

# TUITION WAIVER FOR FOSTER AND ADOPTED CHILDREN

## SECTION 1 — APPLICANT INFORMATION

FULL NAME: <i>(please print)</i>			
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 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?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes", when? \_\_\_\_\_

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 post-secondary 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 POST-SECONDARY 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)

## 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.1p@ky.gov](mailto:chafee.1p@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

## **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 post-secondary 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.