

APPENDIX I – SPECIAL POPULATIONS IDENTIFICATION DOCUMENTS

State Agency Child



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES
Division of Protection and Permanency
COA Accredited Agency**

Steven L. Beshear
Governor

Chafee Independence Program
275 East Main Street, 3E-D
Frankfort KY 40621
502-564-2147
502-564-5995 (fax)
www.chfs.ky.gov

Janie Miller
Secretary

Date:

To Whom It May Concern:

This letter is to verify that **Youth's Name**; SSN **000-00-0000**, DOB: **00-00-0000** is currently placed in the legal custody of the Commonwealth of Kentucky, Cabinet for Health and Family Services.

Please feel free to contact me if you need further information concerning **Youth's Name** status.

Sincerely,

Social Worker's Name

Division of Protection & Permanency
Department for Community Based Services

c: file

Department of Juvenile Justice

The information below must be on local district letterhead.

STUDENT INFORMATION

**Instructional County/
Provider Code #:**

Student photo here:

Name: _____

Date of Birth: _____

Student Social Security #: _____

Student Signature: _____

DJJ Facility Name and Address: _____

The student listed above attends school within the Department of Juvenile Justice Facility:

KECSAC Alternative Program

School Administrator Signature:

Parent has been notified by:

1. Mail _____

2. Phone _____

3. In person _____

