



**CABINET FOR HEALTH AND FAMILY SERVICES**  
**Department for Community Based Services**  
**Division of Protection and Permanency**

Date

Parent Name

Parent address

Dear

Our records indicate that K-TAP services recently ended for your family. This letter is to notify you of additional services that are available to you through the Safety Net program. The purpose of this program is to ensure the safety of children in the home is not threatened due to the closure of the cash-benefit case. These services include additional funds that can be used in an emergency, such as a fuel shortage, utility shut-off, insufficient clothing, or a housing crisis. In addition, it can also provide information for community resources.

The funds are available for up to four (4) months after the cash-benefit case ends. This office does not keep a record of the time frame or the amount of money used, therefore, it is your responsibility to keep good records. After four (4) months, access to these funds will be discontinued, no matter how much money may still be available.

Please contact me by \_\_\_\_\_ to learn more about this program and the benefits for which you and your family may be eligible. Please leave a voicemail if you call and do not reach me or follow up with a text to ensure I can contact you promptly.

COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH AND FAMILY SERVICES

Signature