

APPLICATION FOR RELOCATION ASSISTANCE

Part I

Applicant Name: _____
(Last) (First) (M.I.)

Mailing Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Residence: _____
(if different) (Street) (City) (State) (Zip Code)

Relocation to: _____
(County) (Street) (City) (State) (Zip Code)

Is the individual currently receiving KTAP [~~K-TAP~~]? Yes; Continue No; Deny

Request reason? [What is the reason for this request?] Domestic Violence; **Complete Part II [Skip Part III]**
 Employment; **Complete Part III [Skip Part II]** Housing Crisis; **Complete Part IV**

Part II - Domestic Violence

Is the domestic violence situation verified? Yes No

Part III - Employment

Has the household [~~previously~~] received employment related Relocation Assistance (RAP) within the last 12 months?
 Yes; Deny No; Continue

Has the individual been offered employment? Yes No

Has the individual [~~Have you~~] been employed at the [~~your~~] current job for less than 90 days? Yes No

Employer Name: _____ Phone: _____

Employer Address: _____

Job Start Date: _____ Hours weekly: _____ Hourly Pay Rate: \$ _____ Monthly Job Wage: \$ _____

Employment Verification Source: _____

Was employment [~~this~~] reported and verified timely? Yes; Continue No; Deny

Is the employment pay amount equal to or greater than minimum wage x 30 hours per week? Yes; Continue No; Deny

Is the employment more than 10 miles from the current residence and is the new residence closer to the employment?
 Yes; Continue No; [;] deny

How was the new residence verified? : _____

Is the employed adult active on OTIS? Yes No

Part IV - Housing Crisis

Is the household experiencing a housing crisis? Yes; Continue No; Deny

What type of assistance is needed to help with the crisis? Rent Utilities Other _____

Will assistance help the household maintain their current residence without fear of eviction? Yes; Continue No; Deny

Part V [IV]- RAP Facts	Part VI [V] - Relocation Costs			
(READ TO APPLICANT) Relocation Assistance (RAP): 1. Is limited to once in a <u>twelve (12) month period</u> [lifetime] except for victims of domestic violence. 2. Assists in cost of first month's rent, security deposit, utility fees, moving van rental, and other moving related costs. 3. Offer of employment must be at least pay amount equal to minimum wage multiplied by 30 hours per week. 4. <u>Housing crisis includes rent, utilities, etc. to keep current residence/housing situation.</u> 5. Will pay actual verified costs up to <u>\$1,500</u> [\$500] .		A. Client Stated Amount	B. Verified Amount	C. Verification Source
	[4 th Month's] Rent			
	Security Deposit			
	Utility Fees:			
	Gas			
	Electric			
	Water			
	Moving Van Rental			
	Other			
	Total			

Part VII [VI] - Rights and [And] Responsibilities

All the information I provided to the Department for Community Based Services on ~~[page 1 of]~~ this form is complete and true to the best of my knowledge. I may be asked to repay any amounts issued because of ~~[as a result of]~~ any false statement to use the benefits for intended purposes pursuant to KRS 205.211.

To file a complaint of discrimination with the Commonwealth of Kentucky, write the Office of Human Resource Management, EEO Compliance Branch, 275 East Main Street, 5C-D, Frankfort, Kentucky 40621 or call (502) 564-7770.

To file a complaint of discrimination with the Department of Health and Human Services, write ~~[to or call]~~ the Office of Civil Rights, 200 Independence Avenue, SW, H.H.H. Building, Room 509-F, Washington, DC 20201 or call 1-800-368-1019 or (TTY) 1-800-537-7697 ~~[Atlanta Federal Center, Suite 3B70, 61 Forsyth St., SW, Atlanta, GA 30303-8909, (404) 562-7886 or (TDD) (404) 562-7884]~~.

I understand that I have a right to request a hearing within 30 days if I disagree with action taken on my Relocation Assistance application. I may request a fair hearing by calling 1-855-306-8959 or writing to the ~~[Division of Administrative Hearings, Families and Children,]~~ Administrative Hearings Branch, 105 Sea Hero Road, Suite 2, Frankfort, KY 40601.

At the hearing:

- I may tell my side of the story or bring a friend, relative, or lawyer to speak for me.
- I can bring witnesses and papers to help tell my story.
- The hearing officer will decide what the state will do after hearing both sides of the story.
- I will be told what to do if I disagree with the hearing officer's decision.

_____ Applicant's Signature _____ Date

Part VIII [VII] - Eligibility Summary

Approved _____

Denied _____ Reason: _____

_____ Worker Signature _____ Date

_____ Concurred By _____ Title _____ Date _____

Part IX [VIII] - Comments

