFC Worker ☐ GAL

☐ Stepparent ☐ PECCS

☐ Other

☐ CASA volunteer ☐ Other Family Member

☐ Parent's Attorney(s)

ORDER

WHEREAS, the above-named child has been brought before this Court pursuant to KRS 610.010, the Court finds its jurisdiction has been properly sought and based upon the findings of fact and conclusions of law which follow this ORDER, IT IS HEREBY ORDERED THAT:

☐ this child, having been found NOT to be dependent, neglected or abused, is hereby:

Doc. Code:

ORC ☐ Returned/Released to home of removal with no further disposition being required.

OREM ☐ Remain in the home with no further disposition being required.

☐ pending disposition of this matter, this child, having been found to be dependent, neglected or abuse, shall:

Doc. Code:

OTC ☐ Be placed, or continue to remain, in temporary custody of the Cabinet for Families & Children (CFC);

OTR ☐ Be placed, or continue to remain, out of home of removal w/relatives or other appropriate person or agency as follows (give name, address and relation to child):

☒ OREM ☒ Remain in the home.

☐ At least 72 hours prior to the disposition hearing, the Cabinet for Families & Children shall prepare and submit to the Court and all parties a predispositional investigation report of recommendations concerning disposition of the child.

OTHER ORDERS:

FINDINGS OF FACT / CONCLUSIONS OF LAW

The Court, having considered the sworn testimony and evidence, and being otherwise sufficiently advised, hereby finds and concludes the rights provided in KRS 620.100 have been extended to the child and the adult(s) responsible for the child; and all due process rights have been observed, and further finds:

AOC-DNA-9

Rev. 1-11

Page 1 of 2

Commonwealth of Kentucky

Court of Justice www.courts.ky.gov

KRS 620.027; FCRPP 22

ENTERED
PENNY ADAMS

FEB 05 2015

JOHNSON COUNTY COURT CLERK



D.C.

ORDER
PERMANENT CUSTODY
PURSUANT TO KRS 620.027

Case No. 14-J-00031-001

Court ☐ District ☒ Family

County Johnson

Division 1

This form is NOT to be used in place of the Permanency Hearing Order (DNA-6)

IN THE INTEREST OF:

Hayden Jude

A CHILD

Birthdate	Sex	Race	SSN
[REDACTED]	F	W	

The following persons were present at today's hearing:

- ☒ Mother ☒ Father ☐ Child ☒ County Attorney ☒ CHFS Worker ☒ GAL
☐ Stepparent ☐ PECCS
☐ Foster Parent(s)
☐ Other
☐ CASA volunteer ☐ Other Family Member
☒ Parent's Attorney(s) [REDACTED]

The child's parents and other appropriate persons ☒ were ☐ were not notified of this hearing by the Court.
 Notice was not provided because:

ORDER

WHEREAS, the above-named child, having need for a permanent placement and custody order, was brought before this Court pursuant to KRS 620.027, the Court finds its jurisdiction has been properly sought and based upon the findings of fact and conclusions of law, **IT IS HEREBY ORDERED:**

FINDINGS OF FACT

The Court having jurisdiction of this matter has considered: the length of time the child has been in the care of *Ann Bailey* (PATERNAL GRANDMOTHER)

existence of a stable custodial relationship; current ability of the parent(s) to provide for the child; need for permanency for the child, and the following factors required by KRS 403.270 (check all that apply):

- ☒ wishes of child's parent or parents as to his/her custody;
☒ wishes of child as to his/her custodian;
☒ interaction and interrelationship of child with parent(s), siblings, and anyone else who may significantly affect the child's best interests;
☒ child's adjustment to his/her home, school and community;
☒ mental and physical health of all individuals involved;
☐ information, records and evidence of domestic violence as defined in KRS 403.720;
☐ The Court makes the following additional specific findings (separate page may be attached for lengthier findings):

To consider these findings, KRS 403.270 requires a prior independent finding that a de facto custodian exists.

- ☐ wishes of child's de facto custodian, if any, as to his/her custody;
☐ extent to which child has been cared for, nurtured, and supported by any de facto custodian;
☐ intent of parent(s) in placing child with a de facto custodian; and,
☐ circumstances under which child was placed or allowed to remain in custody of de facto custodian, including whether parent now seeking custody was previously prevented from doing so as a result of domestic violence as defined in KRS 403.720 and whether child was placed with a de facto custodian to allow parent now seeking custody to seek employment, work or attend school.

Foster Care

Page 2
31-001

IN THE INTEREST OF

Hayden Jude

, A CHILD.

CONCLUSIONS OF LAW

- ☒ Pursuant to KRS 620.027 and the above findings, the Court has determined it would be contrary to the welfare and best interests of the child to return him/her to parental custody. Reasonable efforts were made to prevent removal of child from parental care or were not required by KRS 610.127. The court finds it is in the best interest of the child that permanent custody be granted to:

Name *Ann Bailey*

Relation to child (PAT. GRANDMOTHER)

ORDER

WHEREFORE, IT IS HEREBY ORDERED THAT:

Doc. Code:

- OCHR ☐ If child is committed to the Cabinet for Health & Family Services (CHFS), child is hereby discharged from his/her commitment and placed in permanent custody of person(s) listed below.
- OTR ☒ Placed in permanent custody of person(s) listed below.

Name and address of person to whom custody is granted (if other than CHFS):

Name: *Ann Bailey*

Address:

- ☐ Child Support ORDERED. (Use AOC-152, Uniform Child Support Order And/Or Wage /Benefit Withholding Order For Kentucky Employers).

NOTE: For the purpose of proving custody (e.g. when required by a school, physician, etc.) providing Page 2 of this ORDER shall be sufficient.

Date: *2-5*, *2015*

[Redacted Signature] Judge

Copies to:
Counsel for Petitioner
Counsel for Parents/Custodians of Child
AOC, Citizen Foster Care Review Boards, 100 Millcreek Park, Frankfort, KY 40601
Cabinet for Health & Family Services

Back to Presentation

What is the difference in SSI and Social Security?

- **If anyone in a child's family receives SSI, the child is Categorically Eligible and the interviewer would not obtain any other form of income other than the statement of SSI.**
- **Social Security is simply viewed as income and the staff member would also need to ask the parent about any additional income they have.**

Now lets see what SSI and Social Security normally look like when presented to the interviewer

*** REC 2013345 11 **This is SSI** QYAG PQAG (F-PG3) ***

TPQY DTE:12/11/13 [REDACTED] DOC:B24 UNIT:JKH PG: 001
STATUS MBR YES LOU-12/11 SSACCS NO LOU-12/10 SSR YES LOU-08/23/11
INPUT SOCIAL SECURITY NUMBER [REDACTED]-1773 NAME [REDACTED] USER CODE JKH
TPQY CONFIDENTIAL SOCIAL SECURITY DATA - CLAIM NUMBER 404-61-1773
INFORMATION

NOT IN FILE AS OF 12/11/13
INPUT SOCIAL SECURITY NUMBER [REDACTED]-1773 NAME [REDACTED] USER CODE JKH
TPQY CONFIDENTIAL SUPPLEMENTAL SECURITY INCOME DATA ON [REDACTED]-1773

[REDACTED] FEMALE BORN:08/02/03 ELIGIBLE:05/2006

APPLICATION DATE: 05/31/2006 TYPE OF PERSON: DISABLED CHILD

CITIZEN/ALIEN CODE: A

MAILING ADDRESS:

[REDACTED]
FOR [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] KY 41645 9703

RESIDENCE:

[REDACTED] KY 41645

NET CURRENT BENEFIT FOR 12/01/2013 - FED AMT: \$710.00 STATE AMT: \$0.00

PAYMENT HISTORY OF NET BENEFITS PAID:

DATE: FEDERAL AMT: STATE AMT: TYPE OF PAYMENT:

01/01/2014	\$ 721.00	\$ 0.00	RECURRING
04/01/2013	\$ 710.00	\$ 0.00	RECURRING
03/01/2013	\$ 710.00	\$ 0.00	RECURRING
01/01/2013	\$ 710.00	\$ 0.00	RECURRING
12/01/2012	\$ 698.00	\$ 0.00	RECURRING

PAYMENT STATUS CODE: C01 - PAY

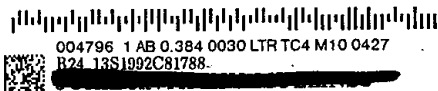
DISABLED

Social Security Administration
Supplemental Security Income
Notice of Planned Action

This is SSI

SOCIAL SECURITY
1897 KY RT 321
PRESTONSBURG KY 41653

Date: May 4, 2013
Claim Number: [REDACTED]



We are writing to tell you about changes in your Supplemental Security Income (SSI) payments. The following chart shows the SSI money due you for the months we changed. As you can see from the chart, we are only changing your payments for future months. The rest of this letter will tell you more about this change.

Your Payments Will Be Changed As Follows:

From	Through	Amount Due Each Month
June 1, 2013	Continuing	\$599.29

We will reduce your payments as shown above beginning June 2013.

Information About Your SSI Payments

Your regular monthly check of \$599.29 will be sent to your bank or other financial institution about the first day of June 2013.

Your Payment Is Based On These Facts

- You had monthly income which must be considered in figuring your eligibility as follows:
 - The estimated wages received by your spouse of \$2,086.42 for April 2013.
- In deciding your SSI payment, we did not count \$1,068.00 of your spouse's income for each month, beginning April 2013 as a living allowance for ineligible children.

See Next Page



Social Security Administration

This is Social Security

[REDACTED]
[REDACTED]
[REDACTED] 1000
Date: June 30, 2017

Claim Number: XXX-XX-0844A
XXX-XX-0844DI

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning March 2017, the full monthly Social Security benefit before any deductions is \$760.00.

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$760.00.

(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Type of Social Security Benefit Information

You are entitled to monthly disability benefits.

Information About Supplemental Security Income Payments

Beginning June 2017, the current Supplemental Security Income payment is \$0.00 .

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

[Back to Presentation](#)

Change of Status

Please use this form to record necessary changes made during the year to the original child and family information listed on the application. This sheet should then be attached to the application. The parent is only required to sign this form if he/she is making a change in the Emergency Contact Information section.

Child Name

Classroom Teacher

Center

General Information

Legal Name Change For:

Child ☐ (Check One)
Parent ☐

Change From: _____

Change To: _____

Change of Address / Phone:

New Address: _____

New Phone #(s): _____

Type

Identify if phone # is home, work, or cell in "type" space

Transportation:

Pick up location: _____

Drop off location: _____

Directions to Home: _____

Change of Insurance:

☐ Child
☐ Primary Caregiver
☐ Secondary Caregiver

Previous Insurance

New Insurance

Emergency Contact Information

Please use the sections below and the corresponding boxes to **add or delete** individuals (from the original list given by the parent) that a child may be released to or may be contacted in case of an emergency. You will also use this section to **change phone numbers for emergency contacts**. If the person will not be an emergency contact, the phone # is not required.

Name: _____ Phone: _____

Name: _____ Phone: _____

Release To	Contact
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Parent/Guardian Signature: _____

Parental Status

This section should only be used if the child has been placed with a new family

Parental Status has now changed to the following:

Biological Parents ☐
Foster Care ☐
Other _____

List information for the new caregivers:

PC Name _____
D.O.B. _____
Gender _____
Education Level _____
Employment Status _____
Employer Name _____

SC Name _____
D.O.B. _____
Gender _____
Education Level _____
Employment Status _____
Employer Name _____

Comments

If you have any additional comments concerning a change in this child's information, please list them on the lines below:

Staff Signature

Date

Conclusion of Training

Questions?