

# 2025-26 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:

☐ Consents to Receive Text Messages

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)

☐ Other Relatives (nongrandparent)

☐ Other

☐ Grandparents

☐ Foster Parent(s)

Medical Insurance

☐ Yes ☐ No

Specify:

Current

☐ Homeless ☐ Own

Housing ☐ Rent ☐ Other

Current Housing

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

☐ Other

☐ Flyers/Posters

☐ Former HS Parent

☐ Family/Friend

☐ Public Service Announcement (tv, radio)

## 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

Language	<input type="checkbox"/> English <input type="checkbox"/> Middle-Eastern Languages <input type="checkbox"/> Spanish <input type="checkbox"/> Pacific Island Languages <input type="checkbox"/> Other _____	Other Language	<input type="checkbox"/> English <input type="checkbox"/> Middle-Eastern Languages <input type="checkbox"/> Spanish <input type="checkbox"/> Pacific Island Languages <input type="checkbox"/> Other _____
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#### Race

Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American	<input type="checkbox"/> Bi/Multi-racial <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Unspecified <input type="checkbox"/> Other _____
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US Citizen ☐ Yes ☐ No

### Eligibility Information

#### Parental Status

(Check all that apply)

<input type="checkbox"/> Grandparent	<input type="checkbox"/> Teen Parent	<input type="checkbox"/> Student Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Group Home
<input type="checkbox"/> Dual Custody	<input type="checkbox"/> Homeless	<input type="checkbox"/> Disabled Parent	<input type="checkbox"/> 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

<input type="checkbox"/> Child Protective Services  <input type="checkbox"/> Death of Immediate Family Member (Within the previous 12 months)	<input type="checkbox"/> Non-English Speaking  <input type="checkbox"/> Adopted Child, Previously in Foster Care
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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)		<input type="text"/>

### 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 that the information provided will be kept confidential.

Parent / Guardian Signature

Staff Signature

Date

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.**

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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 \_\_\_\_\_

# Foster Care

AOC-DN

Rev. 1-1

Page 1 of 2

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:

1. ☒ 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

2. ☒ 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).

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

4. ☐ 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  
☐ 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:

DCBS Name:

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, 20 15,  
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~~  
(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 18<sup>th</sup> day of May, 2012.

Parent/Legal Guardian's Name (printed)

Parent/Legal Guardian's Signature

Subscribed and sworn before me on May 18<sup>th</sup>, 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  
is 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, .180, .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
<u>9-12-2011</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) 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:

Mark & Marie Schneider

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  
Page 1 of 2

Commonwealth of Kentucky  
Court of Justice [www.courts.ky.gov](http://www.courts.ky.gov)  
KRS 610.010, .050 620.023, .027, .050,  
.080, .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:**

Doa. 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

Steven Avery

Was a Community Partner  
in updating this Plan? (YE)

OBJECTIVE: Improvements to be made to dwelling to  
Assure standard living conditions (Family) or Individual Objective? (Circle)

## Foster Care

- Charles Avery (son) will remain with relatives until hearing.
- Home will be cleaned, sanitized, and insulated during that time.
- 2 <sup>broken</sup> windows will be replaced
- All animals will be removed from the inside of the home.
- Case Worker will visit the home prior to hearing to assure that improvements have been made.

How will the successful accomplishment of these tasks be noticed and documented?

~~Documentation of improvements will be presented to judge~~

Potential Consequences if this Prevention Plan is not successful?

\* Child will remain in the care of relatives.

Family Solutions

~~Andy Caberis~~

Signed

~~James Leek~~

Witnessed

Court  
Judge

HON. JANIE M. WELLS

# Foster Care

11:28:38AM DocketList.Rpt  
11/13/2015 11:28:38AM 2  
1/17/2015 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

ENTERED  
PENNY ADAMS  
NOV 19 2015  
JOHNSON CIRCUIT COURT CLERK  
BY *[Signature]* D.C.

( ) 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*



## **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

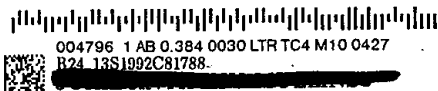


Social Security Administration  
**Supplemental Security Income**  
Notice of Planned Action

**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.)

# 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

\_\_\_\_\_  
\_\_\_\_\_

**When you fill out a new application for the sibling of an enrolled child, that application serves as a Change of Status for the enrolled child. In other words, the sibling application might change a lot of family information that was listed on the enrolled child's application. That is perfectly fine because the enrolled child's SNAPSHOT doesn't change. During record review, if the family info doesn't match the child's application, we look to see if the parent may have filled out an application for a sibling.**

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