



220 Main Street
Paintsville, KY 41240
606-789-2654

CONTRACTUAL AGREEMENT

This agreement, made and entered into the January 12th by and between the PAINTSVILLE INDEPENDENT SCHOOL DISTRICT, hereinafter referred to as "PISD," and Eastern Kentucky Physical Therapy, PSC, hereinafter referred to as "CONTRACTUAL AGENT."

The effective date for service to begin is 01/12/2025. Contract expires (06/30/2026)

The CONTRACTUAL CONSULTANT hereby agrees to provide evaluation, consultation, and therapy services up to the Paintsville Independent School District. There will be no reimbursement for travel.

Financial consideration for the cost of performance of this agreement will be as follows:

On-site minutes by Provider:

Therapy services will be billed at a rate of \$85 per hour.

This rate includes: Evaluations, Therapy, Meetings, Education, or Student wait time not a result of provider. Therapy treatment sessions are based on a 30-minute treatment time.

Evaluation, consultation, and therapy services will be in compliance with Kentucky Administrative Regulations and the Individuals with Disabilities Education Act (IDEA) certifying children and youth with disabilities.

Typed evaluation reports must be submitted to PISD within (10) school days after testing. No payment will be rendered for partial evaluations.

The CONTRACTUAL AGENT will not take original educational records of children and youth from the participating local school districts.

The CONTRACTUAL AGENT will provide individual student progress reports for each nine-week grading period.

The CONTRACTUAL AGENT will complete proper documentation for Medicaid billing using the school's direct billing software.

Testing kits and protocols will be supplied by the CONTRACTUAL AGENT. Used protocols are regarded as property of the CONTRACTUAL AGENT. Typing and photocopying are the responsibility of the CONTRACTUAL AGENT. Services will be evaluated on an ongoing basis by personnel and parents in the school system served. The CONTRACTUAL AGENT shall submit grant evaluation reports, and other reports as required by its superintendents, and the rules and regulations of the STATE BOARD OF EDUCATION.

The CONTRACTUAL AGENT will secure and maintain professional liability insurance throughout the term of this agreement and provide evidence of insurance to PISD before performing services. The CONTRACTUAL AGENT will

give written notice to PISD within twenty-four (24) hours if the insurance coverage required by this paragraph expires or is otherwise terminated.

The CONTRACTUAL AGENT represents that all employees of the CONTRACTUAL AGENT providing evaluation, consultation, and therapy services pursuant to this agreement are licensed by the State of Kentucky. The CONTRACTUAL AGENT will provide PISD with evidence of licensure of all employees before services are performed by the employee. The CONTRACTUAL AGENT will give PISD written notice within twenty-four (24) hours if any action is taken to revoke, suspend, limit, or otherwise restrict the license of any employee providing services pursuant to this agreement.

The CONTRACTUAL AGENT will submit a bill on the 5th day of each month listing the services delivered, the date of service, site of service, amount due per district, and the total amount due. Payment is to be made within thirty (30) calendar days thereafter. Therapy logs will be kept through PISD's direct billing software.

Either party may terminate this contract upon a fifteen (15) calendar day notice. A termination notice is to be presented in written form to the other contracting party. Testing will end upon notice of termination. All evaluations, reports, and final bill must be submitted within this fifteen (15) calendar day period.

If any party deems that additional testing is needed in order to provide an appropriate evaluation, that party may request this additional assessment and therefore it may be performed according to a mutually agreed upon financial consideration.

If a participating local school district should challenge particular evaluation results, then PISD is still responsible for financial payment to the examiner. The local school district, however, will retain the right to choose how the evaluation is used, whether or not they want the same examiner to evaluate further, according to the aforementioned provision for additional testing, or whether they prefer to engage another examiner for an independent evaluation.


The CONTRACTUAL AGENT authorizes payment to the local school districts from the Kentucky Medical Assistance Program, hereinafter referred to as KMAP, for covered services provided by the CONTRACTUAL AGENT and specified by the criteria of this contract. The CONTRACTUAL AGENT, personally, cannot bill the KMAP for any service that is reimbursed to the local school district as a part of this contractual agreement, and is solely and completely responsible for all KMAP documents submitted by the local school district in the name of the CONTRACTUAL AGENT for services provided.

In witness whereof, the parties have executed this document the day and year first written above.

Gwendolyn S. Hall, President
(Authorized Representative)

By: 
(Signature of Authorized Representative)

Name of AGENT
637 North Drive, Prestonsburg, KY 41653
Paul Baker

(Director of Special Education)
By: 
(Signature of Director of Special Education)

Bryan Auxier
(Superintendent)

By: _____
(Signature of Superintendent)

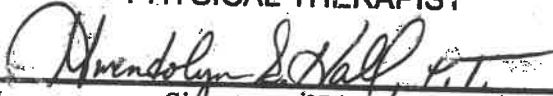
Kentucky Board of Physical Therapy

PT - 001908 Expires: 03/31/2027

Gwendolyn S. Hall

This ensures licensure as a

PHYSICAL THERAPIST



Signature of Licensee



**HEALTHCARE PROVIDERS SERVICE
ORGANIZATION PURCHASING GROUP**
Certificate of Insurance



Print Date : 11/26/2025

PRODUCER	BRANCH	PREFIX	POLICY NUMBER	POLICY PERIOD
018098	970	HPG	0427957242	From: 10/06/25 to 10/06/26 at 12:01 AM Standard Time
Named Insured and Address:			Program Administered by:	Insurance Provided by:
Eastern Kentucky Physical Therapy, PSC 637 N Lake Dr Prestonsburg, KY 41653-1280			Healthcare Providers Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034-3278 1-888-288-3534 www.hpso.com	American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606
Medical Specialty:				Code:
Physical Therapist Firm				80995

Excludes Cosmetic Procedures

Professional Liability ("PL"): X **Occurrence** _____ **Claims Made and Reported**

Limits of Liability

\$1,000,000 each claim / \$3,000,000 aggregate

PL Limits of Liability above include the following:

*Healthcare Providers Services Liability *Placement Services Liability *Formal Review Board Activities Liability *Good Samaritan Services Liability

Abuse and Molestation Sublimits of Liability:

Damages (included within PL Limits of Liability shown above)

\$25,000 aggregate

Defense Costs (included within PL Limits of Liability shown above)

\$100,000 aggregate

PL Supplementary Benefits

Licensure Defense Expenses

Up to \$200 per hour / \$25,000 aggregate

Licensure Proceeding Supplemental Costs

\$500 each insured / \$500 aggregate

Subpoena Assistance Costs

\$10,000 each subpoena / \$10,000 aggregate

Assault (includes workplace violence counseling)

\$25,000 each assault incident / \$25,000 aggregate

Patient First Aid Medical Expenses

\$10,000 aggregate

Services to Animals Property Damage

\$10,000 aggregate

Media Expense

\$25,000 aggregate

Cyber Liability and First Party Loss (Including Privacy) – Claims Made and Reported

\$25,000 aggregate

Defense Costs within limits

Retroactive Date: 10/06/2015

General Liability ("GL"): Occurrence

GL Aggregate Limit of Liability

\$1,000,000 aggregate

Bodily Injury and Property Damage

\$1,000,000 each occurrence

(included within GL Aggregate, above)

Personal and Advertising Injury

\$1,000,000 any one person or entity

(included within GL Aggregate, above)

Non-Patient Medical Expenses

\$25,000 any one person

(included within GL Aggregate, above)

Damage to Rented Property Each Premises Limit

\$100,000 any one premises

(included within Bodily Injury and Property Damage each occurrence Limit, above)

Products-Completed Operations Aggregate Limit

\$1,000,000 aggregate

(included within GL Aggregate, above)

PL and GL/WPL (as applicable) Supplementary Benefit:

Proceeding Expense Reimbursement

\$1,000 each insured per day / \$25,000 each insured per proceeding

Employment Practices Liability ("EPL"): Claims Made and Reported

\$25,000 each claim / \$25,000 aggregate

Defense only

Retroactive Date: 10/06/2020

Total \$1,261.60

Base Premium \$ 1149.00 Surcharge \$ 20.68

KY LGPT : Prestonsburg

\$ 91.92

KY LGPT :

Floyd county

\$ 0.00

Policy Forms and Endorsements (Please see attached list)

Doug Worman, Chief Executive Officer

Stathy Darcy, Secretary

Keep this Certificate of Insurance in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. To activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Coverage Change Date:

Endorsement Date:

Master Policy: 188711433

CNA101440 (07-23)

Page 1

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
 requester. Do not
 send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)									
	Eastern Kentucky Physical Therapy, PSC										
	2	Business name/disregarded entity name, if different from above.									
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):								
	<input type="checkbox"/>	Individual/sole proprietor	<input type="checkbox"/>	C corporation	<input checked="" type="checkbox"/>	S corporation	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/>	LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____									Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
	<input type="checkbox"/>	Other (see instructions) _____									
3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>									(Applies to accounts maintained outside the United States.)	
5	Address (number, street, and apt. or suite no.). See instructions.						Requester's name and address (optional)				
637 North Lake Drive											
6	City, state, and ZIP code										
Prestonsburg, KY 41653											
7	List account number(s) here (optional)										

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-			-		
or									
Employer identification number									
6	1	-	1	3	5	4	2	3	4

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person <i>Mwendalyn S Hall, President</i>	Date <i>12-19-25</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

DPP-156
(R. 8/2019)
922 KAR 1:470

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Servi

CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM (www.lrc.ky.gov). PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

- Child-Placing Agency(Foster/Adoption/Independent Living)Employee or Volunteer (Required by 922 KAR 1:310)
- Residential Child-Caring Facility Employee or Volunteer (Required by 922 KAR 1:300)
(Institution/Group Home/Emergency/Wilderness)
- Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member
(Required by KRS 160.380)
- Private, Parochial, or Church School Employee or Student Teacher (Permitted by KRS 160.151)
- Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)
- Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)
- Supports for Community Living (SCL) Employee (Required by 907 KAR 12:010)
- Michelle P. Waiver (Required by 907 KAR 1:835)
- Home and Community Based (HCB) Waiver (Required by 907 KAR 1:160 and 7:010)
- Acquired Brain Injury Waiver Services (Required by 907 KAR 3:090)
- Children's Advocacy Center (Required by 922 KAR 1:580)
- Court Appointed Special Advocate(CASA) (Required by KRS 620.515)
- Personal Care Attendant (Required by 910 KAR 1:090)

Other If you are requesting this check due to it being required or authorized for an out of state employer, please include the state or federal law that requires or authorizes the check be completed.
If none of the above categories are applicable, please explain the reason for requesting a child abuse or neglect check, including the state or federal law providing authority for the request.
If a state or federal law is not listed, your request will be cancelled and no refund will be issued.

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card/individual taxpayer ID, passport, work ID, or birth certificate):
If you are under the age of 18, a parental consent form **MUST** be uploaded.

Name: gwendolyn sue N/A hall
(first) (middle) (maiden/nickname/other) (last)
Sex: F **Race:** White **Date of Birth:** 04/24/1966
Social Security/Individual Taxpayer Identification #: 404-19-6689 **Date of Initial Hire:** 02/01/2024

KentuckyUnbridledSpirit.com

TEAM
KENTUCKY

An Equal Opportunity Employer M/F/D

Present Address:	392 Mays Branch Rd, prestonsburg, KY, 41653		
	City	State	Zip Code
Previous Address:	_____	_____	_____
	City	State	Zip Code
Previous Address:	_____	_____	_____
	City	State	Zip Code
Previous Address:	_____	_____	_____
	City	State	Zip Code
Previous Address:	_____	_____	_____
	City	State	Zip Code

Use another sheet of paper, if necessary.

CENTRAL REGISTRY CHECK

A credit or debit card payment in the amount of ten dollars (\$10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will NOT be processed without payment.

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and to submit the results of the check to me and, on my behalf, to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

gwendolyn hall

04/26/2024

Signature of the Individual Submitting to the Child Abuse or Neglect Check

Date

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization to Disclose Protected Health Information form, authorizing the Cabinet for Health and Family Services to disclose additional information regarding a finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency:

NAME OF EMPLOYER/AGENCY: quality success services

EMAIL ADDRESS: cdj_edutrans@yahoo.com

ADDRESS: 132 South Lake Dr **CITY:** prestonsburg

STATE: KY **ZIP:** 41653 **PHONE:** _____

RESULTS OF CHILD ABUSE OR NEGLECT	[FOR OFFICIAL USE ONLY]
<input checked="" type="checkbox"/> No reportable incident found in accordance with 922 KAR 1:470	
<input type="checkbox"/> Substantiated child abuse found on the registry	
Date of substantiated _____	
<input type="checkbox"/> Substantiated child neglect found on the registry	
Date of substantiated _____	
The substantiated abuse or neglect finding relates to sexual abuse, sexual exploitation, a child fatality, near fatality, or involuntary termination of parental rights <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> A matter subject to administrative review found in accordance with 922 KAR 1:470	
CHECK CONDUCTED ON <u>04/26/2024</u>	BY <u>Leigh Brown</u>

DPP-156
(R.8/2019)
922 KAR 1:470

CAN Payment and Verification

CENTRAL REGISTRY CHECK

*** FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM. PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:**

Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)

Residential Child-Caring Facility Employee or Volunteer (Institution/Group Home/Emergency/Wilderness) (Required by 922 KAR 1:300)

Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member (Required by KRS 160.380)

Private, Parochial, or Church School Employee or Student Teacher (Permitted by KRS 160.151)

Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)

Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)

Supports for Community Living (SCL) Employee (Required by 907 KAR 12:010)

Michelle P. Waiver (Required by 907 KAR 1:835)

Home and Community Based (HCB) Waiver (Required by 907 KAR 1:160 and 7:010)

Acquired Brain Injury Waiver Services (Required by 907 KAR 3:090)

Children's Advocacy Center (Required by 922 KAR 1:580)

Court Appointed Special Advocate(CASA) (Required by KRS 620.515)

Personal Care Attendant (Required by 910 KAR 1:090)

RECORDS UNIT
1001 VANDALAY DRIVE
FRANKFORT, KY 40601



GWENDOLYN S HALL
392 MAYS BRANCH RD
PRESTONSBURG, KY 41653



Administrative Office of the Courts
COURTNET Criminal History Record

AOC COURTNET DISPOSITION SYSTEM DISCLAIMER

Enclosed is a copy of information on cases you have had in Kentucky Courts. This **COURTNET** Disposition System record is being provided for your information. This request is generally made for **government housing, pre-employment searches, childcare workers, adoptions, or other purposes.**

This request was made by **QUALITY SUCCESS SERVICES, LLC** and they have received a copy of this information. If you believe it contains any errors, or you have any questions, please feel free to contact us at **(502) 573-1682** or **(800) 928-6381**

The **Administrative Office of the Courts (AOC) CANNOT GUARANTEE** the accuracy of the attached information. If you believe there is an error contained in the record please contact Records Unit at (502) 573-1682.

Information received from **COURTNET** is subject to change, reprogramming, modifications of format and availability at the direction of the AOC, and may not at any particular moment reflect the true status of court cases due to ordinary limitations, delay or error in the system's operation.

The AOC disclaims any warranty as to the validity of the information obtained from **COURTNET**. **The recipient is solely responsible for verifying information received from COURTNET through the cross-referencing of the official court record.** The AOC shall not be liable to the recipient, or to any third party using the system or information obtained thereby, for any damages whatsoever arising out of this policy, or the use of **COURTNET**.

BATCH ID: 0004294567

MAILING 1 OF 1

REQUEST ID: 63710399

Request Information Provided	
Name: HALL, GWENDOLYN S	
DOB: 4/24/1966	DLN: XX3-572-820

All Information Provided Above Has Been Used To Fulfill Your Request
On **03/05/2025 09:27 AM**

**All Alias and Maiden Names Listed Above were Searched
and No Records were Found**

******* NOT AN OFFICIAL COURT RECORD *******

RECORDS UNIT | 1001 VANDALAY DRIVE | FRANKFORT, KY 40601 | (800) 928-6381

RECORDS UNIT
1001 VANDALAY DRIVE
FRANKFORT, KY 40601

GWENNDOLYN S HALL
392 MAYS BRANCH RD
PRESTONSBURG, KY 41653



Administrative Office of the Courts
COURTNET Criminal History Record

AOC COURTNET DISPOSITION SYSTEM DISCLAIMER

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BATCH ID: 0004096244

MAILING 1 OF 1

REQUEST ID: 60091256

0101

Page 1 of 2

BATCH ID: 0004096244

REQUEST ID: 60091256

Request Information Provided	
Name: HALL, GWENNDOLYN S	DLN: XX3-572-820
DOB: 4/26/1966	

All Information Provided Above Has Been Used To Fulfill Your Request
On **04/26/2024 12:40 PM**

**All Alias and Maiden Names Listed Above were Searched
and No Records were Found**

******* NOT AN OFFICIAL COURT RECORD *******

RECORDS UNIT | 1001 VANDALAY DRIVE | FRANKFORT, KY 40601 | (800) 928-6381

Kentucky Vulnerable Adult Maltreatment Registry - Search Results

No Validated Substantiated Determination found under SSN: 404-19-6689. This search was performed on 03/05/2025 09:21 AM Eastern Time

The search is performed utilizing an exact match of a Social Security numbers, I9, and TINs Numbers for validated substantiated findings only. In accordance to KRS 209.032(1)(b), A validated substantiated finding means; Final order entered concluding by preponderance of the evidence that an individual has committed adult abuse, neglect or exploitation on a different adult for whom the individual was providing care or services as an employee or otherwise with the expectation of compensation; The individual has been afforded an opportunity for an administrative hearing under procedures compliant with KRS Chapter 13B, and an appeal to the circuit court of the county where the abuse, neglect, or exploitation is alleged to have occurred or if the individual consents to the Franklin Circuit Court and that any appeal, including the time allowed for filing an appeal, has concluded or expired. Investigations where no Social Security Numbers, I9, or TINs numbers are obtained will result in no match. Individuals placed on the Vulnerable Adult Maltreatment Registry remain on the registry for seven years (in accordance to 922 KAR 5:120). If all requirements are met under the regulation after the seven years, the individual may be removed, thus causing a no match result.

I attest that I am a representative of a Vulnerable Adult Service Provider as defined in KRS 209.032 or an individual making a self-query as defined in KRS 209.032 authorized to submit a query under KRS 209.032. I understand that accessing or releasing confidential information and/or records, or causing confidential information and/or records to be accessed or released to persons or entities not authorized under KRS 209.140 is a violation of this agreement and the law and may result in criminal or civil liability.

If you feel there is an error in this information, please contact the Commissioner of the Department for Community Based Services, 275 East Main Street (3W-A), Frankfort, Kentucky 40601.

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