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COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services
Division of Family Support

KCD-1.13
04/22
Date: 09/17/2025
Claim Number: 1000234451



JOHN FOUTS
2904 SITKA DR
APT L29
LOUISVILLE, KY 40299-3051

I DO NOT OWE
ANY MONEY → CHFS OWES
ME THOUSANDS OF
DOLLARS AND CONTINUES
TO FRAMMENTLY TAKE
MONEY THEY ARE NOT OWED
BY ME, THIS CONSTITUTES OYGOBOL THEFT!!

RECD
2025-09-24

Payment Receipt

I DEMAND JUSTICE!!

We received your TOP Intercept of \$31.00 on September 03, 2025 for your debt you owe for SNAP benefits.

If you are under a court order, you must pay as directed by the judge. Otherwise, please make payment by check or money order payable to the Kentucky State Treasurer. Do not send cash.

Send payment to: Cabinet for Health and Family Services
Claims Management Section
275 E. Main Street 3E-1
Frankfort KY 40621

Please write this claim number, 1000234451, and any other claim number to which you want this payment to be applied, on your check or money order. We will send you a receipt showing the amount you paid and what you still owe.

As of this date, this debt is paid in full. This applies to this debt only. You may have other debts you still owe to this office. If so, you should continue to make regular payments for those debts.

If you have questions, please contact this office at 502-564-3440.

If you want legal help or advice, call your attorney or local legal aid office at 1-800-292-1862.

Tear here and return the bottom portion with your payment in the enclosed envelope.

Name: JOHN FOUTS

Claim Number: 1000234451

You Have the Right:

- To quick action whenever you report a change.
- To get notice of any action.
- To give us information to show the proposed action should not be taken.
- To discuss your cases with a worker.
- To receive fair treatment.



You may have rights under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. If you have a physical or mental problem that limits you, such as mental illness, trouble learning, drug or alcohol addiction, depression, moving around, hearing or seeing, you may call DCBS at 1-855-306-8959. DCBS accepts calls between 8:00 a.m. and 4:30 p.m. EST Monday through Friday and between 9:00 a.m. and 2:00 p.m. EST on Saturday.

Here are some of the ways we can help:

- We can visit you if you are not able to come to our office.
- We can tell you what this letter means.
- If you cannot do something we ask, we can help you or change what you have to do.
- We can help you appeal.

Do Not Send Applications Here

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:** Food and Nutrition Service, USDA
1320 Braddock Place, Room 334,
Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:**
FNSCIVILRIGHTSCOMPLAINTS@usda.gov

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the [state information/hotline numbers](#) (click the link for a listing of hotline numbers by state); found online at: [SNAP hotline](#).

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To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at <https://ocrportal.hhs.gov/ocr/>. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509-F H.H.H. Building, Washington DC 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

Do Not Send Applications Here

You may also file your complaint with the Cabinet for Health and Family Services, Office of Human Resource Management, EEO Compliance Branch, 275 E Main St 5C-D Frankfort, KY, 40621 or call 1-502-564-7770 ext. 4107.

If you have other complaints about your cases, you may call the Ombudsman at 1-800-372-2973 or 1-800-627-4702 (TTY).

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JOHN FOUTS
2904 SITKA DR
APT L29
LOUISVILLE, KY 40299-3051

I DO NOT OWE ANYTHING!
CHFS OWES ME THOUSANDS
OF DOLLARS AND CONTINUES TO
FURNISH ME THIS MONEY THEY ARE
NOT OWED BY ME. THIS
CONSTITUTES ONGOING THEFT!!
I DEMAND JUSTICE!!

Payment Receipt

We received your TOP Intercept of \$178.79 on September 03, 2025 for your debt you owe for SNAP benefits.

If you are under a court order, you must pay as directed by the judge. Otherwise, please make payment by check or money order payable to the Kentucky State Treasurer. Do not send cash.

Send payment to: Cabinet for Health and Family Services
Claims Management Section
275 E. Main Street 3E-1
Frankfort KY 40621

Please write this claim number, 1000243978, and any other claim number to which you want this payment to be applied, on your check or money order. We will send you a receipt showing the amount you paid and what you still owe.

As of this date, this debt is paid in full. This applies to this debt only. You may have other debts you still owe to this office. If so, you should continue to make regular payments for those debts.

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Name: JOHN FOUTS

Claim Number: 1000243978

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<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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Alexandria, VA 22314; or
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FNSCIVILRIGHTSCOMPLAINTS@usda.gov
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or call 1-502-564-7770 ext. 4107.

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KCD-1
01/17
921 KAR 3:050

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services
Division of Family Support

KCD-1.15
04/22
Date: 09/17/2025
Claim Number: 1000234451



JOHN FOUTS
2904 SITKA DR
APT L29
LOUISVILLE, KY 40299-3051

*I AM OWED REIMBURSEMENT
INTO THOUSANDS OF DOLLARS
RELATED TO TRIPS AND TRAVEL
TO REIMBURSE BY CHFS.
I DEMAND JUSTICE!!* rec'd 2025-09-24

Claim Termination

As of September 17, 2025, the Claims Management Section has closed your SNAP debt of \$875.00 for benefits received for the months of September 2022 to October 2022. You can stop paying this debt.

As of the date on this notice, claim 1000234451 is paid in full. You may have other debts you still owe to this office. If so, you should continue to make regular payments for those debts.

If you need additional information, please contact the Claims Management Section at 502-564-3440.

If you want legal help or advice, call your attorney or local legal aid office at 1-800-292-1862.

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COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services
Division of Family Support

KCD-1.15
04/22
Date: 09/17/2025
Claim Number: 1000234451



JOHN FOUTS
2904 SITKA DR
APT L29
LOUISVILLE, KY 40299-3051

*I AM OWED REIMBURSEMENT
INTO THOUSANDS OF DOLLARS
RELATED TO TRIPS AND PURCHASE
TO REIMBURSE BY CARS.
I DEMAND JUSTICE!!* rec'd 2025-09-24

Claim Termination

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2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
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FNSCIVILRIGHTSCOMPLAINTS@usda.gov
v.

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01/17
921 KAR 3:050

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services
Division of Family Support

KCD-1.15
04/22
Date: 09/17/2025
Claim Number: 1000243978



JOHN FOUTS
2904 SITKA DR
APT L29
LOUISVILLE, KY 40299-3051

Claim Termination

As of September 17, 2025, the Claims Management Section has closed your SNAP debt of \$439.00 for benefits received for the months of July 2022 to August 2022. You can stop paying this debt.

As of the date on this notice, claim 1000243978 is paid in full. You may have other debts you still owe to this office. If so, you should continue to make regular payments for those debts.

If you need additional information, please contact the Claims Management Section at 502-564-3440.

If you want legal help or advice, call your attorney or local legal aid office at 1-800-292-1862.

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PLEASE RETAIN FOR YOUR RECORDS

09/03/25

205868818



JOHN R FOUTS
2904 SITKA DR
APT L29
LOUISVILLE, KY 40299-3051

I DO NOT OWE
ANYTHING KY GOVT
TO PERMANENTLY STEAL
MONEY I DON'T OWE
THAT IS A CRIME!

I DEMAND
IMMEDIATE PERSONAL
AUDIT OF ONGOING MISMANAGEMENT
OF MY BENEFITS &
ONGOING FRAUD BY KY GOVT

What Happened to My Payment?

The U.S. Department of the Treasury, Bureau of the Fiscal Service (Fiscal Service), applied all or part of your payment to delinquent debt that you owe. This action is authorized by federal law. Below is your payment information:

Payment From: Social Security Administration

Payee Name: JOHN R FOUTS

Original Payment Amount: \$1879.00

Payee TIN (Last Four): 9858

Beneficiary TIN (Last Four): 9858

Payment Date: 09/03/25

Payment Type: EFT

Claim Account Number: 402179858 A

Who Do I Owe?

We applied your payment to debt that you owe to the following agency:

KY Cabinet Health and Fam Service
DIVISION OF FAMILY SUPPORT
CLAIMS MANAGEMENT SECTION
275 E MAIN ST, CHR BLDG 3E-I
FRANKFORT KY 40621
502-564-3440

TOP Trace Number: 205868818
Account #: 1000243978
Applied To This Debt: \$200.43
Type of Debt: Non-Tax Federal Debt

Please see additional pages for other debts, if any.

What Should I Do?

If you agree that you owe the debt, you do not need to do anything. Your debt balance has been reduced. If you believe that your payment was applied in error, you would like to resolve your debt, or you have questions about your debt or outstanding balance, contact the agency listed under **Who Do I Owe**. Please have this notice available when you contact the agency.

Only the agency listed under **Who Do I Owe** has information about your debt. Before sending a debt to Fiscal Service, an agency must send notice to you at the address in its records. The notice explains the amount and type of debt you owe, the rights available to you, and the agency's intention to collect the debt by applying eligible federal payments made to you.

For questions about your debt, please call the agency listed under **Who Do I Owe**. If you have questions about the Treasury Offset Program, please visit our website at www.fiscal.treasury.gov/TOP. Please do not contact the Social Security Administration regarding the reduction made in your federal payment as a result of this offset.



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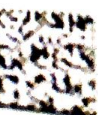
As stated on page 1 of the enclosed notice, we applied all or part of your Federal payment to debts you owe. You should contact the agencies listed below if you believe your payment was reduced in error or if you have questions about these debts.

KY Cabinet Health and Fam Service
DIVISION OF FAMILY SUPPORT
CLAIMS MANAGEMENT SECTION
275 E MAIN ST, CHR BLDG 3E-I
FRANKFORT KY 40621
502-564-3440
PURPOSE: Non-Tax Federal Debt

TOP Trace Num: 205868819
Acct Num: 1000234451
Amount This Creditor: \$52.64
Creditor: 28 Site: KY

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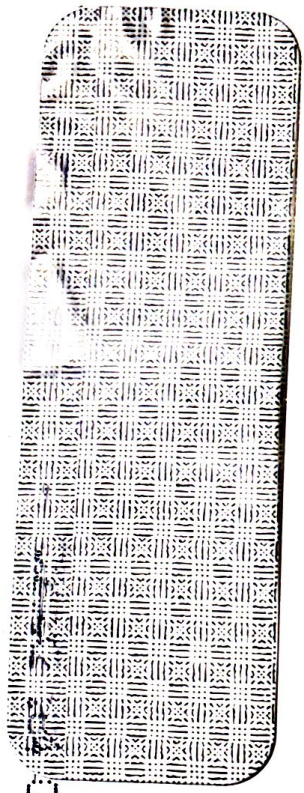
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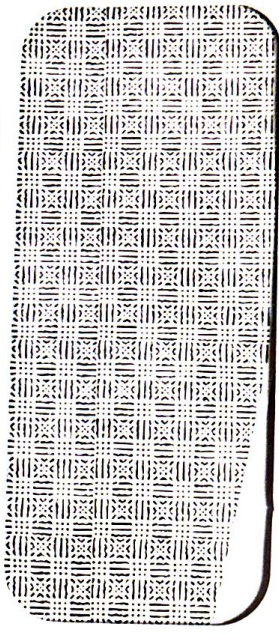
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Penalty for Private Use, \$300



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JOHN FOUTS
2904 SITKA DR
APT L29
LOUISVILLE KY 40299-3051

Supplemental Nutrition Assistance Program (SNAP) Facts



WHAT IS THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)?

SNAP helps people with low income buy enough food for healthy meals. You can use SNAP to buy food at stores which accept SNAP. When added to your household's other money, SNAP increases your household's food buying power.

WHO IS ELIGIBLE FOR SNAP?

Any low-income household may get SNAP by meeting basic requirements. A household is any person, family, or group of people living together who buy and eat food together. Adult children age 22 or older who live with their parents can have their own case if they buy and eat food separately. Adult siblings who live together, but not with their parents, and buy and eat food separately may also have their own SNAP cases.

These people must all be included in one case, even if they buy and eat food separately:

1. The spouse of any household member;
2. Parents living with their natural, adopted, or stepchildren age 21 or younger; and
3. Children age 17 and younger under the control of an adult household member.

You must provide the names and dates of birth of all persons who live in your home. You must also give us social security numbers (SSNs) for everyone you are applying for. If an individual needs an SSN or their SSN cannot be verified by a computer match, the DCBS office will help you apply for one. SSN and immigration status do not have to be provided for members who are not applying for benefits.

WHAT ARE THE BASIC REQUIREMENTS?

1. **IDENTITY.** You must provide proof of who you are with something such as a driver's license.
2. **CITIZENSHIP.** Only household members who are U.S. citizens and some legal residents of the United States are able to receive SNAP. USCIS identification forms may be required if any member of your household is an immigrant.

3. **WORK REGISTRATION.** Anyone in your household age 18 through 59 years old who can work must sign up for work, look for work, and accept work. Sometimes we can excuse members from work registration. To register, you may visit <https://focuscareer.ky.gov/career/> or visit your local Office of Employment and Training.
4. **RESOURCES.** Only certain households have to meet a resource limit. Resources that we do not count include your home, its contents, and personal belongings. You may be required to provide a current bank statement or other proof.
5. **INCOME.** The amount of money you can receive and still be able to get SNAP depends on your household size. We count money earned by working and other payments received by any household member as income.

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00243978

You will have to give the office proof of income. Proof includes pay stubs for the previous 2 calendar months or an employer's statement that shows the money paid to each person in your home who is working; award letters from Social Security, Railroad Retirement, Veterans Administration and/or Worker's Compensation.

Self-employed individuals must provide tax returns. If tax returns are not available, personal records and receipts must be provided for proof of income and deductions. You must also report contributions made directly to your household, payments made to a third party for household expenses, and reimbursements to your household for work or training related expenses. If you have income from someone living in your home, you must provide a statement from them showing what they pay.

You may be able to get deductions from your income. These include rent, utilities, legally obligated child support (paid to someone outside of your household), and child/dependent care expenses. If you are aged or disabled you may be able to get deductions for medical costs.

Proof may be required for expenses. Examples of proof may include: rent/mortgage receipts, utility bills, statements of child support payments, child/dependent care receipts, and medical receipts.

If you qualify, the amount of SNAP you receive depends on your household's size and income after deductions.

HOW DO YOU APPLY FOR SNAP?

To get SNAP, you must apply and be interviewed by a caseworker. To apply:

- Go to <https://kynect.ky.gov/benefits>; or
- Call 1-855-306-8959; or
- Visit a local DCBS office

You must have an interview, by phone or in person, to complete your application. If you need an interpreter, tell us. DCBS will provide one at no cost to you.

You can name someone to be your Authorized Representative. This person can act on your behalf in completing your interview for SNAP and make purchases for you at the grocery if you are not able.

Your first month's benefits start from the day we receive your completed and signed application. Applications received after the office is closed, on weekends, and on holidays will be dated the next day the office is open.

HOW WILL YOU KNOW IF YOU ARE APPROVED FOR SNAP?

When you file an application, we will send a notice within 30 days to tell you whether you have been approved or denied for SNAP. If you are approved, the notice will tell you the amount of SNAP you will receive. The notice will also let you know how long

you will receive benefits until we need more information.

WHO CAN GET SNAP RIGHT AWAY?

Some households may be able to get SNAP within a week of when they apply. We call these expedited benefits. To get them, the household must:

- Have monthly shelter and utility costs higher than your household's gross monthly income plus your resources like cash and bank accounts; or
- Have gross monthly income less than \$150 and resources, such as cash or checking/savings accounts, of \$100 or less; or
- Is a destitute migrant or seasonal farm worker household with resources of \$100 or less.

HOW DO YOU USE SNAP?

The SNAP you receive will be deposited into a SNAP account for you each month. You will receive an Electronic Benefit Transfer (EBT) card by mail when your case has been processed and approved.

SNAP can be used like money to purchase almost any food item, except ready-to-eat hot foods. You may also buy seeds and plants to grow fruits and vegetables with SNAP.

The following items cannot be purchased with SNAP: tobacco, alcoholic beverages, pet foods, soap or other household products, medicines, gasoline, etc.

Do not use your SNAP to pay on any kind of credit account even if it is for SNAP eligible food. Do not sell food purchased with SNAP or use SNAP to buy food for another household.

WHAT ARE YOUR RIGHTS?

As a person receiving SNAP, you have certain rights. You have the right to:

1. Begin the process of applying for SNAP the same day you contact a DCBS office;
2. Receive SNAP or be notified that you do not qualify for the program within 30 days after you file your application;
3. Receive SNAP within a few days if you meet certain requirements and have little or no money;
4. Have a fair hearing if you disagree with an action taken in your case. At a fair hearing you will be able to discuss your disagreement with an impartial hearing officer. If it is found that a mistake has been made in computing your benefits, you will receive any benefits you lost due to the mistake.

For more information about SNAP call 1-855-306-8959.

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:** Food and Nutrition Service, USDA
1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the [state information/hotline numbers](#) (click the link for a listing of hotline numbers by state); found online at: [SNAP hotline](#).

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form online through OCR's Complaint Portal at <https://ocrportal.hhs.gov/ocr/>. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509-F H.H.H. Building, Washington DC 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

You may also file your complaint with the Cabinet for Health and Family Services, Office of Human Resource Management, EEO Compliance Branch, 275 E Main St 5C-D Frankfort, KY 40621 or call 1-502-564-7770 EXT. 4107.

If you have other complaints about your SNAP case, you can call the Ombudsman's Office at 1-800-372-2973 or (TTY) 1-800-627-4702.

To report SNAP fraud or misuse of benefits, call the **KENTUCKY FRAUD HOTLINE 1-800-372-2970**.

MailId: 299006419
JOHN FOUTS
2904 SITKA DR
APT L29
LOUISVILLE KY 40299-3051

Return to:
Department for Community Based Services,
P.O. Box 2104,
Frankfort, KY 40602

Supplemental Nutrition Assistance Program (SNAP)
Application Summary

You gave us the information below about your household. If you are eligible, your benefits will begin from the date of application on July 23, 2025 or the first day of the next month. By signing this application, you are stating that you have been advised of your right to file an application with only name, address and signature.

You are also stating that you have been advised that your household could get Supplemental Nutrition Assistance Program benefits right away if:

- Your monthly shelter expenses are more than your gross monthly income added to your liquid resources; or
- Your liquid resources are \$100.00 or less and your gross monthly income is under \$150.00; or
- Your liquid resources are \$100.00 or less and you live in a destitute migrant or seasonal farmworker household.

Primary Applicant

JOHN FOUTS

Primary Phone Number

1-502-956-0052

Physical Address

2904 SITKA DR
APT L29
LOUISVILLE, KY 40299-3051

You have reported the following people are members of your household who live and eat together.

Name	Birthdate	Sex	Applying	Not Applying
JOHN FOUTS	January 31, 1979	M	X	
JACK A FOUTS	April 26, 2011	M	X	

You have reported the following information for your household members:

Household Resources:	\$3,817.00
Gross Earned Income:	\$0.00
Gross Unearned Income:	\$3,071.00
Dependent Care Expenses:	\$0.00
Medical Expenses:	\$365.45
Legal Support Deduction:	\$0.00
Rent:	\$62.00
Mortgage:	\$0.00

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Insurance:	\$0.00	
Tax:	\$0.00	KCD-1.13
Utility:	\$0.00	04/22
Use Standard Utility Allowance:	NO	19/2025
Use Basic Utility Allowance:	NO	13978
Use Telephone Standard:	NO	
Use Actual Utility Allowance:	NO	
Use Internet Standard:	YES	

If any of the reported information above is wrong or has changed, contact DCBS at 1-855-306-8959 or go into your local office within 10 calendar days. If you don't have a social security number you can also call this number for help with your EBT account. You are also required to inform DCBS of lottery and gambling winnings of \$4500 or more within 10 days of the end of the month in which you have received the winnings.

The collection of this information, including the social security number (SSN) of each household member, is authorized under the Food and Nutrition Act of 2008, as amended, 7 U.S.C. 2011-2036. This information will be used to determine if your household is eligible or continues to be eligible to participate in the Supplemental Nutrition Assistance Program. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management.

This information may be disclosed to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

If a SNAP claim arises against your household, the information on this application, including all SSN's, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action.

Providing the requested information, including the SSN of each household member, is voluntary. However, failure to provide an SSN will result in the denial of SNAP benefits to each individual failing to provide an SSN. Any SSN's provided will be used and disclosed in the same manner as SSN's of eligible household members.

Penalty Warning

Anyone in your household who intentionally breaks any of the following rules may be stopped from receiving SNAP benefits for one year the first time a rule is broken, two years the second time, and permanently the third time. The person may also be fined up to \$250,000.00, put in prison up to 20 years, or both. The person may also be subject to prosecution under other applicable federal laws.

Follow these rules

- Do NOT give false information or hide information to get SNAP benefits.
- Do NOT trade or sell SNAP benefits.
- Do NOT use SNAP benefits to buy ineligible items, like alcoholic drinks, soap, tobacco products, firearms, ammunition, explosives, or a controlled substance as defined by 21 U.S.C. 802.
- Do NOT use your SNAP benefits for anyone outside of your benefit group OR use someone else's SNAP benefits for your household.
- Do NOT give someone your EBT card and PIN to use if they are not a member of your benefit group or an authorized representative.
- Do NOT use your SNAP benefits to pay on a credit account, even if the charge was for SNAP eligible food.
- Do NOT sell food purchased with SNAP benefits.
- Do cooperate with Quality Control.

If you break these rules you may be stopped from getting benefits and you can be prosecuted.

Criminal penalties

- Households found guilty of purchasing a controlled substance as defined by 21 U.S.C. 802, with SNAP benefits shall be disqualified for two years for a first offense and permanently for a second offense.
- Recipients found guilty of purchasing firearms, ammunition and explosives with SNAP benefits or convicted of trafficking SNAP benefits of \$500 or more shall be disqualified permanently for the first offense.
- Anyone in your household shall be ineligible to participate for 10 years if he/she is found to have made a fraudulent statement or representation with respect to identity and residence in order to receive multiple benefits simultaneously.

Anyone in your household who is a fleeing felon or probation or parole violator will be ineligible for SNAP benefits.

I understand that the information I have provided on the application, including the information concerning citizenship and immigrant status, is subject to verification by federal, state, and local officials to determine if the information is true. I understand that as an applicant for SNAP benefits, I am required to provide a social security number for everyone who lives in my home for whom I am applying for benefits. (Social security numbers and immigration status does not have to be provided for members that are not applying for benefits.) I understand that social security numbers shall be used for various state and federal matches through the income and eligibility verification system (IEVS). These matches include, but are not limited to, Social Security, IRS, SSI, wage records, unemployment insurance, child support enforcement records and other matches as provided for under the authority of IEVS. This information may be verified through collateral contacts when discrepancies are found. Information provided under IEVS, after verification, may affect eligibility for and amount of benefits.

I understand that members of my household age 18 through 59 must register for work unless they are exempt as explained to me by the DCBS worker. The household members who must register are being registered by me when I sign this SNAP application. I further understand that the registered household members may be required to do employment and training program activities and/or seek and accept employment. If any household member refuses to follow the employment and training program requirements when contacted to do so, the household member may be disqualified from the Supplemental Nutrition Assistance Program. I understand that any members of my household age 18 through 59 will be disqualified if they refuse, without good cause, to provide sufficient information pertaining to their employment status or job availability. I also understand they will be disqualified if they voluntarily, without good cause, quit a job or reduce their work hours below 30 hours a week.

I understand that I may not receive an increase in SNAP benefits if my household's income is reduced because of a penalty imposed under a federal, state or local means tested public assistance program for failure to comply with program requirements. I also understand that the noncompliance rules of that program may be used in the SNAP program to reduce my household's allotment.

I understand that it is my responsibility to report household expenses, in order to receive allowable deductions. Failure to report or verify any of these expenses will be seen as a statement that I do not want to receive a deduction for the unreported expense.

I understand the questions on this application. I have reviewed the information on this form and certify under penalty of perjury that it is true and correct. If any part of the information on this application is incorrect, I understand that SNAP benefits may be denied and that I may be subject to the criminal prosecution rules for knowingly providing incorrect information.

7-25

MailId: 2
JOHN P
2904 ST
APT L2
LOUIS

Your Signature _____

Today's Date _____

Witness, if you signed with an X _____

Today's Date _____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

- 1. **mail:**
Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
- 2. **fax:**
(833) 256-1665 or (202) 690-7442; or
- 3. **email:**
FNCSIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

You may also file your complaint with the Cabinet for Health and Family Services, Office of Human Resource Management, EEO Compliance Branch, 275 E Main St 5C-D, Frankfort, KY 40621 or call 1-502-564-7770 ext. 4107.

You or your representative may request a fair hearing either orally or in writing if you disagree with any action taken on your case. Your case may be presented at the hearing by any person you choose.

A fair hearing may be requested by calling CHFS at 1-855-306-8959, or by sending a letter to:

Office of the Attorney General
Office of Administrative Hearings,
Family and Children Division
105 Sea Hero Rd, Suite 2
Frankfort, KY 40601

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10/22

MailId: 29F
JOHN F
2904
AP

FOR HEALTH AND FAMILY SERVICES
Division of Family Support
P.O. Box 2104
Frankfort, KY 40602

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MailId: 295625749
JOHN FOUTS
2904 SITKA DR
APT L29
LOUISVILLE, KY 40299-3051

*Received
2025-08-23*

Cabinet for Health and
Family Services
Department for Community
Based Services

*WHY SO LONG
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ADDRESS*

Decision About Your Coverage

Please see below for your household coverage. Coverage is based on the information you gave us.

Who was approved for coverage

Name	Program	Coverage Start Date	Coverage End Date
JOHN FOUTS	Long Term Care Medicaid (LTCM)	August 01, 2024	April 30, 2026
	Qualified Health Plan	See QHP Benefits Summary Section Below	December 31, 2025
JACK A FOUTS	Qualified Health Plan	See QHP Benefits Summary Section Below	December 31, 2025

Who was denied for coverage

Name	Program	Denial Effective Date
JOHN FOUTS	Non-SSI Regular Medicaid (ABDM)	August 01, 2025
Reason: You will not receive benefits because total monthly household income is more than the gross income limit. We based our decision on the rules in: 907 KAR 20:020.		
Income limit: \$235.00		
JOHN FOUTS	Medicare Savings Program	August 01, 2025
Reason: You will not receive benefits because you are now receiving Medicaid. We based our decision on the rules in: 907 KAR 1:006.		
Income limit: \$1,761.00		

*WRONG! CHFS
CONTRIBS TO WASTEFUL
DENY SUPP/EST IN
VIOLATION OF FEDERAL
LAW AND REFUSES TO COVER
ALL MEDICAL EXPENSES!*

Patient Liability Summary

Gov ANDY BETWEEN - J AND VAM HTP-PI

Name	Start Date	End Date	Patient Liability Amount
JOHN FOUTS	August 01, 2025	October 25, 2025	\$0.00

Based on your income, the Patient Liability Amount above is the most your long term care provider can charge you for each month. We will pay the rest. We will notify your medical provider of your eligibility and how much they can charge you. There are some services we will not pay for unless we approve them first.

QHP Benefits Summary

Name	Coverage Year
JACK A FOUTS	2025
JOHN FOUTS	2025

Eligibility Results:

- You are eligible to shop for a Qualified Health Plan (QHP).

Next Steps:

- If you want to enroll in a Health Insurance Plan for the first time because of a qualifying "life events" (marriage, birth, loss of health coverage) or you are already enrolled in a Health Insurance Plan which is not covering all your healthcare needs, then please visit kynect.ky.gov/benefits or call 1-855-459-6328 to enroll or check if you are eligible to change your plan at this time.
- On kynect you can compare different Health Insurance Plans and select a plan that's right for you.
- If the Health Insurance Plan in which you are enrolled is covering all your healthcare needs, then you don't need to select a new plan.
- You will need to select a Health Insurance Plan by the 15th of the month for coverage to be effective the 1st day of the next month.
- If you select a Health Insurance Plan after the 15th of the month, your coverage will be effective the first day of the second month.
- You must pay your premium for coverage to start or continue. If you have not received an invoice from your insurance company, please reach out to them to make timely payment.

Additional Information:

- The next open enrollment period is November 01, 2025 through January 15, 2026.
- The determinations or assessments in this letter were made based upon 45 CFR 155.305, 155.410, 155.420-430 and 42 CFR 435.603, 435.403, 435.406 and 435.911.

You may check the rules online at

<https://apps.legislature.ky.gov/law/kar/TITLE907.HTM>.

Important Medicaid Information

If you will be turning 65 in the next 90 days, or become eligible for Medicare due to a disability, there may be actions you need to take. Please refer to the **IMPORTANT: You may soon be eligible for Medicare** insert included in this notice.

Have questions? Changes to report?

If you have questions or your household circumstances have changed, you can:



- Call us at 1-855-459-6328 or 1-855-306-8959; OR
- Report changes by logging in to the Self-Service Portal at <https://kynect.ky.gov/benefits>; OR
- Visit a Department for Community Based Services (DCBS) Office. To find a DCBS office near you go to https://prd.webapps.chfs.ky.gov/Office_Phone/index.aspx.

Equifax Workforce Solutions (EWS) may have given information used in this action. EWS did not take this action, so they cannot explain it. You have the right to a free copy of your EWS file if you ask for it within 60 days. You may dispute the accuracy or completeness of the file directly with EWS.

Contact EWS at:
 Equifax Workforce Solutions
 Attn: Disputes
 3470 Rider Trail South
 Earth City, Missouri 63045
 (866) 222-5880

Need legal help?

If you want legal help, you may get free legal help from your local legal aid office at 180-029-21862.

Black English



*THIS MATTER ABSOLUTELY NO SENIOR - DCRS & CHFS
I HAVE KNOWN VERY WELL THAT I HAVE BEEN ON MEDICARE*
IMPORTANT: You may soon be eligible for Medicare *SINCE DEC, 2021
& DISABLED FULLY VOK
→ SSI-SSA*

According to the information on your kynect application, you or someone in your household will soon turn 65 or may be eligible for Medicare due to a disability. *JUNE 30, 2022*

Important Next Steps

1. Sign up for Medicare through Social Security: You can sign up for Medicare by visiting ssa.gov/benefits/medicare. You can also call Social Security at 1-800-772-1213 (TTY: 1-800-325-0778) or visit your local Social Security office.

If you don't sign up when you're first eligible, you may have to pay a late enrollment penalty.

If you already get benefits from Social Security, you'll get Medicare Part A and Part B automatically when you're first eligible and don't need to sign up. If you think this may apply to you, you should contact Social Security to find out more.

2. Choose your Medicare coverage: People can qualify for Medicare coverage in different ways. For information to help you make a decision about your coverage, visit Medicare.gov/sign-up-change-plans/get-started-with-medicare.

Pandemic Medicaid

If you are enrolled in Medicaid, you may remain enrolled until the Declared Public Health Emergency has ended; you will receive notification when this happens. It is strongly advised that you still take the necessary steps to enroll in Medicare in a timely manner to avoid possible penalties.

**It is important to not delay your enrollment in Medicare because there may be penalties for late enrollment
Medicaid Savings Program**

Certain lower income Medicare beneficiaries who are not entitled for full Medicaid may qualify for partial financial assistance with Medicare premiums, deductibles, or coinsurance. Please contact the Department for Community Based Services at 1-855-306-8959 for more information on how to apply.

When can I sign up for Medicare?

You can first sign up for Part A and/or Part B during the 7-month period that begins 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65. This is called the Initial Enrollment Period.

If you don't sign up for Part A (if you have to buy it) and/or Part B (for which you must pay premiums) during your Initial Enrollment Period, and you don't qualify for a Special Enrollment Period, you can sign up between January 1-March 31 each year. This is called the General Enrollment Period. If you sign up between January 1-March 31, your coverage won't start until July 1 of that year, and you may have to pay a higher Part A and/or Part B premium for late enrollment.

Visit

Medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods for more information on when to sign up.

For more help

- For questions about Medicare, visit [Medicare.gov](https://www.Medicare.gov) or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- For questions about your Medicare enrollment or if you want to apply for Medicare Part A or Part B, contact Social Security by visiting www.socialsecurity.gov, calling 1-800-772-1213 (TTY: 1-800-325-0778) or visiting your local Social Security office.
- For questions about your Medicare Savings Program call the Department for Community Based Services at 1-855-306-8959.

For local help

The Kentucky State Health Insurance Assistance Program (SHIP) provides information, counseling and assistance to seniors and disabled individuals, their families and caregivers. This service is provided at no charge by local, well-trained counselors. You can contact the State Health Insurance Assistance Program (SHIP) at 1-877-293-7447 or <https://chfs.ky.gov/agencies/dail/Pages/ship.aspx>.

Report Changes:

Any changes in your situation should be reported within 10 days if you receive State Supplementation or 30 days for Medicaid. To report changes, visit kynect.ky.gov/benefits, call DCBS at 1-855-306-8959 or write the changes on lines below and take this form to a DCBS office or mail this form to DCBS at P.O. Box 2104, Frankfort, KY 40602.

I want to report the following changes:

These changes are for the months of:

You Have the Right:

- To quick action whenever you report a change.
- To get a notice of any action.
- To give us information to show the proposed action should not be taken.
- To discuss your case with DCBS.
- To receive fair treatment.

Complaints about your case? Call the Ombudsman at 1-800-372-2973 or (TTY) 1-800-627-4702.

All Applications for assistance are considered without regard to race, color, sex, disability, religious creed, national origin, or political belief.

You may have rights under section 504 of the Rehabilitation Act and the Americans with Disabilities Act. If you have a physical or mental condition that limits you, for example an intellectual disability or trouble with the following: learning, substance use, mental health, mobility, hearing, or vision, you may call DCBS at 1-855-306-8959.

Here are some of the ways we can help:

- We can visit you if you are not able to come to our office.
- We can tell you what this letter means.
- If you cannot do something we ask, we can help you or make accommodations.
- We can help you appeal.

Call DCBS for other kinds of help.

If you think we have discriminated against you because of your race, color, religion, sex (including sexual orientation and gender identity), national origin, or disability, you may file a complaint.

- Office of Human Resource Management EEO Compliance Branch
275 E Main St, 5C-D Frankfort, KY 40621
1-502-564-7770 ext. 4107
- U.S. Dept. of Health & Human Services Office of Civil Rights
Atlanta Federal Center, Suite 16T70
61 Forsyth ST, SW Atlanta, GA 30303-8909
404-562-7886 or (TDD) 404-562-7884

Follow These Rules:

- Use the medical card only for the person listed on that card.
- Do NOT let someone else use your medical card.
- Do NOT give false information or hide information to get medical coverage.
- If you have other insurance, please provide this along with your Medicaid card to your medical providers.

If you break these rules, you may be prosecuted for fraud.

Hearing Deadlines:

Do you disagree with a decision we made about your benefits? If so, you may ask for a hearing **within 30 days** from the date of this notice.

Want to continue your benefits?

If you want to continue your existing benefits, ask for a hearing **within 10 days** from the date of this notice. This may allow you to get the same benefits until the hearing officer makes a decision or your current certification period ends, whichever occurs first. You may have to pay back these benefits if the decision is not in your favor.

If you want your benefits to continue, please include the following sentence in your written request: "I want my same benefits continued."

How do I ask for a Hearing?

- From your personal page at kynect.ky.gov/benefits; or
- Call DCBS at 1-855-306-8959; or
- Fill in the lines below and return it to DCBS; or

Return to:
Office of the Attorney General
Office of Administrative Hearings
Family and Children Division
105 Sea Hero Rd, Suite 2
Frankfort, KY 40601

I want a hearing because:

Signature _____ Date _____

What will happen at the Hearing?

- You may tell your point of view or bring a friend, relative, or lawyer to speak for you.
- You may bring witnesses and papers to help explain your situation.
- The hearing officer will decide what the State will do after hearing from both sides.
- If you disagree with the hearing officer's decision we will tell you what options you have next.

EPSDT Helps Keep Your Children Healthy:

EPSDT is Early and Periodic Screening, Diagnostic, and Treatment. This program provides routine preventative services for children under 21 with a Medicaid card. EPSDT may find and treat hidden health problems. If your medical provider finds a potential health concern, they may help find a doctor or clinic for treatment. The Medicaid program will consider covering any medically needed service found through EPSDT. Contact your primary care provider or local health department to ask for a check-up.



Black English recorded on new JotSpot 1000



CABINET FOR HEALTH AND FAMILY SERVICES
Division of Family Support
P.O. Box 2104
Frankfort, KY 40602

PRESORTED
U.S. POSTAGE PAID
FRANKFORT, KY
PERMIT NO. 888

Rec'd
2025-08-23

402 NEE 128042550008/22/25
NOTIFY SENDER OF NEW ADDRESS
FOUTS
184 CEDARVIEW DR
SHEPHERDSVILLE KY 40165-6105
BC: 40165610584 *2870-02604-22-25
401656105
FSZ-SP2 401

son: you will not receive benefits because total
than the gross income limit. W
0.

KCD-1
01/17
921 KAR 3:050

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services
Division of Family Support

KCD-1.13
04/22
Date: 08/19/2025
Claim Number: 1000243978

JOHN FOUTS
2904 SITKA DR
APT L29
LOUISVILLE, KY 40299-3051

*Recd
2025-08-25*

Payment Receipt

We received your TOP Intercept of \$260.21 on August 01, 2025 for your debt you owe for SNAP benefits.

This leaves a balance of \$178.79 that you still owe to the Cabinet for Health and Family Services, Department for Community Based Services.

If you are under a court order, you must pay as directed by the judge. Otherwise, please make payment by check or money order payable to the Kentucky State Treasurer. Do not send cash.

Send payment to: Cabinet for Health and Family Services
Claims Management Section
275 E. Main Street 3E-1
Frankfort KY 40621

Please write this claim number, 1000243978, and any other claim number to which you want this payment to be applied, on your check or money order. We will send you a receipt showing the amount you paid and what you still owe.

If you have questions, please contact this office at 502-564-3440.

If you want legal help or advice, call your attorney or local legal aid office at 180-029-21862.

Tear here and return the bottom portion with your payment in the enclosed envelope.

Name: JOHN FOUTS

Claim Number: 1000243978

*NO → I DO NOT
OWE THIS → I WAS NOT
OVERPAID!! CHFS/DCBS REFUSES
TO CORRECT THE SITUATION AS DOES
GOVERNOR ANDY BESHEAR AND INSTEAD,
WHEN I AM LITERALLY OWED THOUSANDS
BY KENTUCKY GOV. ANDY BESHEAR ALLOWS
MY LIMITED 'SIDE TO BE STOLEN FROM)*

Website: <http://chfs.ky.gov>

1 of 4

An Equal Opportunity Employer M/F/D

*→ ADDITIONALLY AND REFUSES
TO ASSIST IN CORRECT!!*

You Have the Right:

- To quick action whenever you report a change.
- To get notice of any action.
- To give us information to show the proposed action should not be taken.
- To discuss your cases with a worker.
- To receive fair treatment.

You may have rights under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. If you have a physical or mental problem that limits you, such as mental illness, trouble learning, drug or alcohol addiction, depression, moving around, hearing or seeing, you may call DCBS at 1-855-306-8959. DCBS accepts calls between 8:00 a.m. and 4:30 p.m. EST Monday through Friday and between 9:00 a.m. and 2:00 p.m. EST on Saturday.

Here are some of the ways we can help:

- We can visit you if you are not able to come to our office.
- We can tell you what this letter means.
- If you cannot do something we ask, we can help you or change what you have to do.
- We can help you appeal.

Do Not Send Applications Here

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- mail:** Food and Nutrition Service, USDA
1320 Braddock Place, Room 334,
Alexandria, VA 22314; or
- fax:** (833) 256-1665 or (202) 690-7442; or
- phone:** (833) 620-1071; or
- email:**
FNSCIVILRIGHTSCOMPLAINTS@usda.gov

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the [state information/hotline numbers](#) (click the link for a listing of hotline numbers by state); found online at: [SNAP hotline](#).

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at <https://ocrportal.hhs.gov/ocr/>. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509-F H.H.H. Building, Washington DC 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

Do Not Send Applications Here

You may also file your complaint with the Cabinet for Health and Family Services, Office of Human Resource Management, EEO Compliance Branch,
275 E Main St 5C-D
Frankfort, KY , 40621
or call 1-502-564-7770 ext. 4107.

If you have other complaints about your cases, you may call the Ombudsman at 1-800-372-2973 or 1-800-627-4702 (TTY).

WCM-200 11/19

Date: 08/20/2025



Cabinet for Health and Family Services
Department for Medicaid Services
Long Term Services and Supports
275 E Main St 6W-B Frankfort, KY 40621
P. 502-564-7540 | www.chfs.ky.gov

Andy Beshear
Governor

Steven Stack, MD
Secretary

Lisa D. Lee
Commissioner

Carmen Hancock
Division Director

JOHN FOUTS
2904 SITKA DR
APT L29
LOUISVILLE, KY 40299-3051

RECEIVED
2025-08-25
AS I HAVE REMAINED
ELIGIBLE FOR WAIVER SERVICES,
WHY HAVE WAIVER SERVICES AGENCIES
REFUSED ALL SERVICES + DME?
I WILL NOT ACCEPT WAIVER OF
MY RIGHTS IN EXCHANGE FOR
SERVICES AND WAIVER OF
GOVERNMENT FORMS -> EVEN GOV.

Subject: Prior Authorization of Services for Home and Community Based Medicaid Waiver Program

Dear JOHN FOUTS, 1004493296

A prior authorization does not guarantee a provider will receive payment from Medicaid. For the provider to receive payment, the provider certification must be valid on the date(s) of service billed, and the participant must be eligible on the date(s) of service billed. It is the provider's responsibility to maintain provider certification and verify participant eligibility.

The following services have been approved:

TO TRADE BY
FEDERAL LAW IN THESE
MATTERS AND FOR ENFORCE

Service	Total Prior Authorized Units/Frequency	Amount Total	Service Begin	Service End	Provider
Case Management: T1016	1.00 per MON		10/26/2024	08/13/2025	7100497180 - Access Care
Attendant Care: S5108	88.00 per WK		10/26/2024	08/13/2025	7100941980 - 2nd Home Adult Day Health Care
Goods and Services : T1999		\$995.00	10/29/2024	11/22/2024	7100497180 - Access Care

IT...
AS WELL
AS IN
OTHER
MATTERS

The following items have been approved:

Item(s) Summary							
Item	Service	Service Begin	Service End	Item Begin Date	Item End Date	Amount Total	Provider
Lift Chair Light Blue	Goods and Services : T1999	10/29/2024	11/22/2024	10/29/2024	11/22/2024	\$995.00	7100497180 - Access Care

GOV. ANDY
BESHEAR! I NEED YOUR HELP!

The following services have been denied:

Service	Reason	Requested Service Begin	Requested Service End	Provider
		11/25/2024	12/31/2024	7100497180 - Access Care

Goods and Services : T1999	Lack Of Information			
-------------------------------	------------------------	--	--	--

Please note that denied services are listed for informational purposes only. You will receive another letter with details of the denial and any applicable appeal rights.

The following Items have been **denied**:

Item(s) Summary							
Item	Service	Service Begin	Service End	Item Begin Date	Item End Date	Amount Total	Provider
Sequential Compressi on Device	Goods and Services : T1999	11/25/2024	12/31/2024	11/25/2024	12/31/2024	\$1,295.00	710049718 0 - Access Care

If you have questions about prior authorization, please contact the KY UM Call Center at 800-292-2392.

Full-text versions of waiver regulations are available at:
<https://www.chfs.ky.gov/agencies/dms/dca/pages/default.aspx>.

PAFS-60
10/20



**Cabinet for Health and Family Services
Department for Medicaid Services
Long Term Services and Supports**

275 E Main St 6W-B Frankfort, KY 40621
P. 502-564-7540 | www.chfs.ky.gov

Andy Beshear
Governor

Steven Stack, MD
Secretary

Lisa D. Lee
Commissioner

Carmen Hancock
Division Director

JOHN FOUTS
2904 SITKA DR
APT L29
LOUISVILLE, KY 40299-3051

RE: Loss of Medicaid Waiver Program

Dear JOHN FOUTS, 1004493296

This letter is to let you know you have lost your slot in the Home and Community Based Medicaid Waiver Program.

You have lost the slot because of the following reason : No longer accessing services.

Closure Comments : Participant has not received services in over 60 days. Per regulatory requirements, program closing.

If your circumstances change, contact the person who was your case manager for help, or submit a new waiver application.

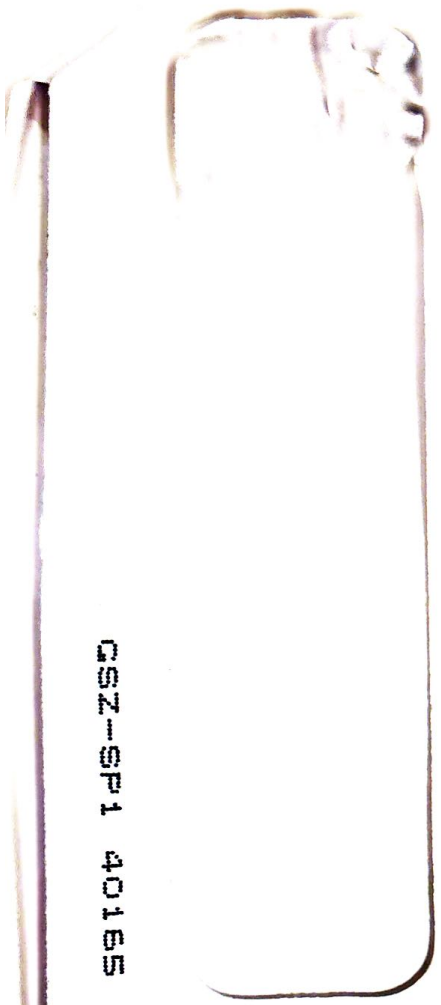
Full-text versions of waiver regulations are available at
<https://www.chfs.ky.gov/agencies/dms/dca/pages/default.aspx>.



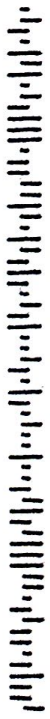
Mailed: 2
JOHN
29

CABINET FOR HEALTH AND HUMAN SERVICES
Division of Family Support
P.O. Box 2104
Frankfort, KY 40602

ICES



CSZ-SP1 40165



COASZ-184 CEDARVIEW DR 40165

*RECEIVED
2015-08-25*

FIRST-CLASS MAIL
PRESORTED
U.S. POSTAGE PAID
FRANKFORT, KY
PERMIT NO. 888

Item

Service

Service

Service

It



MailId: 299115817
JOHN FOUTS
2904 SITKA DR
APT L29
LOUISVILLE, KY 40299-3051

YES!
I HAVE
REQUESTED
ASSISTANCE MANY
TIMES! IN

Did You Know?

If you have a physical or mental limitation that makes it hard for you to:

- Apply for cash assistance (known as KTAP), Medicaid, food assistance (known as SNAP), or other benefits.
- Keep appointments with us.
- Do a task or activity we ask you to do.

WRITING!
SO MANY
IS INADEQUATE
EVIDENCE OF MY
REQUESTS!
CHFS/DCBS

We can help.

If you have a physical or mental limitation, tell a worker so they can help you. We can also help you if you care for a family member and that makes it hard for you to get benefits. Below is why and how we can help.

Americans with Disabilities Act (ADA)

The law: You have the right under the Americans with Disabilities Act (ADA) to get help applying for and keeping benefits. You can get help with any activity needed to use our programs.

Who it protects: You have rights under the ADA if any kind of health limitation makes it hard for you to do something basic and important, like:

- care for yourself
- walk, stand, or sit
- see, hear, or talk
- breathe
- learn
- remember things
- do tasks with your hands
- work

ALWAYS REFUSED
AND YOU DO NOT AS
DOES ANY REHEAR! WORDS
ON PAPER WITHOUT MATCHING
ALSO AS THE MEANINGS!

The limitation can be physical, like diabetes, asthma, or migraine headaches. Or it can be mental or emotional, like depression, anxiety, or attention deficit/hyperactivity disorder (ADHD). It can also be a learning disability, like dyslexia.

You do **not** have to get disability benefits to get this help.

How we can help: If you have one or more of these limitations, you have the right to get help from a DCBS worker. Depending on the nature of your health limitation, this help may include:

GOV. ANDY BESHEAR → I NEED
YOUR HELP!

- Help filling out applications and getting information and papers we ask you to give us;
- Home visits or telephone interviews if you are unable to come to our office;
- Phone calls or notices to remind you of appointments or to return needed information and papers;
- A meeting space big enough for medical equipment you need, like a walker, wheelchair, oxygen tank, etc.
- Help understanding what the letters we send you mean;
- More time to do work activities;
- Permission from us not to do work activities;
- Help finding a work activity you can do;
- Services to help you get ready to do a work activity;
- Help filing an ADA grievance if you believe you did not get the help you needed;
- Other types of help.

If you need help due to a physical or mental limitation, tell a worker what you need in order to access benefits and services offered by the Department for Community Based Services.

If you do not get the help you ask for, you may file an ADA grievance by telephone, mail, or fax to:

Cabinet for Health and Family Services
Office of Human Resource Management
EEO Compliance Branch
275 E Main St 5C-D
Frankfort, KY 40621
Phone 1-502-564-7770, ext. 4107
FAX 1-502-564-3129

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:** Food and Nutrition Service, USDA
1320 Braddock Place, Room 334, Alexandria, VA 22314; or

KIP-10
10/2

- 2. **fax:** (833) 256-1665 or (202) 690-7442; or
- 3. **phone:** (833) 620-1071; or
- 4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the [state information/hotline numbers](#) (click the link for a listing of hotline numbers by state); found online at: [SNAP hotline](#).

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at <https://ocrportal.hhs.gov/ocr/>. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509-F H.H.H. Building, Washington DC 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 5C-D. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

You may also file your complaint with the Cabinet for Health and Family Services, Office of Human Resource Management, EEO Compliance Branch, 275 E Main St 5C-D Frankfort, KY 40621 or call 1-502-564-7770 EXT. 4107.

If you have other complaints about your SNAP case, you can call the Ombudsman's Office at 1-800-372-2973 or (TTY) 1-800-627-4702.

Wall
JOH
290
APT
LO



MailId: 299115807
JOHN FOUTS
2904 SITKA DR
APT L29
LOUISVILLE, KY 40299-3051

Civil Rights

CHFS AND CIVIL RIGHTS

The Kentucky Cabinet for Health and Family Services (CHFS) does not discriminate against any person on the basis of political beliefs, race, national origin, color, religion, age, mental or physical disability or sex. This policy protects the rights of the Cabinet's employees, service applicants and customers. Vendors, agencies and organizations providing services to the Cabinet or its recipients of federally aided programs must also comply with this policy.

CHFS COMMITMENTS

CHFS has made the following commitments:

- No one applying for or receiving assistance or services will directly, or through contractual or other arrangements, be denied aid, care, services, or other benefits provided by CHFS for which they are eligible.
- Services will be given in the same manner to all recipients, based on eligibility.
- No one applying for or receiving assistance will be subjected to segregation or different treatment in any matter related to receipt of the assistance.
- No one applying for or receiving assistance will be restricted in any way in the enjoyment of any advantages or privileges enjoyed by others receiving similar services.
- No one will be given different treatment in determining eligibility or meeting other requirements or conditions that must be met to receive benefits.
- CHFS will maintain an environment free from any type of harassment or discrimination and will respond promptly and effectively to such complaints.

DISCRIMINATION COMPLAINTS

Any applicant for or recipient of federally aided programs who feels discriminated against may file a complaint of discrimination.

FILING A COMPLAINT

All complaints of discrimination should be forwarded immediately to the EEO/Civil Rights Compliance Branch of the Cabinet's Office of Human Resource Management.

Kentucky Cabinet for Health and Family Services
EEO/Civil Rights Compliance Branch
275 E Main St 5C-D
Frankfort KY 40621
1-502-564-7770

You may file a complaint of discrimination at your local office. The allegation will be

forwarded to the Cabinet's EEO/Civil Rights Compliance Branch. You may also file a complaint with an outside agency.

CONFIDENTIALITY

The complainant's identity will be kept confidential except to the extent needed to carry out the investigation and to remain within the confines of the Kentucky Open Records Act.

Civil rights complaints may be filed with the following:

Kentucky Cabinet for Health and Family Services
EEO/Civil Rights Compliance Branch
275 E Main St 5C-D
Frankfort KY 40621
1-502-564-7770

Kentucky Commission on Human Rights
The Heyburn Building Suite 700
332 W. Broadway Louisville KY 40202
1-800-292-5566

- US Department of Agriculture**
1. **mail:**
Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
 2. **fax:**
(833) 256-1665 or (202) 690-7442; or
 3. **email:**
FNSCIVILRIGHTSCOMPLAINTS@usda.gov

US Department of Education
Office for Civil Rights
600 Independence Avenue SW
Washington DC 20202-1100
1-800-421-3481

US Department of Health and Human Services (HHS)
Office for Civil Rights
200 Independence Avenue SW
H.H.H. Building, Room 509-F
Washington DC 20201
1-800-368-1019 or TTY1-800-537-7697

US Department of Justice
Office of the Assistant Attorney General
Civil Rights Division
PO Box 65808
Washington DC 20035-5808
202-514-2151

US Department of Labor
Office of Federal Contract Compliance
Atlanta Federal Center, Room 7B75
100 Alabama St SW
Atlanta Georgia 30303
404-562-2424

For Recipients of SNAP, WIC or other USDA or HHS funded services:

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit

your completed form or letter to USDA by:

1. mail: Food and Nutrition Service, USDA
1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. phone: (833) 620-1071; or
4. email: FNCSIVILRIGHTSCOMPLAINTS@usda.gov.

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08/26/2025
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For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the [state information/hotline numbers](#) (click the link for a listing of hotline numbers by state); found online at: [SNAP hotline](#).

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at <https://ocrportal.hhs.gov/ocr/>. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509-F H.H.H. Building, Washington DC 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

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Mailed: 299115803
JOHN FOUTS
2904 SITKA DR
APT L29
LOUISVILLE, KY 40299-3051

Important Information for All Who Apply

We can help you during your application interview if you have a physical or mental limitation that makes it hard to do what we ask.

We can get a **free** interpreter for your interview if you speak a language other than English or need a sign language interpreter.

To get help, call 1-855-306-8959 Monday to Friday 8:00 a.m. to 4:30 p.m. ET and Saturdays 9:00 a.m. to 2:00 p.m. ET or TTY (for hearing impaired) at 1-800-627-4702.

When you apply for benefits, we will ask you to tell us the social security number of everyone living in your home. You may not need to tell us this information. This notice tells you when you have to give us this information.

- Anyone who wants to receive KTAP, SNAP, or Medicaid benefits must give us his or her social security number and tell us about his or her citizenship and immigration status. If you do not have a social security number, we can help you get one. This will not delay your application.
- Providing or applying for a social security number is voluntary. Social security numbers are used to verify your family's income and to do computer matches with other agencies such as the Kentucky Department of Employment Services, the Internal Revenue Service and other matching sources.
- Social security numbers will not be used to report anyone to the United States Citizenship and Immigration Services (USCIS).
- Anyone applying only for emergency Medicaid does not have to give us his or her social security number or tell us about his or her citizenship and immigration status.
- If you or anyone else in your home does not want to receive benefits, then you do not have to tell us about their social security number, citizenship, or immigration status. Other members of your household can still get benefits, if they qualify.
- Receiving Medicaid, Kentucky Children's Health Insurance Program (KCHIP), or SNAP Benefits will not affect your or your family's ability to change your immigration status. An exception to this is the use of long-term institutional care, such as a nursing home.
- Receiving KTAP or Supplemental Security Insurance (SSI) could cause problems for immigrants who are trying to change their immigration status, especially if the

benefits are your family's only income. If this applies to you, talk to an agency that helps immigrants with legal problems before you apply.

- Refugees and persons granted asylum may receive any benefit, including KTAP, without hurting their chances of changing their immigration status or becoming a U.S. citizen.

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

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1. **mail:** Food and Nutrition Service, USDA
1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNCSIVILRIGHTSCOMPLAINTS@usda.gov.

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To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at <https://ocrportal.hhs.gov/ocr/>. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509-F H.H.H. Building, Washington DC 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

You may also file your complaint with the Cabinet for Health and Family Services, Office of Human Resource Management, EEO Compliance Branch, 275 E Main St 5C-D Frankfort, KY 40621 or call 1-502-564-7770 EXT.4107.

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If you have other complaints about your SNAP case, you can call the Ombudsman's Office at 1-800-372-2973 or (TTY) 1-800-627-4702.

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CABINET FOR HEALTH AND FAMILY SERVICES

Division of Family Support

P.O. Box 2104

Frankfort, KY 40602

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FRANKFORT, KY
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*Rec'd
2025-08-28*

ANK
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492 NEE 1260425 F0009/23/23
NOTIFY SENDER OF NEW ADDRESS
FOOTS CEDARVIEW DR
184 CEDARVIEW DR
SHEPHERDSVILLE KY 40165-6105
BC: 40165610584 * 2970-00887-23-23
|||

- see, hear, or talk
- breathe



MailId: 300008334
JOHN FOUTS
2904 SITKA DR
APT L29
LOUISVILLE, KY 40299-3051

Cabinet for Health and
Family Services
Department for Community
Based Services

*REC'D
2025-08-29
ALL WRONG
STILL*

*HAS TO BE PARENT/DONOR
AT THIS POINT -> TO
CONTINUE RECEIVING
CME*

Decision About Your Coverage

Please see below for your household coverage. Coverage is based on the information you gave us.

Who was approved for coverage

NO IN COMPLIANCE

Name	Program	Coverage Start Date	Coverage End Date
JACK A FOUTS	Qualified Health Plan	See QHP Benefits Summary Section Below	December 31, 2025
JOHN FOUTS	Qualified Health Plan	See QHP Benefits Summary Section Below	December 31, 2025

Who was denied for coverage

Name	Program	Denial Effective Date
JOHN FOUTS	Qualified Health Plan with Payment Assistance (APTC)	September 01, 2025
Reason: You will not receive benefits because individual has adequate health coverage. We based our decision on the rules in: <u>45 CFR 155.305</u> .		
JOHN FOUTS	Medicare Savings Program	August 01, 2025 - August 31, 2025
Reason: You will not receive benefits because you are now receiving Medicaid. We based our decision on the rules in: 907 KAR 1:006.		
Income limit: \$1,761.00		
JOHN FOUTS	Medicare Savings Program	September 01, 2025
Reason: You will not receive benefits because total monthly household income is more than the gross income limit. We based our decision on the rules in: 907 KAR 20:020.		
Income limit: \$1,761.00		

*WTF?
NO I DON'T!
MORE THAN HALF OF MEDICALLY NECESSARY CME IS UNNATURAL*

CHFS - DCBS IS IN CONSTANT VIOLATION OF FEDERAL LAW -> NOT COUNTING ANY MEDICAL EXPENSES!!

DRUGS / UNNATURAL / PATIENTS

Whose coverage will end

Name	Program	Effective Date
JOHN FOUTS	Long Term Care Medicaid (LTCM)	September 01, 2025

Reason: You will no longer receive benefits because you do not have an active Level of Care. Please contact your provider. We based our decision on the rules in: 907 KAR 20:005.

WTF?!

Patient Liability Summary

Name	Start Date	End Date	Patient Liability Amount
JOHN FOUTS	August 01, 2025	August 13, 2025	\$0.00

What??

Based on your income, the Patient Liability Amount above is the most your long term care provider can charge you for each month. We will pay the rest. We will notify your medical provider of your eligibility and how much they can charge you. There are some services we will not pay for unless we approve them first.

QHP Benefits Summary

Name	Coverage Year
JACK A FOUTS	2025
JOHN FOUTS	2025

} Wrong!!

Eligibility Results:

- You are eligible to shop for a Qualified Health Plan (QHP).

Next Steps:

- If you want to enroll in a Health Insurance Plan for the first time because of a qualifying "life events" (marriage, birth, loss of health coverage) or you are already enrolled in a Health Insurance Plan which is not covering all your healthcare needs, then please visit kynect.ky.gov/benefits or call 1-855-459-6328 to enroll or check if you are eligible to change your plan at this time.
- On kynect you can compare different Health Insurance Plans and select a plan that's right for you.
- If the Health Insurance Plan in which you are enrolled is covering all your healthcare needs, then you don't need to select a new plan.
- You will need to select a Health Insurance Plan by the 15th of the month for coverage to be effective the 1st day of the next month.
- If you select a Health Insurance Plan after the 15th of the month, your coverage will be effective the first day of the second month.
- You must pay your premium for coverage to start or continue. If you have not received an invoice from your insurance company, please reach out to them to make timely payment.

JANICE ES
 AUTOMATICALLY COVERED
 AS CHILD OF A DISABLED
 WORKER

THIS WHOLE DOCUMENT IS WRONG

JOHN FOIA
2904 S
APT



Additional Information:

- The next open enrollment period is November 01, 2025 through January 15, 2026.
- The determinations or assessments in this letter were made based upon 45 CFR 155.305, 155.410, 155.420-430 and 42 CFR 435.603, 435.403, 435.406 and 435.911.

You may check the rules online at <https://apps.legislature.ky.gov/law/kar/TITLE907.HTM>.

Important Medicaid Information

If you will be turning 65 in the next 90 days, or become eligible for Medicare due to a disability, there may be actions you need to take. Please refer to the **IMPORTANT: You may soon be eligible for Medicare** insert included in this notice.

Have questions? Changes to report?

- If you have questions or your household circumstances have changed, you can:
- Call us at 1-855-459-6328 or 1-855-306-8959; OR
 - Report changes by logging in to the Self-Service Portal at <https://kynect.ky.gov/benefits>; OR
 - Visit a Department for Community Based Services (DCBS) Office. To find a DCBS office near you go to https://prd.webapps.chfs.ky.gov/Office_Phone/index.aspx.

Equifax Workforce Solutions (EWS) may have given information used in this action. EWS did not take this action, so they cannot explain it. You have the right to a free copy of your EWS file if you ask for it within 60 days. You may dispute the accuracy or completeness of the file directly with EWS.

Contact EWS at:
Equifax Workforce Solutions
Attn: Disputes
3470 Rider Trail South
Earth City, Missouri 63045
(866) 222-5880

CHFS-DCBS SHOULD HAVE [NO ACCESS] → I FROZE MY REPORT AFTER DISCOVERING EMBARRASSING VIOLATIONS OF HIPAA, FACTA, FCRA

Need legal help?

If you want legal help, you may get free legal help from your local legal aid office at 180-029-21862.

Frequently Asked Questions (FAQ)

What is Qualified Health Plan with Payment Assistance (APTC)?

Qualified Health Plan with Payment Assistance, also known as APTC, is a tax credit you can use to help lower the monthly cost of your health insurance. This tax credit is only available when you get your plan through kynect. It is based on your income and household size.

THIS ENTIRE DOCUMENT IS EVEN MORE WRONG THAN BEFORE!

REPORT THAT IS ALSO A SERIOUS VIOLATION OF MULTIPLE LAWS

Case Number: 112868494

Date: 08/20/17

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What are Cost-Sharing Reductions (CSRs) or "Special Discounts"?

Cost-Sharing Reductions (CSRs), also called "special discounts", are extra savings that reduce your out-of-pocket costs. Special Discounts lower the amount that you pay for expenses like copays and deductibles. They will decrease your out-of-pocket maximums.

So what is my disability?

What is AIAN?

Native Americans and Alaska Natives, may be eligible for enhanced health coverage benefits, special discounts, and protections if they are members of a federally recognized tribe. These benefits are sometimes referred to as AIAN (American Indian and Alaskan Native) in laws and notices.



JOHN FOUT
2904 SIT
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IMPORTANT: You may soon be eligible for Medicare

According to the information on your kynect application, you or someone in your household will soon turn 65 or may be eligible for Medicare due to a disability.

Important Next Steps

1. Sign up for Medicare through Social Security: You can sign up for Medicare by visiting ssa.gov/benefits/medicare. You can also call Social Security at 1-800-772-1213 (TTY: 1-800-325-0778) or visit your local Social Security office.

If you don't sign up when you're first eligible, you may have to pay a late enrollment penalty.

If you already get benefits from Social Security, you'll get Medicare Part A and Part B automatically when you're first eligible and don't need to sign up. If you think this may apply to you, you should contact Social Security to find out more.

2. Choose your Medicare coverage: People can qualify for Medicare coverage in different ways. For information to help you make a decision about your coverage, visit Medicare.gov/sign-up-change-plans/get-started-with-medicare.

It is important to not delay your enrollment in Medicare because there may be penalties for late enrollment Medicaid Savings Program

YOU ALREADY KNOW I AM ENROLLED -> I HAVE BEEN

Certain lower income Medicare beneficiaries who are not entitled for full Medicaid may qualify for partial financial assistance with Medicare premiums, deductibles, or coinsurance. Please contact the Department for Community Based Services at 1-855-306-8959 for more information on how to apply.

DECEMBER / JAN 2025

When can I sign up for Medicare?

YOU ALREADY KNOW THAT SO YOU DON'T NEED

You can first sign up for Part A and/or Part B during the 7-month period that begins 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65. This is called the Initial Enrollment Period.

LEVEN LESS

If you don't sign up for Part A (if you have to buy it) and/or Part B (for which you must pay premiums) during your Initial Enrollment Period, and you don't qualify for a Special Enrollment Period, you can sign up between January 1-March 31 each year. This is called the General Enrollment Period. If you sign up between January 1-March 31, your coverage won't start until July 1 of that year, and you may have to pay a higher Part A and/or Part B premium for late enrollment.

SENSE!!

Visit

Medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods for more information on when to sign up.

For more help

- For questions about Medicare, visit Medicare.gov or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- For questions about your Medicare enrollment or if you want to apply for Medicare Part A or Part B, contact Social Security by visiting www.socialsecurity.gov, calling 1-800-772-1213 (TTY: 1-800-325-0778) or visiting your local Social Security office.
- For questions about your Medicare Savings Program call the Department for Community Based Services at 1-855-306-8959.

For local help

The Kentucky State Health Insurance Assistance Program (SHIP) provides information, counseling and assistance to seniors and disabled individuals, their families and caregivers. This service is provided at no charge by local, well-trained counselors. You can contact the State Health Insurance Assistance Program (SHIP) at 1-877-293-7447 or <https://chfs.ky.gov/agencies/dail/Pages/ship.aspx>.

I REQUEST ASSISTANCE FOR WORKER
TO COME TO WORK I AM
STANDING

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Case Number: 112868494

Date: 08/20/2025

Report Changes:

Any changes in your situation should be reported within 10 days if you receive State Supplementation or 30 days for Medicaid. To report changes, visit kynect.ky.gov/benefits, call DCBS at 1-855-306-8959 or write the changes on lines below and take this form to a DCBS office or mail this form to DCBS at P.O. Box 2104, Frankfort, KY 40602.

I want to report the following changes:

These changes are for the months of:

You Have the Right:

- To quick action whenever you report a change.
- To get a notice of any action.
- To give us information to show the proposed action should not be taken.
- To discuss your case with DCBS.
- To receive fair treatment.

Complaints about your case? Call the Ombudsman at 1-800-372-2973 or (TTY) 1-800-627-4702.

All Applications for assistance are considered without regard to race, color, sex, disability, religious creed, national origin, or political belief.

You may have rights under section 504 of the Rehabilitation Act and the Americans with Disabilities Act. If you have a physical or mental condition that limits you, for example an intellectual disability or trouble with the following: learning, substance use, mental health, mobility, hearing, or vision, you may call DCBS at 1-855-306-8959.

Here are some of the ways we can help:

- We can visit you if you are not able to come to our office.
- We can tell you what this letter means.
- If you cannot do something we ask, we can help you or make accommodations.
- We can help you appeal.

Call DCBS for other kinds of help.

If you think we have discriminated against you because of your race, color, religion, sex (including sexual orientation and gender identity), national origin, or disability, you may file a complaint.

- Office of Human Resource Management EEO Compliance Branch
275 E Main St, 5C-D Frankfort, KY 40621
1-502-564-7770 ext. 4107
- U.S. Dept. of Health & Human Services Office of Civil Rights
Atlanta Federal Center, Suite 16T70
61 Forsyth ST, SW Atlanta, GA 30303-8909
404-562-7886 or (TDD) 404-562-7884

Follow These Rules:

- Use the medical card only for the person listed on that card.
- Do NOT let someone else use your medical card.
- Do NOT give false information or hide information to get medical coverage.
- If you have other insurance, please provide this along with your Medicaid card to your medical providers.

If you break these rules, you may be prosecuted for fraud.

Hearing Deadlines:

Do you disagree with a decision we made about your benefits? If so, you may ask for a hearing **within 30 days** from the date of this notice.

Want to continue your benefits?

If you want to continue your existing benefits, ask for a hearing **within 10 days** from the date of this notice. This may allow you to get the same benefits until the hearing officer makes a decision or your current certification period ends, whichever occurs first. You may have to pay back these benefits if the decision is not in your favor.

If you want your benefits to continue, please include the following sentence in your written request: "I want my same benefits continued."

How do I ask for a Hearing?

- From your personal page at kynect.ky.gov/benefits; or
- Call DCBS at 1-855-306-8959; or
- Fill in the lines below and return it to DCBS; or

Return to:
Office of the Attorney General
Office of Administrative Hearings
Family and Children Division
105 Sea Hero Rd, Suite 2
Frankfort, KY 40601

I want a hearing because:

Signature _____ Date _____

What will happen at the Hearing?

- You may tell your point of view or bring a friend, relative, or lawyer to speak for you.
- You may bring witnesses and papers to help explain your situation.
- The hearing officer will decide what the State will do after hearing from both sides.
- If you disagree with the hearing officer's decision we will tell you what options you have next.

EPSDT Helps Keep Your Children Healthy:

EPSDT is Early and Periodic Screening, Diagnostic, and Treatment. This program provides routine preventative services for children under 21 with a Medicaid card. EPSDT may find and treat hidden health problems. If your medical provider finds a potential health concern, they may help find a doctor or clinic for treatment. The Medicaid program will consider covering any medically needed service found through EPSDT. Contact your primary care provider or local health department to ask for a check-up.

CHFS DOES NOT HAVE IT CLAIMS. THE STAFF OF WHAT CHFS DOES NOT FORGOT OR THE DOCUMENTS
2025-01-23

CABINET FOR HEALTH AND FAMILY SERVICES

Division of Family Support

P.O. Box 2104

Frankfort, KY 40602

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... we based our decision on the rules in:

JOHN FOUTS

Medicare Savings F

Reason: X

JOHN FOUTS
2904 SITKA DR
APT L29
LOUISVILLE, KY 40299-3051

2025-09-02
→ I DO NOT OWE ANYTHING
→ CHFS OWES ME THOUSANDS
OF DOLLARS → THEY CONTINUE
TO ACT FRAUDULENTLY & TO HARM
ME AND MY CHILD IN ANY

Claim Adjustment

AND
ALL
WAYS

On August 26, 2025 your debt was decreased by \$46.00.

This change was made because Incorrectly Calculated.

You now owe \$195.00.

Please make payment by check or money order payable to the Kentucky State Treasurer. Do not send cash.

Send payment to: Cabinet for Health and Family Services
Claims Management Section
275 E. Main Street 3E-1
Frankfort KY 40621

Please write this claim number, 1000271866, and any other claim number to which you want this payment to be applied, on your check or money order. We will send you a receipt showing the amount you paid and what you still owe.

If you have questions, please contact this office at 1-502-564-3440.

If you want legal help or advice, call your attorney or local legal aid office at 180-029-21862.

THAT THEY CAN.
GOVERNOR ANDY BESHEAR
IS WELL AWARE OF THE
ISSUES & FULLY SUPPORTS
THE FRAUDULENT
AND
MILLIONS INTENT
BEING COMBED OUT
UNDER COLOR OF LAW
BY AND THROUGH
WITHIN CHFS)
DCBS/
DMS/
& OTHER
STATE AGENCIES

Tear here and return the bottom portion with your payment in the enclosed envelope.

Name: JOHN FOUTS

Claim Number: 1000271866

2025-09-05

ONCE MORE → I
NEVER AGREED TO
ANY OVER-PAYMENTS
AND DO NOT RECALL
EVER SIGNING ANY
AGREEMENT FROM FIRST
TO BE REPURPOSED (CHFS-DCBS
CONTINUES TO ACT FRAUDULENTLY
& ON AND OFF)

You Have the Right:

- To quick action whenever you report a change.
- To get notice of any action.
- To give us information to show the proposed action should not be taken.
- To discuss your cases with a worker.
- To receive fair treatment.

You may have rights under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. If you have a physical or mental problem that limits you, such as mental illness, trouble learning, drug or alcohol addiction, depression, moving around, hearing or seeing, you may call DCBS at 1-855-306-8959. DCBS accepts calls between 8:00 a.m. and 4:30 p.m. EST Monday through Friday and between 9:00 a.m. and 2:00 p.m. EST on Saturday.

Here are some of the ways we can help:

- We can visit you if you are not able to come to our office.
- We can tell you what this letter means.
- If you cannot do something we ask, we can help you or change what you have to do.
- We can help you appeal.

Do Not Send Applications Here

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at:

<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:** Food and Nutrition Service, USDA
1320 Braddock Place, Room 334,
Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:**
FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the [state information/hotline numbers](#) (click the link for a listing of hotline numbers by state); found online at: [SNAP hotline](#).

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at <https://ocrportal.hhs.gov/ocr/>. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509-F H.H.H. Building, Washington DC 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

Do Not Send Applications Here

You may also file your complaint with the Cabinet for Health and Family Services, Office of Human Resource Management, EEO Compliance Branch, 275 E Main St 5C-D Frankfort, KY, 40621 or call 1-502-564-7770 ext. 4107.

If you have other complaints about your cases, you may call the Ombudsman at 1-800-372-2973 or 1-800-627-4702 (TTY).

992 COMM
COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES/DCBS
DIVISION OF FAMILY SUPPORT
275 EAST MAIN STREET 3-EI
FRANKFORT, KENTUCKY 40621-0001

10/20/08
MSD
you report

Need

2008-08-29

Allowa
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FIRST-CLASS MAIL
PRESORTED
U.S. POSTAGE PAID
FRANKFORT, KY
PERMIT NO. 888

CSZ-SP1 40165

COAST- 184 CEDARVIEW DR 40165

15 0



MailId: 300129968
JOHN FOUTS
2904 SITKA DR
APT L29
LOUISVILLE, KY 40299-3051

Information About Your Benefits

We have reviewed your case using the information you gave us. We have made decisions about these benefits:

- Supplemental Nutrition Assistance Program (SNAP)

Please see each program section for details about your benefits.

SNAP Approval Details

We have approved your Supplemental Nutrition Assistance Program (SNAP) application. Your SNAP benefits are \$23.00 for July, 2025 based on your application date and your income that month. You will get \$23.00 for August, 2025. You will get ongoing benefits of \$23.00 a month from September, 2025 until the end of June, 2028. We based our decision on the information that you gave us below.

You are approved for the Elderly Simplified Application Project (ESAP) benefits which is part of the Supplemental Nutrition Assistance Program (SNAP) benefits. ESAP is designed to simplify the application process for households with no earned income where all adults are elderly (age 60 and older) and/or disabled.

If you or someone in your household has received a SNAP overpayment, we may use part or all of the amount above to pay it back.

Your Benefits are Based On

Gross Income (before taxes or deductions)

Earned (money from a job) \$0.00

Unearned (money from other sources) \$3,096.00

Expenses and Deductions *WITNESS ARE THE MEDICAL EXPENSES!*

SNAP rules do not always allow us to count all the expenses you report. Here are your expenses and the amounts we were allowed to deduct:

	<u>Actual</u>	<u>Allowable</u>

1800
2000
2200
2200
8200

Shelter \$8,200
TOTAL \$2200
F/M
\$2200
Fon Jun
JUNE 25 - JULY 25
JULY 25 - AUGUST 25

APR - MAY 1800
MAY - JUNE 2200
F 2000

Earned Income (20% of gross earnings)	\$0.00	\$0.00
Dependent Care	\$0.00	\$0.00
Legal Child Support Paid	\$0.00	\$0.00
Shelter/Utility	\$112.00	\$0.00
Medical	\$365.00	\$330.45

Household Size 2
Income Limit \$3,408.00

WRONG

If any of the reported information above is wrong or has changed, contact DCBS at 1-855-306-8959 or go into your local office within 10 calendar days.

Remember!

The following changes must be reported no later than 10 days after the end of the month the change occurs:

1. When the gross income for your household size exceeds the income limit listed above; or
2. When a member of your household age 18 through 54 years old, and subject to ABAWD (Able Bodied Adults Without Dependents) requirements, has their work hours reduced to fewer than 20 hours a week.

Gross income means the amount of all earned and unearned income before any deductions, such as taxes, are taken out.

Much HIGHER

You will get SNAP benefits for:

JOHN FOUTS

JACK A FOUTS

→ NOW JACKSON & FOUTS IN KY + IN PROCESS @ SSA

YOU MAY NOT FORGET CN MEDICAL EXPENSES

Because you applied for SNAP benefits after the 15th of the month, you may get benefits for two months at the same time.

BUT STILL PENDING OR IN NEED OF CHANGE OF BIRTH DATE NAME

The table below lists the income limit used for July 2025 ongoing benefits.

Household Size	1	2	3	4	5	6	7	8	Each Additional Member
Income Limit	\$2,510	\$3,408	\$4,304	\$5,200	\$6,098	\$6,994	\$7,890	\$8,788	\$898

2025-07-25

Need help? Have questions?

To get help or ask questions about any of the programs, call 1-855-306-8959.

Need Legal help?

If you want legal help, you may be able to get free legal help from your local legal aid office at 180-029-21862.

LEGAL AID HAS ALWAYS
REFUSED TO ASSIST IN ANY WAY
SO WHERE CAN I GET LEGAL HELP??

YOU HAVE THE RIGHT:

- To quick action whenever you report a change.
- To get notice of any action.
- To give us information to show the proposed action should not be taken.
- To discuss your benefits with a worker.
- To receive fair treatment.

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

Complaints about your case? Call the Ombudsman at 1-800-372-2973 or (TTY) 1-800-627-4702

You may have rights under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. If you have a physical or mental problem that limits you, such as mental illness, trouble learning, drug or alcohol addiction, depression, moving around, hearing or seeing, call 1-855-306-8959.

Call 1-855-306-8959. for other kinds of help. Here are some of the ways we can help:

- We can call you if you are not able to come to our office.
- We can tell you what this letter means.
- If you cannot do something we ask, we can help you or change what you have to do.
- We can help you resolve problems without a hearing.
- We can help you request a hearing.

FOLLOW THESE RULES:

- Do NOT give false information or hide information to get benefits.
- Do NOT let someone else use your medical card or your benefits.
- If you have other insurance, you need to use that insurance first.
- Do NOT trade or sell SNAP benefits.
- Do NOT sell food purchased with SNAP benefits.
- Do NOT use your SNAP benefits for anyone outside of your benefit group OR use someone else's SNAP benefits for your household.
- Do NOT give someone your EBT card and PIN to use if they are not a member of your benefit group or an authorized representative.
- Do NOT use the EBT card for any cash benefit transaction or ATM withdrawal at liquor stores, adult-oriented entertainment facilities, casinos, gambling casinos, or gaming establishments.

HOW TO GET A HEARING:

Do you disagree with something we have done or told you we were going to do? If so, you may ask for a hearing within:

- 90 days of receipt of a SNAP eligibility notice
- 30 days of receipt of a Cash Assistance (KTAP/Kinship Care/FAST) eligibility notice
- 30 days of receipt of a Medicaid eligibility notice
- 30 days of receipt of a Qualified Health Plan/APTC eligibility notice
- 30 days of receipt of a State Supplementation eligibility notice
- 30 days of receipt of a CCAP eligibility notice

A hearing can be requested:

- From your personal page at kynect.ky.gov/benefits; Or
- By calling DCBS at 1-855-306-8959; Or
- By attaching a separate sheet of paper to explain your reason for requesting a hearing, including a signature and date. Then:

Return to any DCBS office; OR
Send to:

**Office of the Attorney General
Office of Administrative Hearings
Family and Children Division
105 Sea Hero Rd, Suite 2
Frankfort, KY, 40601**

What will happen at the hearing?

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 1-800-877-8339.

Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form , (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue SW, Washington DC, 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

You may also file your complaint with the Cabinet for Health and Family Services by writing or calling:

Office of Human Resource Management
EEO Compliance Branch
275 E Main St 5C-D
Frankfort KY, 40621
1-502-564-7770 ext. 4107

CARINE : FOR HEALTH AND FAMILY SERVICES
Division of Family Support
P.O. Box 2104
Frankfort, KY 40602

PRESORTED
U.S. POSTAGE PAID
FRANKFORT, KY
PERMIT NO. 888

*Need
2015-08-24*

CSZ-SP1 40165

CGASZ-184 CEDARVIEW DR 40165

Ⓢ Sent to CHFS / CMS / Gov office / Auditor /
KY AG / Medicaid / DCBS - DMS - DPO 2025-08-07 Ⓢ

URGENT - Response to Medicaid and SNAP Determinations – Requiring Immediate Corrective Action and State and Federal Level Audit

Date: 2025-08-07

To Whom It May Concern,

This is a formal official and legal response disputing the recent Medicaid and SNAP determination notices, including the ABDM Medicaid termination effective July 1, 2025, and the denial of medically necessary SNAP deductions.

This letter also preserves my intent to sue, demands immediate corrective action, and formally requests a full audit with federal oversight.

Violations and Summary of Claims

- I was not granted a meaningful or **“fair” hearing** regarding SNAP or Medicaid services. This explicitly violates Due Process.
- My mail is routinely tampered with, and I am denied ADA-required accommodations including communication via fax or email – explicitly violating ADA Accommodations.
- The hearing officer, Diane Barber, admitted the notice for hearing was postmarked August 30, 2024 — only 1 business day before the September 3, 2024 hearing as notated previously.
- Lucinda Lawrence explicitly stated no medical expenses would be considered, in direct violation of SNAP federal law (7 CFR § 273.10(d)(4)).
- The Kentucky Attorney General’s office refused to assist, despite clear violations of ADA, Medicaid, VAWA, 1915c, Olmstead Act, and SNAP law.

**URGENT - Response to Medicaid and SNAP
Determinations – Requiring Immediate Corrective
Action and State and Federal Level Audit**

**URGENT
Determinations
Action and**

- The only waiver services ever received were a recliner chair, six pair of compression stockings that took many months and hundreds of emails to receive, briefly delivered meals from Mom's Meals, and rotating aides that were unreliable who came only a few times, or tried to come when they weren't scheduled, or didn't come when they were scheduled – I received no reliable consistent help. These things that I 'did' receive were all interrupted and withdrawn unlawfully as retaliation for me not signing away my rights with agencies weaponizing government forms – as reported before.

- The state continues to falsely assign QHP coverage to Jackie A. Fouts, who qualifies automatically for Medicaid due to my SSDI status as reported before. My child, JAF, born as Jack A. Fouts, is mid-process in changing name to Jacquelyn Alana Fouts, and uses the nickname Jackie.

Additional Federal and Legal Violations

These actions constitute:

- Egregious Constructive Denial of Benefits
- Extreme Retaliation under the ADA
- Severe Violations of Section 504 and Olmstead Act
- Blatant Deprivation of Property Without Due Process
- Outrageous Multiple Instances of Medicaid Fraud
- Systematic Obstruction of Access and Appeal
- Widespread systemic violence and abuse directed at a single disabled father and special needs disabled child

**URGENT - Response to Medicaid and SNAP
Determinations – Requiring Immediate Corrective
Action and State and Federal Level Audit**

Formal Demands

I am demanding the following actions be taken without delay:

1. Immediate reinstatement of ABDM Medicaid eligibility with retroactive effect.
2. Immediate reinstatement of Jackie A. Fouts' (aka Jack A. Fouts and Jacquelyn A. Fouts) Medicaid coverage.
3. Full recalculation retroactively back to June 30, 2022 of SNAP eligibility and benefits, including all unreimbursed and previously submitted medical expenses in addition to legal consideration as mandated by federal law of all previously submitted medical expenses as well all back to June 30, 2022.
4. Formal federal and state level audit by CMS and by the State Auditor with additional CMS federal oversight authorities overseeing the state level process for accountability.
5. Confirmation that ADA-required communication by fax and email will be honored. And confirmation and recognition immediately that we are survivors of abuse and should have been VAWA certified all along, recognition of the violations that have transpired and continue to occur, and a plan to move forward without any further retaliation, discrimination, or any adverse action taken toward me or my child, JAF.
6. Removal of all unlawful programmatic caps, denials, or QHP misassignments- immediately and enforced retroactively.
7. Immediate coverage for all medically recommended and necessary items from Dr. Vaughn who is based in Birmingham Alabama, and who has previously submitted formal documentation attesting to the fact that he is the only provider in the United States using Triple Anticoagulant Therapy and a special protocol to treat Long Covid with Microclots. Dr. Vaughn is also supportive of larger dose of stimulants to help prevent further brain damage as are other providers, but they are afraid of KBML and other groups... I must be allowed to

2025-08-07

**URGENT - Response to Medicaid and SNAP
Determinations – Requiring Immediate Corrective
Action and State and Federal Level Audit**

**URGENT - Re
Determinatio
Action and Sta**

have a medically necessary larger dose of stimulant medication without interference from agencies, boards, or other state or federal groups... As it is – I now have functional neuronal severe damage on FDG PET showing brain hypometabolism. This is in large part due to the abuse and violence directed toward me from CHFS and other state agencies preventing me from being able to get most medically recommended care.

7. Direct referral to a federal or state prosecuting agency for criminal investigation and prosecution of individuals acting under color of law, including Diane Barber, Lucinda Lawrence, and any

other agents who acted to unlawfully deprive me or my child of rights and access to care as noted multiple times previously.

8. Acknowledgment that this letter formally preserves my intent to sue under ADA, Section 504, Medicaid Act, SNAP statutes, Olmstead, and related civil rights protections, including criminal violations for criminal actions committed against me and my child, tort violations, and multiple Constitutional violations as well. All Rights Are Reserved.

I reserve all rights, including those afforded under 42 U.S.C. § 1983, the Civil Rights Act, and the ADA. If I expect written confirmation of corrective action within 5 business days, I additionally plan to escalate to federal agencies and initiate civil litigation, and prosecute all those involved acting outside the law or under color of law.

I also demand that my ADA accommodations be respected as they are mandated under federal law - which include but are not limited to – larger text if possible, louder volume when it comes to audio situations, that a CHFS-DCBS worker travel to my home to assist with benefits – in person – and to avoid further undue burden placed on a seriously ill human being, and all communication in writing via fax and email. This is not a full list, and I reserve the right to amend at any time. Also /s/ John R. Fouts must be accepted as my signature, or any variation thereof with a /s/ preceding the name itself (involving my name and articles or documents or other items authored by or created by me). All Rights Reserved.

**URGENT - Response to Medicaid and SNAP
Determinations – Requiring Immediate Corrective
Action and State and Federal Level Audit**

Additional Demands: Law Enforcement and Victim Services Referral

I am also demanding that the Louisville Metro Police Department (LMPD) or appropriate local authority immediately accept a formal report documenting this ongoing criminal behavior — including Medicaid fraud, ADA retaliation, civil rights obstruction, unlawful digital intrusion, wire tap act violations, investigate what amounts to be a warrantless gag order type mechanism stripping me and my child of our rights unlawfully, and constructive denial of federal benefits — and issue a victim services referral without delay.

No police agency has yet accepted jurisdiction despite documented constitutional violations, unlawful displacement, documented medical harm, and fraud involving both local and state actors under color of law.

I request and demand that this matter be properly entered into the criminal record and forwarded to appropriate victim advocacy units as required under both federal and Kentucky victim protection statutes.

Respectfully,

/s/ John R. Fouts

John R. Fouts, MBA

Son of a Vietnam-War-Era Veteran

Founder of Upward Spirals Association, a 508(c)(1)(a) faith based association / spiritual organization, protected under the RFRA

Disabled single dad with special needs disabled child, protected under the ADA, VAWA, 1915c, Section 504, Mainstream Voucher protections, the Olmstead Act, and others

P. 502.956.0052 (ADA Text Only Line – Voicemails and voice calls will be ignored)

F. 604.641.2805 (HIPAA Compliant)

E. icreateupwardspirals@gmail.com | Alt E. torchoftruth@zohomail.com

Archive Link (Prior to Unlawful Ban of Uploading/Saving): <https://archive.org/details/@jfouts1979>

2025-08-07

KIP-105.1
10/22



Date: 06/15/2025
Case Number: 112868494

Received in mid July

MailId: 293179052
JOHN FOUTS
2904 SITKA DR
APT L29
LOUISVILLE, KY 40299-3051

Cabinet for Health and Family Services
Department for Community Based Services

Decision About Your Coverage

Please see below for your household coverage. Coverage is based on the information you gave us.

Who was approved for coverage

Name	Program	Coverage Start Date	Coverage End Date
JOHN FOUTS	Long Term Care Medicaid (LTCM)	August 01, 2024	April 30, 2026
	Qualified Health Plan	See QHP Benefits Summary Section	December 31, 2025

Who is this end date here? - what

JACK A FOUTS	Qualified Health Plan	See QHP Benefits Summary Section Below	December 31, 2025
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→ does this even mean?

Jackie should have Medicaid as a member child of a disabled worker per SSA

Who was denied for coverage

Name	Program	Denial Effective Date
JOHN FOUTS	Non-SSI Regular Medicaid (ABDM)	July 01, 2025
Reason: You will not receive benefits because total monthly household income is more than the gross income limit. We based our decision on the rules in: 907 KAR 20:020.		
Income limit: \$235.00		
JOHN FOUTS	Medicare Savings Program	July 01, 2025
Reason: You will not receive benefits because you are now receiving Medicaid. We based our decision on the rules in: 907 KAR 1:006.		
Income limit: \$1,761.00		

SSDI rules

What does this even mean?

Patient Liability Summary

I do not understand this entire document