

Kentucky Strengthening Ties and Empowering Parents (KSTEP) Acknowledgement Form

I have received the KSTEP program brochure and have discussed the program with my Department for Community Based Services (DCBS) worker. By signing below, I acknowledge that I have read and understand the expectations of the KSTEP program and agree to participate.

Participant Signature

Date

Participant Signature

Date

Participant Signature

Date

Participant Signature

Date

DCBS Worker Signature

Date