

INSTRUCTIONS FOR COMPLETING THE TUITION WAIVER FOR FOSTER AND ADOPTED CHILDREN

Section 1:

Completed by the waiver applicant.

Please include all information as follows:

- First, middle, and last names;
- Previous legal 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 postsecondary 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 postsecondary institution. Verification of student information may be requested.

Section 2:

Completed by the public postsecondary institution.

Section 3:

Completed by the Cabinet for Health and Family Services.

- Verifies eligibility criteria and 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 postsecondary institution and applicant;
- Forwards to the applicant a copy of the DPP-154A, Notice of Intended Action, and the DPP-154, Service Appeal Request.

TUITION WAIVER FOR FOSTER AND ADOPTED CHILDREN

Description:

Tuition and mandatory student fees for any undergraduate or graduate program of any Kentucky public postsecondary institution, including all four (4) year universities and colleges and institutions of the Kentucky Community and Technical College System, shall be waived for a Kentucky foster or adopted child who is a full-time or part-time student if the student meets all entrance requirements and maintains academic eligibility while enrolled at the postsecondary institution.

Eligibility criteria:

- The student is currently committed to the Cabinet for Health and Family Services under KRS 610.010(5) and placed in a family foster home, an independent living program funded by the Cabinet for Health and Family Services, or placed in accordance with KRS 605.090(3); or
- The Cabinet for Health and Family Services was the student's legal custodian on his or her eighteenth birthday; or
- The student's family receives state-funded adoption assistance under KRS 199.555; or
- The student who is an adopted child, was in the permanent legal custody of and placed for adoption by the Cabinet for Health and Family Services.
- The student's entrance into the institution must be within (4) years of their high school graduation or obtainment of high school equivalency diploma, except in those cases outlined in KRS 164.2847(6).
- The student shall be eligible for the tuition waiver for up to one hundred fifty (150) consecutive or nonconsecutive credit hours earned after first admittance if satisfactory progress is achieved or maintained up to twenty-eight (28) years old, except in those cases outlined in KRS 164.2847(6).

SECTION 1 — APPLICANT INFORMATION

| | | | |
|---|----------------|-------------------------|-----------|
| FULL NAME: <i>(please print)</i> | | | |
| PREVIOUS NAMES: (If applicable) | | | |
| STREET: | CITY: | STATE: | ZIP CODE: |
| E-MAIL ADDRESS: | | | |
| TELEPHONE NUMBER: | DATE OF BIRTH: | SOCIAL SECURITY NUMBER: | |
| 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 under the age of 28 years old.
- Has earned less than 150 credit hours at a Kentucky public postsecondary institution.
- 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 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 (18th) birthday.

Has applicant previously applied and received a Tuition Waiver for Foster and Adopted Children?

_____ Yes _____ No If "Yes", when and where? _____

Was applicant on active duty status in the United States Armed Forces; an officer in the Commissioned Corps of the United States Public Health Service; or on active duty in the Peace Corps or Americorps?

_____ Yes _____ No 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 postsecondary institution.

I agree to provide the Cabinet for Health and Family Services the date of my graduation.

Student or Guardian Signature

Date

SECTION 2 — PUBLIC POSTSECONDARY INSTITUTION REQUEST

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

Phone Number

Date

Institution Contact Person (Please print)

Number of credit hours earned at all public postsecondary institutions: _____

SECTION 3 – TUITION WAIVER VERIFICATION

CABINET FOR HEALTH AND FAMILY SERVICES
ATTN: Tuition Waiver Program
275 East Main Street Mail Drop 3 E-D
Frankfort, KY 40621
502-564-2147 or 800-232-5437
(FAX: 502-564-5995)
E-mail: chafee.ilp@ky.gov

___ **ELIGIBLE**

___ **INELIGIBLE**

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

SIGNATURE OF AUTHORIZED CABINET PERSONNEL

DATE