TUITION WAIVER FOR FOSTER AND ADOPTED CHILDREN

SECTION 1 — APPLICANT INFORMATION

FULL NAME: (please	print)		
STREET:	CITY:	STATE:	ZIP CODE:
E-MAIL ADDRESS:			County:
TELEPHONE NUMBE	R: DATE	OF BIRTH:	SOCIAL SECURITY NUMBER:
FOSTER OR ADOPTI	VE PARENTS' FULL N	AMES (Include Middle &/or	Maiden Name):
DATE OF HIGH SCHO	DOL GRADUATION OR	GED CERTIFICATE:	
DATE OF ANTICIPAT	ED ENTRY TO INSTIT	UTION:	
Student requests	waiver under the fol	lowing conditions (che	<u>ck all that apply):</u>
 Is in an Indepe Was in the periform family received Was in the legal 	ndent Living Program fu manent legal custody of state-funded adoption al custody of the Cabine	Inded by the Cabinet for He f the Cabinet for Health and assistance. t for Health and Family Ser a Tuition Waiver for Foster	I Family Services prior to being adopted and the vices on his or her eighteenth (18 th) birthday. and Adopted Children?
Yes	No	lf "Yes",	when?
		ve duty in the Peace Corps	n officer in the Commissioned Corps of the or Americorps? when?
		e a breach of confidentiality ation to the post-secondary	required by KRS 199.570 and 620.050. I agree institution.
I agree to provide th	e Cabinet for Health an	d Family Services the date	of my graduation.
Student or Guardian	Signature		Date
SECTION 2 PUBI	LIC POST-SECONDA	ARY INSTITUTION REQU	JEST
I am requesting that the	e information in Section	1 be verified to determine the	he eligibility of the above named applicant.
Name of Institution	Ad	dress of Institution	
Phone number	Date	I	nstitution Contact Person (Please print)
SECTION 3 – TUITIO	ON WAIVER VERIFIC	ATION	
If ineligible, you have th	ELIGII	ET FOR HEALTH AND FAMILY S ATTN: Tuition Waiver Program 275 East Main Street Mail Drop 3 E Frankfort, KY 40621 502-564-2147 or 800-232-5437 (FAX: 502-564-5995) E-mail: <u>chafee.ilp@ky.gov</u> BLE IN ordance with 922 KAR 1:32	E-D ELIGIBLE

INSTRUCTIONS FOR COMPLETING THE TUITION WAIVER FOR FOSTER AND ADOPTIVE CHILDREN

Section 1:

The student completes the student information section and Section 1 of the form.

Please include all information as follows:

- First, middle and last names;
- House number, street name, city, state and zip code;
- Phone number, including area code;
- Month, day and year of birth;
- Social Security number;
- E-mail address;
- Foster or adoptive father's full name, including middle name or initial and foster or adoptive mother's full name including maiden name;
- Indicate date of high school graduation or GED Certificate;
- Indicate date of anticipated entry into public post-secondary institution;
- Indicate whether student has previously applied for the waiver;
- Indicate whether student has served in active duty status in the military;
- Check the correct eligibility criteria box;
- Check box for release of information; and
- Sign and date the form.

After completion of the student information section and Section 1 of the form, turn the form in to the public post-secondary institution. Verification of student information may be requested.

Section 2:

Completed by public post-secondary institution.

Section 3:

Completed by the Cabinet for Health and Family Services.

- Verifies eligibility criteria. Marks the appropriate box;
- If the applicant meets the eligibility criteria, signs the form and mails it to the postsecondary institution within thirty (30) working days from the date of receipt from the requesting institution with a copy to the applicant;
- If the applicant does not meet the eligibility criteria and is found ineligible, returns a copy of the signed form to the post-secondary institution and applicant;
- Forwards to the applicant a copy of the DPP-154A, Notice of Intended Action and the
- DPP-154, Service Appeal Request.