

Request for Exception from Placement with a STAR-Rated Child Care Provider

Applicant's Name:	Social Security Number or Case Number:
Address:	
County:	

Exception requested for the following Child(ren):

<u>Name</u>	<u>Date of Birth</u>	<u>Name</u>	<u>Date of Birth</u>

I am eligible to receive child care benefits. I have attempted to enroll with a STAR-Rated Child Care Provider and have been unsuccessful. Therefore, I am requesting an exception for the following reason(s):

<input type="checkbox"/>	I live in a city, county, or neighborhood where an adequate supply of child care providers participating in the quality rating program is lacking.	Initials _____ Date _____
<input type="checkbox"/>	My work or school schedule does not allow me to use a child care provider participating within the quality rating program.	Initials _____ Date _____
<input type="checkbox"/>	I lack the transportation necessary to take my child to a child care provider participating within the quality rating program.	Initials _____ Date _____
<input type="checkbox"/>	Please Explain Reason For Exception Request: _____ _____	Initials _____ Date _____

1st Choice

Provider's Name:	
Address:	
County:	Phone Number:

2nd Choice

Provider's Name:	
Address:	
County:	Phone Number:

Signature of Applicant: _____ **Date:** _____

Please submit this form to:
Child Care Assistance Program
Division of Child Care
275 East Main St., 3C-F
Frankfort, KY 40601

Email: CHFS.DCBSDCCTechnicalAssistance@ky.gov
 Fax: 502-564-3464

