



Michael G. Adams  
Secretary of State

## APPLICATION FOR CERTIFICATION TO PARTICIPATE IN SAFE AT HOME PROGRAM

Return Form to:  
Safe at Home (c/o SOS Office)  
700 Capital Avenue, Suite 152  
Frankfort, KY 40601

### TYPE OF APPLICATION

Enrollment  Renewal

### APPLICANT INFORMATION

This form is being completed by:

- Applicant
- Parent or guardian on behalf of minor applicant
- Guardian of applicant declared incompetent by a court
- Individual living with a victim

Name of Applicant (first, middle, last)	Date of Birth (month/day/year)	Social Security Number - -	Gender
Any Other Name that may appear on Applicant's Mail		Email	
Residential Address (required)	City	State	Zip Code
Mailing Address (if different)	City	State	Zip Code
Applicant's telephone number for use by Secretary of State ( ) - <input type="checkbox"/> Home <input type="checkbox"/> Cellular <input type="checkbox"/> Work <input type="checkbox"/> Other	Alternate telephone number for use by Secretary of State ( ) - <input type="checkbox"/> Home <input type="checkbox"/> Cellular <input type="checkbox"/> Work <input type="checkbox"/> Other		
Emergency Contact	Emergency Contact Phone Number		

*Dependents' Legal Name(s) (First, Middle, Last)	Date of Birth (mm/dd/yyyy)	Relationship to Applicant

\*If you have more dependents, please attach a sheet listing their full name, date of birth and relationship to applicant.

Name of person(s) who is causing you to have safety concerns for yourself, your household members and/or the person you are completing this application for:

I have good reason to believe I am a victim of an offense perpetrated by someone who is employed by or has personal connections to law enforcement or a government agency. \*This is not required if not applicable\*

Yes  No

Reason for applying to Safe at Home (optional)

Domestic Violence    Sexual Assault    Stalking    Human Trafficking    Criminal Offense Against a Minor

How did you hear about Safe at Home?

Staff Use Only:	Certification Date	Initials	Participant Number (if applicable)
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