

DCBS Number:  
DCBS Name:

DCBS-1274  
Rev. (5/94)

COMMONWEALTH OF KENTUCKY  
CABINET FOR FAMILIES AND CHILDREN  
DEPARTMENT FOR COMMUNITY BASED SERVICES

CHANGE OF PAYEE TO CFC/DCBS FOR SOCIAL SECURITY, SSI AND OTHER BENEFITS

Worker's Name:

Date completed:

Office Address:

1. Name of Child: DCBS#:  
Birthdate: Soc. Sec. #:  
County of Case Responsibility Date of Comm. or Custody:  
County of Placement: Date of Placement:  
Daily rate of Care: In School:  Yes  No

2. Name, address and telephone # of natural parent or relative:  
3. Name, address and telephone # of child's placement:  
4. Have parental rights been terminated?:  Yes  No If yes, date:  
5. Type of Benefit Payee Change Requested for:

	Wage Earner or Claimant Name	Soc. Sec. or Claim Number
<input type="checkbox"/> Supplemental Security Income (SSI)		
<input type="checkbox"/> RSHDL (Soc. Sec.)		
<input type="checkbox"/> Veteran's Administration		
<input type="checkbox"/> Black Lung		
<input type="checkbox"/> Railroad Retirement		
<input type="checkbox"/> Other (specify)		

6. Benefits currently received for child (check as applicable)

- Title IV-E Foster Care  
 Child Support: Payer Name:

First Name	Last Name	Amount / Pay interval

Other (Specify): Amount: /Mo.

7. Is child Title IV-E Reimbursable? Yes  No   
8. Is child Title IV-E Eligible, Non-reimbursable? Yes  No

SEND TO: Children's Benefits Coordinator,  
Department for Community Based Services  
Division of Family Services  
275 East Main Street  
Frankfort, Kentucky 40621