# TUITION WAIVER FOR FOSTER AND ADOPTED FOR CHILDREN

## CHILDREN SECTION 1 — APPLICANT INFORMATION FULL NAME: (please print) STREET: CITY: 7TP: STATE: COUNTY: E-MAIL ADDRESS: PHONE NUMBER: DATE OF BIRTH: SSN: FOSTER OR ADOPTIVE PARENTS' FULL NAMES (Include Middle &/or Maiden Name): DATE OF HIGH SCHOOL GRADUATION OR GED CERTIFICATE: DATE OF ANTICIPATED ENTRY TO INSTITUTION: Student requests waiver under the following conditions (check all that apply): Is currently committed and placed in foster care by the Cabinet for Health and Family Services. Is in an Independent Living Program funded by the Cabinet for Health and Family Services. Was in the permanent legal custody of the Cabinet for Health and Family Services prior to being adopted and the family received state-funded adoption assistance. Was in the legal custody of the Cabinet for Health and Family Services on his or her eighteenth (18<sup>th</sup>) birthday. Has applicant previously applied and received a Tuition Waiver for Foster and Adopted Children? If "Yes", when? Release of this information shall not constitute a breach of confidentiality required by KRS 199.570 and 620.050. I agree to the release of the above-referenced information to the post-secondary institution. I agree to provide the Cabinet for Health and Family Services the date of my graduation. Student or Guardian Signature Date <u>SECTION 2 — PUBLIC POST-SECONDARY INSTITUTION REQUEST</u> I am requesting that the information in Section 1 be verified to determine the eligibility of the above named applicant. Name of Institution Address of Institution Institution Contact Person (Please print) Phone number Date **SECTION 3 – TUITION WAIVER VERIFICATION** CABINET FOR HEALTH AND FAMILY SERVICES ATTN: Paula Saenz OR Shelley Brown ATTN: Tuition Waiver 275 East Main Street Mail Drop 3 E-D Frankfort, KY 40621 502-564-2147 or 800-232-5437

(FAX: 502-564-5995)

**INELIGIBLE** 

ELIGIBLE

If ineligible, you have the right to appeal in accordance with 922 KAR 1:320.

SIGNATURE OF AUTHORIZED CABINET PERSONNEL

DATE

# INSTRUCTIONS FOR COMPLETING THE TUITION WAIVER FOR FOSTER AND ADOPTIVE CHILDREN

### **Section 1:**

## The student completes <u>SECTION 1 — APPLICANT INFORMATION</u>.

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;
- 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;
- Check the correct eligibility criteria box;
- Check box for release of information; and
- Sign and date the form.

After completion of **SECTION 1** — **APPLICANT INFORMATION**, turn the form in to the public post-secondary institution (BGTC Registrar's Office in Building A).

### Section 2:

## Completed by public post-secondary institution (BGTC Registrar's Office).

After completion, the form is sent to the Cabinet for Health and Family Services.

### 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.

If approved, the student <u>must</u> contact the BGTC Registrar's Office upon registration for every upcoming term to have the waiver applied.