

Kentucky National Guard Adoption Benefit Program Application

(May 31, 2022 Version)

Date of Application: _____

National Guard Member Rank/Name: _____
(Rank, Last, First, MI)

Unit of Assignment: _____

Unit Address: _____

Unit Phone Number: _____

Spouse Name: _____
(Last, First, MI – Rank, if an active military member)

Address: _____
(Street, City, State, Zip)

Personal Phone Numbers: _____
(Home/Work/Cell)

Member Email Address: _____

Name of Adopted Child: _____

Date of Birth of Adopted Child: _____

Date of Legalized Adoption (attach Adoption Decree): _____

Special Needs Eligibility (Circle One) - **YES / NO**
(attach verification from the Cabinet for Health and Family Services if applying for more than \$5,000 in assistance)

SIGNATURES:

Applicant: _____

Spouse: _____