DPP-333
(Rev. 11/20)
922 KAR 1:450

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 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 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.

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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 enrolled as a full-time or part-time student in an undergraduate or graduate program of a Kentucky public postsecondary institution; and
- 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); and
- At least one of the following criteria must be met:
    - The student is currently committed to the Cabinet for Health and Family Services (CHFS) under KRS 610.010(5) and placed in a family foster home, an independent living program funded by CHFS, or placed in accordance with KRS 605.090(3); or
    - The student's legal custodian on their 18th birthday was CHFS; 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 CHFS.

The student shall be eligible for the tuition waiver for up to one hundred fifty (150) consecutive or non-consecutive 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: *(please print)*			
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 covered by the tuition waiver 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? _____

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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 information contained in this application to the postsecondary institution.

☐ I agree to provide the Cabinet for Health and Family Services the date of my post-secondary 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 student has earned under the waiver 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

The applicant's eligibility criteria for the tuition waiver for foster and adoptive children has been reviewed and the applicant is:

___ **ELIGIBLE** ___ **INELIGIBLE**

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

SIGNATURE OF AUTHORIZED CABINET PERSONNEL _____ DATE _____