DPP-333
(Rev. 06/13)
922 KAR 1:450

TUITION WAIVER FOR FOSTER AND ADOPTED CHILDREN

SECTION 1 — APPLICANT INFORMATION

FULL NAME: *(please print)*			
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 (18th) 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.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