

Sullivan University KY Residency Determination SOP

OVERVIEW	This SOP outlines the various duties performed by a designated staff member responsible for KY Residency Determination of students at Sullivan University.
Table of Contents	<ol style="list-style-type: none"> 0. Overview 1. Determine if a student will need Kentucky Residency review 2. Contact Strategy in Campus Nexus to request needed documents 3. Snap shot KY Residency review process flow 4. Approved KY Residency documentation list 5. Record KY Residency Determination review outcome in CN Document Tracking 6. Appeals Process 7. CN Automated Activities 8. Additional KRD Information 9. Primary Documentation Examples 10. Secondary Documentation Examples 11. Additional KRD Examples 12. "How to print and mail" KY Residency letters 13. "How to upload documents" to Perceptive Content (PC)
Overview	<p>This process covers the steps that need to be taken to determine whether a prospective student is a resident of Kentucky, which will allow them to qualify for KY state grants, if they are eligible. KY residency determination is not needed for students enrolled as non-degree seeking, graduate / doctoral (excluding College of Pharmacy) or jumpstart programs. Any student who has applied, but previously did not start school, will need to have their KY Residency determined again.</p> <p>This process is mandatory for all new and re-entry students, who have sat out longer than 12 months.</p> <p>During the admissions process the prospective student must complete the Determination of State Residency Status form, which will be included in the initial admissions paperwork.</p> <p>A student is deemed a Kentucky Resident with a preponderance of appropriate evidence provided that it meets the 13 KAR 2:045 regulations requirement. Designated Admissions staff, at each campus will review residency based on the information supplied by the student on the status form and any supporting documentation. It is crucial to have accurate KY Residency status data since State grants are awarded based on the information that is listed in CN. If a student's residency status has changed the ADM-KY Residency Determination status in CN also has to be updated.</p> <p>CN document statuses:</p> <ul style="list-style-type: none"> • Requested – Requested from student / no documents received • Received Insufficient – Received documents but not sufficient to determine residency

- Denied – Staff certified non-resident
- No Longer Needed - Student self-certified non-resident
- Approved – Staff certified resident


**Determine if a
student will need
Kentucky
Residency review**

Step 1: Determine if KY is listed as their state¹ by reviewing the State Field on CN student master as well as confirming the student has submitted his/her KY Residency declaration² with his/her application documents uploaded to PC indicating yes he/she is a KY Resident. If KY is listed, continue to step 2. If KY is not listed, go to Step 5.


Step 2: Determine if student/applicant has previously attended Sullivan. If they have and their LDA is less than 12 months from time of re-entry application, the previously approved KY Residency documentation can be used. If not, go to Step 3.

Step 3: Determine if student/applicant is enrolled in an undergraduate program requiring KY residency documentation (certificate, diploma, associate, bachelor's and College of Pharmacy). Use the program version field in the applicant record or enrollment record³ to view the program enrolled. Reference program list below for those not needing determination. If yes, go to Step 4. If no, go to step 5.

- Non-Degree Seeking
- Jumpstart
- Graduate Programs
- PHD (does not include College of Pharmacy)

Step 4: Go to the document-tracking folder (). Update Nexus document named ADM-Kentucky Residency Determination to the status named "Requested"⁴. If completing this step, skip Step 5 and Step 6.

Step 5: If the student's state is not KY or the student has Opted Out of proving KY Residency on their declaration², do not load an ADM-Kentucky Residency Determination document to be tracked in CN. If a document has been uploaded, go to the document-tracking folder and update Nexus document named ADM-Kentucky Residency Determination to the status named "No Longer Needed"⁵ remember to add comments that say No Longer Needed Self-certified Non-KY Resident. Proceed to Step 6.

Step 6: Once students ADM-Kentucky Residency Determination status has been changed to "No Longer Needed", go to CN activities () and close ADM – KY Residency Ltr and KY Residency Label activities. Remember to add a comment with the date and reason for closing the activity and your initials⁶. If completing this step, end process.

Current Section Footnotes

1

Student Master - [Redacted]

Title		Student Number	[Redacted]	PIN	[Redacted]
Last Name	[Redacted]	First Name	[Redacted]	Campus	Sullivan University - Louisville
Middle Name	[Redacted]	Suffix		Student Status	Future
Nickname		Maiden Name		Lead Source	WB - Apex Chat
Address	[Redacted]			Lead Date	1/13/2020 12:59 PM
City	Louisville	State	KY	Lead Type	Brand New Student
Country	United States	Bad Address	<input type="checkbox"/>	Last Activity Date	2/10/2020 10:10 AM

2

KY Resident

Are you currently a legal resident of the State of Kentucky? Yes

Please initial if you do not wish to prove Kentucky Residency. sf

3

Enrollment - [Redacted]

Start Date	Program Version	Enrollment Description	Shift	Grade Scale	School Status	Und
3/30/2020	Cybersecurity Certif	Cybersecurity Certificate	Night	Sullivan Univer	Future	N

Enrollment No. [Redacted]

Date / Status	Enrollment Information	Progress	Term Summary	Application
	<p>Campus: Sullivan University - Louisville</p> <p>Program: TECHNOL Technology</p> <p>Program Version: CCS0618 Cybersecurity Certificate</p> <p>Enrollment: Cybersecurity Certificate</p> <p>Area(s) Of Study: Not Yet Declared <input type="button" value="Select Area(s) Of Study"/></p> <p>Enroll Shift: Night <input type="button" value="Catalog"/> 0618 Sullivan Catalog</p> <p>IPEDS State: KY <input type="checkbox"/> Transfer Student (for IPEDS reporting)</p> <p>Billing Method: SUL - \$320 Credit Hour Rate CIP Code: 11.1003</p> <p>Admissions Rep: Connie Steele Start Term: Spring Quarter 2020</p> <p>Previous Education: High School Grad</p> <p>Comments: <input type="text"/></p>			

4

Document Tracking: [REDACTED]

Unique Student ID: [REDACTED] SSN: [REDACTED]
 Student Number: [REDACTED] Enrollment No.: [REDACTED]

Applicant: [All Applicants] Module: Admissions

Document	Source	Status	Requested	Approved	Received	Date Due
ADM - Tuition Understanding	AM	On File	2/20/2020		2/20/2020	2/20/2020
ADM - FERPA Consent Form	AM	On File	2/20/2020		2/20/2020	2/20/2020
ADM - Integrated Postsecondary E	AM	On File	2/20/2020		2/20/2020	2/20/2020
ADM - KY Residency Determination	AM	Requested	2/20/2020			
ADM - Online Requirements	AM	On File	2/20/2020		2/20/2020	2/20/2020

Add Document List Add Document Display Document Audit Edit Delete

Document Detail Inbound Transcript Request Permit Details

Document: ADM - KY Residency Determination Document Status: Requested

Applicant: Bachelor of Science in Hospitality Management

Date Requested: 2/20/2020 Date Sent: Date Approved: Date Due: Date Received: Date Expires:

Comments:

Save Cancel Close

5

Document Tracking: [REDACTED]

Unique Student ID: [REDACTED] SSN: [REDACTED]
 Student Number: [REDACTED] Enrollment No.: [REDACTED]

Enrollment: [All Enrollments] Module: Admissions

Document	Source	Status	Requested	Approved	Received	Date Due
ADM - FERPA Consent Form	AM	On File	1/22/2020	1/22/2020		1/22/2020
ADM - Integrated Postsecondary E	AM	On File	1/22/2020	1/22/2020		1/22/2020
ADM - KY Residency Determination	AM	No Longer Needed	1/22/2020		2/20/2020	
ADM - Online Requirements	AM	On File	1/22/2020	1/22/2020		1/22/2020
ADM - Credit Transfer Disclosure	AM	On File	1/22/2020	1/22/2020		1/22/2020

Add Document List Add Document Display Document Audit Edit Delete

Document Detail Inbound Transcript Request Permit Details

Document: ADM - KY Residency Determination Document Status: No Longer Needed

Enrollment: Cybersecurity Certificate

Date Requested: 1/22/2020 Date Sent: Date Approved: Date Due: Date Received: 2/20/2020 Date Expires:

Comments: As per AA e-mail student did not stay in KY for 12 consecutive months - approved by ADDA HD. Status changed to NLN as per AA.
 From: Denton Haleigh <hdenton@sullivan.edu>

Save Cancel Close

Staff	Subject	Due Date	Date Completed	From	Description	Setup By	Enrollment
Yolandi Kotze	ADM - KY Residency Det	3/12/2020	3/12/2020		Closed	Evan Parteni	Associate of Sc
Yolandi Kotze	ADM - Retention Call - JU	3/13/2020			Pending	Yolandi Kotze	Associate of Sc
Peggy Mills	ADM - SLV Acceptance L	3/13/2020	3/13/2020		Letter Sent	Peggy Mills	Associate of Sc
Peggy Mills	Acceptance Letter Label	3/13/2020	3/13/2020		Letter Sent	Peggy Mills	Associate of Sc
Mary Stinson	ADM - Acceptance Letter	3/13/2020			Pending	Peggy Mills	Associate of Sc
Yolandi Kotze	ADM - KY Residency Ltr	3/26/2020	3/13/2020		Cancelled	Evan Parteni	Associate of Sc
Yolandi Kotze	KY Residency Label	3/26/2020	3/13/2020		Cancelled	(Evan Parteni)	Associate of Sc

ADM - KY Residency Ltr

03/13: Status=NLN YK

Add Activity Edit Activity Close Activity Print Close

Activities sorted by Due Date

Respective Admissions Advisors will request KY Residency documentation during the application process.

Once the students' application documentation is uploaded on PC add a KY Residency Determination document, with a "Requested" status, on the student CN student master if the student did indicate he/she is a KY Resident on their KY Residency form.

The "Requested" status will trigger the email CN activity (📧) "ADM-KY Residency Determination, which will be immediately sent by the system¹. This email goes to the student notifying them of the need to collect documents to determine residency. If the "Requested" status in document tracking under KY Residency Determination remains, this also triggers an "ADM-KY Residency letter," scheduled for one week after the initial email activity. This certified letter is mailed to the student as one last attempt to collect the needed documents. This activity is automatically created and assigned to appropriate staff member in CN.

To print and mail letter see ["How to print and mail"](#) KY Residency letters.

**Contact Strategy
in Campus Nexus
to request
needed
documents**

Current Section Footnotes

1

Contact History: [REDACTED]

Enrollment: [All Enrollments] Inquiry: [All Inquiries]

Current | Historical

Show All Due Date Range From To Search

Staff	Subject	Due Date	Date Completed	From	Description	Setup By	Enrollment
Lauren Gold	Sullivan University Campu	7/9/2014	7/9/2014		Complete (I	Karin Koch	
Jessica Raley	ADM - FP Appt Needed	2/20/2020			Pending	a System	Professiona
	ADM - KY Residency Det	2/21/2020	2/21/2020		Closed	Evan Partent	Professiona
Peggy Mills	ADM - SLV Acceptance L	2/24/2020	2/24/2020		Letter Sent	Peggy Mills	Professiona
Peggy Mills	Acceptance Letter Label	2/24/2020	2/24/2020		Letter Sent	Peggy Mills	Professiona
Deena Madison	ADM - Acceptance Letter	2/24/2020			Pending	Peggy Mills	Professiona
Yolandi Kotze	ADM - KY Residency Ltr	3/6/2020	3/6/2020		Letter Sent	Evan Partent	Professiona
Yolandi Kotze	KY Residency Label	3/6/2020	3/6/2020		Letter Sent	Evan Partent	Professiona

Sullivan University

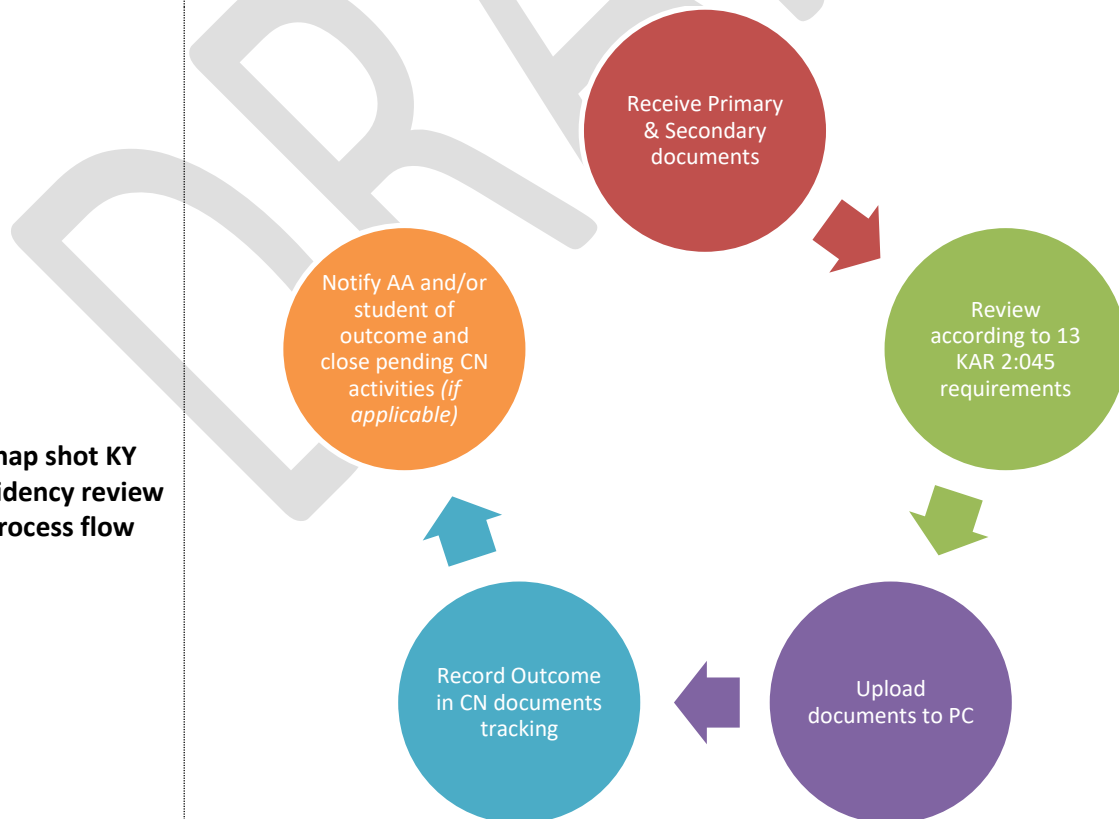
Dear Student,

You recently applied to Sullivan University and based on the information on your e

Add Activity Edit Activity Close Activity Print Close

Activities sorted by Due Date

Snap shot KY
Residency review
process flow



Last updated: **7/27/2020**

**Approved KY
Residency
documentation
list**

One primary and one secondary document needs to be received and on file for Kentucky Residency. If a student absolutely does not have a secondary document then KYR determination can be made on 2 primary documents.

The following documents can be accepted for Kentucky Residency determination:

Primary document List

- Copy of Kentucky state taxes (form 740), for full-time employed individual, from the full calendar year *preceding* the date of application for a change in residency status.
- Copy of official high school transcript from a Kentucky high school from no more than two years prior to the start date of attendance at this institution.
- Letter from Kentucky employer on company letterhead with start date of employment (must be for one full calendar year) and your KY address they have on file or a copy of your, full-time employed, W-2 for the full calendar year *preceding* the date of application or for a change in residency status.
- Proof of attendance in an out of state school where out of state tuition was paid.
- Copy of a state issued license or certification used for professional or occupational purposes in Kentucky.
- Proof of payment of real property taxes in Kentucky
- Copy of mortgage or deed from property in Kentucky, if the property was used by the student as a residence preceding the date of application for a determination of residency status.
- Copy of marriage license along with proof that the spouse was a resident of Kentucky 12 months prior to the marriage.
- Proof of continued presence in Kentucky during academic breaks; and the extent to which a student is dependent on student financial aid in order to provide basic sustenance.
- A copy of a student's DD-214 that shows Kentucky as home of record.
- Copy of military orders showing active duty and permanent duty station in Kentucky.

Secondary Document List

- Kentucky automobile registration
- Kentucky driver's license
(Fort Knox military ID can **NOT** be used in the place of a KY driver's license as it is illegal to copy a military ID.)
- Registration as a Kentucky voter

- Long-term lease of at least twelve (12) consecutive months of non-collegiate housing

Mere physical presence in Kentucky, including living with a relative or friend, shall NOT be sufficient evidence of domicile and residency. A person shall respond to all information requested by this institution.

Only one document from the secondary list may be used in determining residency.

Take note, all KY Residency documents contain sensitive and private information. It is crucial that documents sent via e-mail are always protected with Azure and that all documents saved to the Admissions – Admissions Drag and Drop folder are removed immediately once uploaded to PC.

If no documentation is supplied by the applicant and the status cannot be verified applicant's CN "ADM-Kentucky Residency Determination" document status should be "Requested".

The designated campus official will conduct multiple follow-up with the applicant to ensure due diligence is made in collecting the required documentation to complete the review:


- Sending an email to the applicant requesting proof of residency documentation, followed up with a phone call – Normally 1st contact completed by assigned Admissions Adviser.
- If no response within a week, another email is sent to the applicant, requesting proof of residency documentation – System driven by CN "ADM-Kentucky Residency Determination" document status "Requested".
- If no response within two weeks of second contact attempt, a certified letter is sent to the applicant, requesting proof of residency documentation – Letter is sent by current KY Residency Officer Yolandi Kotze at Sullivan Main campus.
- If no response is received within two weeks of certified mail attempt, the applicant is declared not approved and Document Tracking in CV is updated to ADM- KY Residency Determination -- "Requested- Denied" – Review is currently conducted by KY Residency Officer Yolandi Kotze at Sullivan Main campus. A block can also be placed on active students to prompt submission of pending documents or confirmation of opting out of proving KRD.

If only one document has been received, make sure it is scanned and linked in Perceptive Content under "ADM-Kentucky Residency Determination" and to CN document tracking and edit the status to "Received Insufficient". In the comment box, state what was received or what was lacking.

If both documents have been received and meet [13 KAR 2:045](#) regulations/requirements, make sure it is scanned and linked in Perceptive Content

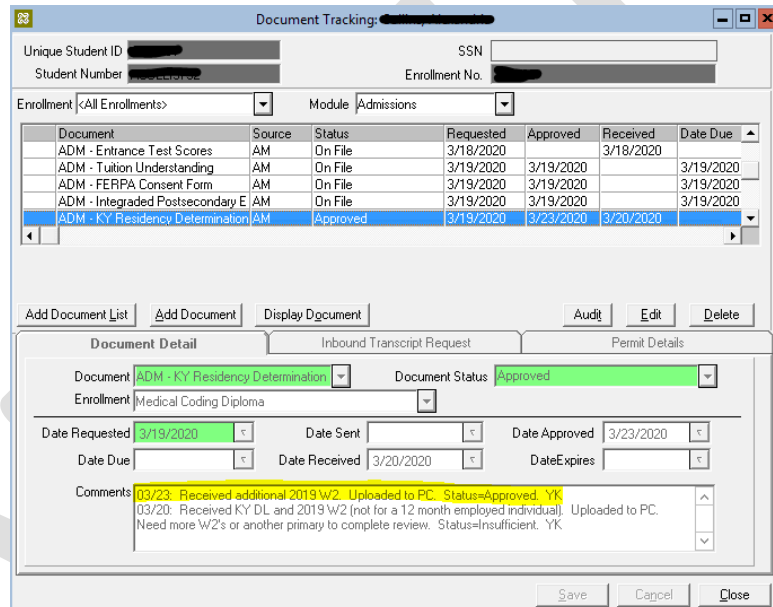
**Record KY
Residency
Determination
review outcome
in CN Document
Tracking**

under “ADM-Kentucky Residency Determination” and go to document tracking and edit status to “Approved”. Remember to add comments¹ under the CN document as to the type of documents received and uploaded to PC, Status=Approved and your initials.

Once students ADM-Kentucky Residency Determination status has been changed to “Approved”, go to CN activities () and close ADM – KY Residency Ltr and KY Residency Label activities. Remember to add a comment with the date and reason for closing the activity and your initials².

Current Section Footnotes

1



Document	Source	Status	Requested	Approved	Received	Date Due
ADM - Entrance Test Scores	AM	On File	3/18/2020		3/18/2020	
ADM - Tuition Understanding	AM	On File	3/19/2020	3/19/2020		3/19/2020
ADM - FERPA Consent Form	AM	On File	3/19/2020	3/19/2020		3/19/2020
ADM - Integrated Postsecondary E	AM	On File	3/19/2020	3/19/2020		3/19/2020
ADM - KY Residency Determination	AM	Approved	3/19/2020	3/23/2020	3/20/2020	

Document: ADM - KY Residency Determination | Document Status: Approved

Enrollment: Medical Coding Diploma

Date Requested: 3/19/2020 | Date Sent: | Date Approved: 3/23/2020

Date Due: | Date Received: 3/20/2020 | Date Expires: |

Comments: 03/23: Received additional 2019 W2. Uploaded to PC. Status=Approved. YK
03/20: Received KY DL and 2019 W2 (not for a 12 month employed individual). Uploaded to PC. Need more W2's or another primary to complete review. Status=Insufficient. YK

2

Contact History: [REDACTED]

Enrollment: <All Enrollments> Inquiry: <All Inquiries>

Current | Historical

Show All Due Date Range From: To: Search

Staff	Subject	Due Date	Date Completed	From	Description	Setup By	Enrollment
Yolandi Kotze	ADM - Retention Call - JU	3/19/2020	3/19/2020		Pending	Yolandi Kotze	Community Phe
	ADM - KY Residency Det	3/19/2020	3/19/2020		Closed	Evan Parteni	Community Phe
Yolandi Kotze	ADM - KY Residency Ltr	4/2/2020	3/19/2020		Cancelled	Evan Parteni	Community Phe
Yolandi Kotze	KY Residency Label	4/2/2020	3/19/2020		Cancelled	Evan Parteni	Community Phe
Alisa Gasi	ADM - E - SLV Acceptanc	4/8/2020	4/8/2020		Closed	Alisa Gasi	Community Phe

ADM - KY Residency Ltr

03/19: KRD=Approved YK

Add Activity Edit Activity Close Activity Print Close

Activities sorted by Due Date

Appeals Process

Should the applicant appeal the residency decision, a request of appeal will be submitted in writing and any additional documentation to verify residency will be submitted to the Director of Admissions or the Associate Director of Admissions for final review. Response to the appeal will be given to the student within 5 (five) business days from the date of receipt of request.

CN Automated Activities

CN has auto triggered process/activities:

- ADM - KY Residency Decision
 - a. Auto Triggered to a designated FP staff member, when doc status is "Approved"
- ADM - KY Residency
 - a. Auto Triggered student email telling them what to submit, when doc status is "Received-Insufficient"
- ADM - General Comments
 - a. Manually added and changed to KY Res Determination with comments for No Longer Needed, Self-certified Non-KY Resident
- FP – ADM KY Residency Determination Needed
 - a. Manually assigned by the FPC to the Admissions designee, when aid is approved by the state but "ADM – KY Residency Determination" document status is not specified. Closed by Admissions when doc status is updated.

Additional KRD Information

- If a student is enrolling directly from high school, KY Residency Determination can be based solely on the HS transcript/diploma. If there is a gap of 6 months+ student is required to provide a primary and secondary document.

- All secondary documentation must have a valid status (eg. a Ky driver's license should have future expiry date).
- If a student transfers to another enrollment but doesn't have a break in attendance, there is no need to have the student complete another KY Residency Determination review.
- Dependent students can supply a primary and secondary document of one of his/her parents as well as proof of dependency (eg. 1040 tax form, same address as parents or parent included in FAFSA application details).
- Students can also submit documentation of their dependency on one of the following federal benefits (document must include their full name, KY address and stipulate the start and end date of benefits):
 - a. Medicaid
 - b. Supplemental Security Income (SSI)
 - c. Supplemental Nutrition Assistance Program (SNAP)
 - d. Free or Reduced Price School Lunch
 - e. Temporary Assistance for Needy Families (TANF)
 - f. Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Students who have been incarcerated (in KY) for the KY Residency determination period would need to provide his/her incarceration document showing when and where he/she was incarcerated and valid secondary document.

Current Section Footnotes

From: Little, Pennie <plittle@kheaa.com>
Sent: Tuesday, March 24, 2020 4:31 PM
To: Smith, Amy <asmith@sullivan.edu>
Subject: RE: State Residency Question
Importance: High

Warning: This message is from outside the organization. Beware when clicking any links and opening any attachments.

I'm assuming that the student provided documentation that shows timeframe and location of his incarceration which will serve as the documentation you need to consider him a Kentucky resident.

From: Smith, Amy [<mailto:asmith@sullivan.edu>]
Sent: Tuesday, March 24, 2020 4:19 PM
To: Little, Pennie
Subject: RE: State Residency Question

Yes it was in Kentucky, so since he was incarcerated in KY we can consider him a KY resident?

Thanks
Amy Smith
Compliance Officer

Sullivan University System, Inc.
asmith@sullivan.edu
Office: 502-515-2578
Cell: 859-707-6754

From: Little, Pennie <plittle@kheaa.com>
Sent: Tuesday, March 24, 2020 4:16 PM
To: Smith, Amy <asmith@sullivan.edu>
Subject: RE: State Residency Question
Importance: High

Warning: This message is from outside the organization. Beware when clicking any links and opening any attachments.

Amy:

Where was the student incarcerated? If in Kentucky, the school has leeway to make him a resident.

Pennie

- Copy of Kentucky state taxes (form 740) from the calendar year *preceding* the date of application for a change in residency status.

Examples of KY
Primary
documents

740 KENTUCKY INDIVIDUAL INCOME TAX RETURN 2017 Full-Year Residents Only

For calendar year or other taxable year beginning 2017, and ending 2017

A. Spouse's Social Security Number B. Your Social Security Number

Name-Last, First, Middle Initial (Joint or combined return, give both names and initials)

Mailing Address (Number and Street, including Apartment Number or P.O. Box)

City, Town or Post Office State ZIP Code

FILING STATUS (see instructions)

1 ☐ Single
2 ☐ Married, filing separately on this combined return. (If both had income.)
3 ☒ Married, filing joint return.
4 ☐ Married, filing separate returns. Enter spouse's Social Security number above and full name here.

Check if applicable:
☐ Amended (Enclose copy of 1040K, if applicable.)

POLITICAL PARTY FUND
Designating 52 will not change your refund or tax due.

A. Spouse B. Yourself
Democratic (1) (4)
Republican (2) (5)
No Designation (3) (6)

INCOME/TAX

5 Enter amount from federal Form 1040, line 37: 1040A, line B1 or 1040EZ, line 4. (If total of Columns A and B is \$12,718 or less, you may qualify for the Family Size Tax Credit. See Instructions.)

6 Additions from Schedule M, line 8

7 Add lines 5 and 6

8 Subtractions from Schedule M, line 20

9 Subtract line 8 from line 7. This is your Kentucky Adjusted Gross Income

10 Nonresidents: Enter itemized deductions from Kentucky Schedule A

11 Subtract line 10 from line 9. This is your Taxable Income

12 Enter tax from Tax Table or Schedule J

13 Enter tax from Form 4972-K: Schedule RC-R

14 Add lines 12 and 13 and enter total here

15 Enter amounts from page 3, Section A, lines 24A and 24B

16 Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero

17 Enter personal tax credit amounts from page 3, Section B, lines 4A and 4B

18 Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero

19 Add tax amount(s) in Columns A and B, line 18 and enter here

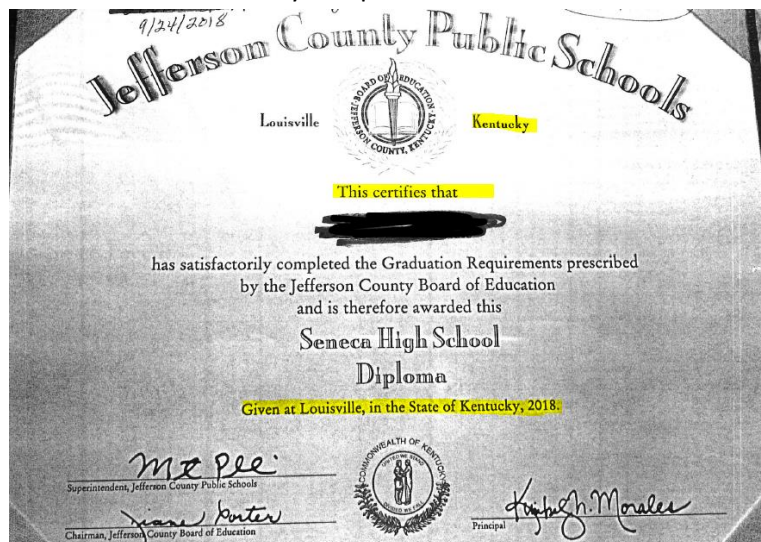
20 Check the box that represents your total family size (see instructions before completing lines 20 and 21)

A. Spouse (Use if Filing Status 2 is checked.) B. Yourself (or Joint)

5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00

- Copy of official high school transcript from a Kentucky high school from no more than two years prior to the start date of attendance at this institution.



- Letter from Kentucky employer on company letterhead with entire date of employment (needs to be no less than one year,) or a copy of your W-2 for previous year.



210 E. Gray Street
Suite #700
Louisville, KY 40202
(502) 629-5400
(502) 629-5492 Fax


01/30/2020

To Whom It May Concern,

[REDACTED] has worked with Norton Healthcare since 12/21/2014. She has dedicated 5 years of service.

[REDACTED]
Louisville, Ky 40214


Thank you


Eboney Harding
Practice Manager

1 Wages, tips, other comp. 26341.42		2 Federal income tax withheld 3162.31	
3 Social security wages 26646.51		4 Social security tax withheld 1652.08	
5 Medicare wages and tips 26646.51		6 Medicare tax withheld 386.37	
d Control number 000803	Depl. CLEV/HY	Corp. FRHSMD	Employer use only A 91
c Employer's name, address, and ZIP code CENTRAL AVEUNUE HOTEL ASSOCIATES LLC 2912 EASTPOINT PARKWAY LOUISVILLE KY 40223			
b Employer's FED ID number		a Employee's SSA number	
7 Social security tips		8 Allocated tips	
9 Verification Code		10 Dependent care benefits	
11 Nonqualified plans		12a D 305.09	
14 Other		12b AA 557.33	
		12c	
		12d	
		13 Stat emp Ref. plan 3rd party sick pay X	
e Employee's name, address and ZIP code LOUISVILLE KY 40272			
15 State Employer's state ID no. KY		16 State wages, tips, etc. 26341.42	
17 State income tax 1207.33		18 Local wages, tips, etc. 26646.51	
19 Local income tax 586.23		20 Locality name LOUISVIL	
City or Local Filing Copy W-2 Wage and Tax Statement 2017			

Wages value must be +10k to support a 12 month employed individual. And KY listed as State.

- Proof of attendance in an out of state school where out of state tuition was paid.
- Copy of a state issued license or certification used for professional or occupational purposes in Kentucky.

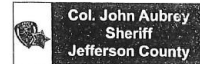
 COMMONWEALTH OF KENTUCKY KENTUCKY BOARD OF PHARMACY State Office Building Annex, Suite 300 125 Holmes Street Frankfort KY 40601	
PHARMACY TECHNICIAN REGISTRATION: [REDACTED]	INITIAL DATE: 1/17/2017
Issued to: [REDACTED]	RENEWAL DATE: 3/22/2018
LOUISVILLE, KY 40212	EXPIRATION DATE: 3/31/2019

Pharmacist license must be posted in public view at primary place of employment.
The official status of this license can be verified at www.pharmacy.ky.gov.

- Proof of payment of real property taxes in Kentucky

Jefferson County Kentucky 2017 Property Tax Notice

Date Issued **11/01/17**



Number	Property ID Number	Type of Property
[REDACTED]	[REDACTED]	REAL ESTATE
Owner of record		
[REDACTED] 9/25/2017 Ky Res Dues		
LOUISVILLE KY 40229-2226		

IF YOU HAVE QUESTIONS ABOUT YOUR PROPERTY TAXES, PLEASE CALL THE APPROPRIATE OFFICE:

2017 TAX BILL	SHERIFF	574-5479
URBAN SERVICE DIST	LOUISVILLE	574-5479
ASSESSMENTS	PVA OFFICE	574-6380

Tax info online at www.jcsoky.org

If Paid By:	Balance Due:
11/01/2017 to 12/01/2017	1,221.36 (2%DISCOUNT)
12/02/2017 to 12/31/2017	1,246.29 (GROSS TAX)
01/01/2018 to 01/31/2018	1,308.60 (5%PENALTY)
02/01/2018 to 04/15/2018	1,508.02 (10%+10%)

How we figured your gross tax:

Block / Description of Property	Taxable Assessment	Taxing Jurisdiction	Tax Rate/\$100	Gross Tax
[REDACTED] LAND	24,000	STATE REAL ESTA	.12200	144.88
[REDACTED] BUILDING(S)	94,750	METRO RE TAXES	.12350	146.66
[REDACTED] BLOCK LOT SUBLOT TOTAL	118,750	SCHOOL REAL TAX	.70400	836.00
		OKOLONA FIRE	.10000	118.75

- Copy of mortgage or deed from property in Kentucky, if the property was used by the student as a residence preceding the date of application for a determination of residency status.

SPS SELECT Portfolio SERVICING, inc. P.O. Box 65250 Salt Lake City, UT 84165-0250 www.spservicing.com

Customer Service : (800) 258-8602
Monday - Thursday 8:00AM - 11:00PM ET
Friday 8:00AM - 9:00PM ET
Saturday 8:00AM - 2:00PM ET

For other important information, see reverse side

Mortgage Statement
Statement Date: **03/02/2018**
Page 1 of 2

Account Number	[REDACTED]
Property Address	LOUISVILLE KY 40213
Loan Due Date	03/17/2018
Payment Due Date	03/17/2018
Amount Due	\$563.44

1443
Louisville, KY 40213-1406

Mortgage Information	
Interest Bearing Principal	\$43,932.17
Deferred Principal	\$0.00
Outstanding Principal	\$43,932.17
Interest Rate (Fixed)	10.950%
Prepayment Penalty	No

Explanation of Amount Due	
Principal	\$181.23
Interest	\$382.21
Escrow (Taxes and Insurance)	\$0.00
Regular Monthly Payment	\$563.44
Unpaid Late Charges	\$0.00
Other Charges and Fees	\$0.00
Charges / Fees this Period	\$0.00
Past Due Payment(s)	\$0.00
Unapplied Payment(s)	\$0.00
Total Amount Due	\$563.44

- Copy of marriage license along with proof that the spouse was a resident of Kentucky 12 months prior to the marriage.
- Proof of continued presence in Kentucky during academic breaks; and the extent to which a student is dependent on student financial aid in order to provide basic sustenance.
- A copy of a student's DD-214 that shows Kentucky as home of record.

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES. THIS IS AN IMPORTANT RECORD. ANY ALTERATIONS IN SHADED AREAS SAFEGUARD IT. RENDER FORM VOID.

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY
This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle)		2. DEPARTMENT, COMPONENT AND BRANCH		3. SOCIAL SECURITY NUMBER	
4a. GRADE, RATE OR RANK		b. PAY GRADE		5. DATE OF BIRTH (YYYYMMDD)	
7a. PLACE OF ENTRY INTO ACTIVE DUTY		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND		b. STATION WHERE SEPARATED			
9. COMMAND TO WHICH TRANSFERRED		10. SOLI COVERAGE		NONE	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)		12. RECORD OF SERVICE		YEARS MONTHS DAYS	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (At periods of service)		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)		15. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107g)	
16. DAYS ACCRUED LEAVE PAID		17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION		YES NO	
18. REMARKS		19. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)		b. NEAREST RELATIVE (Name and address - Include Zip Code)	
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/facility)		21a. MEMBER SIGNATURE		b. DATE (YYYYMMDD)	
21b. MEMBER SIGNATURE		22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature)		b. DATE (YYYYMMDD)	

- Copy of military orders showing active duty and permanent duty station in Kentucky.

- Kentucky automobile registration

Examples of KY
Secondary
documents

A. PLACE THE NEW STICKER DIRECTLY ON THE CORNER OF THE LICENSE PLATE.
B. Make sure the area where the new sticker is to be placed is clean and dry.
C. Peel the new sticker from the backing and place on license plate.
D. Press the sticker onto the plate to make sure it is firmly affixed.

1. You must have this certificate in order to renew the registration of this vehicle before the expiration date.
THERE IS NO GRACE PERIOD ON ANY DECAL EXPIRATION DATE.
A. Passenger cars and motorcycles are on a year-round registration system and may be renewed two months before the expiration date of this vehicle.
B. For commercial vehicles registered under KRS 186.050(3) through (14), the certificate will be valid through March 31.
C. Trailer registration will also be valid through March 31.
D. Motorboats expire April 30 of each year.
2. This certificate (or a copy) must be carried in this vehicle (except motorcycle) at all times and be available for inspection by any peace officer.
3. Making a false statement in any part of this application will subject the party to a fine of not less than \$20.00 nor more than \$100.00 as set out in KRS 186.900(1).

COMMONWEALTH OF KENTUCKY
CERTIFICATE OF REGISTRATION

CONTROL NO. DECAL NO. REGISTRATION TYPE FIRST TIME (0/ST) PLATE NUMBER AF ODOMETER

EXPIRES 02-28-19 PREV. PLATE NO. PREV. DECAL NO. SPECIAL REGISTRATION LOCATION REGIST WT. REGULAR REGIS.

VEHICLE TYPE PASSENGER AUTO VEHICLE IDENTIFICATION

VEH YR 08 B-STYLE 4D MAKE HITS MODEL LANCER COLOR SIL TITLE NO.

NOT VALID FOR TRANSFER OF OWNERSHIP OWNER(S) NAME(S) ADDRESS TAYLORSVILLE KY 40071

SIGNATURE DATE OF ISSUE: 07-11-18 TRD

LESSOR/EMPLOYEE COUNTY CLERK COUNTY OF ISSUANCE JEFFERSON CO.

TAXABLE VALUE	4,995
6% TAX	299.70
TAX CREDIT	0.00
STATE FEE	11.00
CLERK FEE	6.00
TOTAL DUE	

Last updated: **7/27/2020**

- Kentucky driver's license



- Registration as a Kentucky voter

Kentucky.gov KY Agencies | KY Services | myKentucky.gov | Search Kentucky

Kentucky State Board of Elections
Alison Lundergan Grimes, Chair

• Voter Information Center Home • County Clerk Information

DISCLAIMER
The State Board of Elections and the County Clerk's office were supplied with the information provided on this page by you, the voter.

If the information appears to be incorrect or there is an error, please visit GoVoteKY.com to update your registration OR contact your [County Clerk](#).
[Sample ballots](#)

Reg. Res. Date 1/17/18

Voter Information
[Redacted]

[Jefferson County Clerk](#)

Precinct Information
THOMAS JEFFERSON MS GYM 2 BRUCE BLDG
PRECINCT 109.30 DISTRICT (C109)
1501 RANGELAND RD
LOUISVILLE KY 40219
[Map It!](#)

Legislative Districts / Information
House District: 030
Senate District: 35
Congressional District: 3
[US Senators](#)

- Long-term lease of at least twelve (12) consecutive months of non-collegiate housing

6/26/2017

TIMBERWOOD
LEASE AGREEMENT

Apartment No.:	Type:	Security Deposit*:	Monthly Rent:	Date of Lease:
	1x1 P	\$250.00	\$694.00	01/16/17

*Security Deposits are held by Landlord at US Bank in Account Number 145800709316.

Lease Term:		Type of Lease:		Prepared By:
Beginning Date:	Ending Date:	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Renewal	M
03/01/17	02/28/18		<input type="checkbox"/> Replacement	

OWNER: AUTUMN RUI, LLC
APARTMENT COMMUNITY: [REDACTED]
LOUISVILLE, KY 40218
PROPERTY MANAGER: TIMBERWOOD PROPERTIES, LLC
LOUISVILLE, KY 40223

TENANT(S)/RESIDENT(S): [REDACTED]

OCCUPANTS: (all other persons living in the Apartment and not listed as a Tenant above)

Apartment: [REDACTED] Address: [REDACTED]

As used herein, the term "Lease" means this Lease Agreement and all addenda hereto, and the terms "you", "tenant", and "resident(s)" means the people who have signed this Lease as Tenant(s)/Resident(s), all of whom are jointly and severally liable as tenants under this Lease. The terms "owner", "we", "our", "us", "Landlord" and/or "Lessor" means the Owner listed above and includes the Property Manager when acting on behalf of the Owner, and the terms "Apartment Community", "Community" and "property" mean the apartment community listed above, where the apartment unit you are leasing is located. The terms "Apartment" and "unit" mean the apartment number and address listed above, and the term "guest(s)" refers to anyone present in the community at a resident's or occupant's invitation or on their behalf - whether the guest has been specifically invited or not. We will not honor verbal agreements or "understandings" that do not appear in this Lease, and any exceptions to this Lease, or other agreements between you and us, must be in writing and be signed by both parties. No oral statement of any nature made by any person shall in any way vary or alter the terms as written in this Lease. We are pleased to rent the Apartment to you on the terms of this Lease.

Additional Disclosures and Addenda to this Lease: You agree that you have reviewed each agreement, addendum, and disclosure marked below, that you accept and are obligated to each listed agreement, addendum, and disclosure. All of the following are incorporated as a part of this Lease:

☒ Mold & Mildew Addendum
☒ Lead Based Paint Pamphlet
☐ Pet Agreement Addendum
☐ Move-In / Move-Out Checklist

Execution of Lease: This Lease consists of this page and the 11 following pages, and the agreements, addenda and disclosures noted above, all of which are incorporated herein. The Resident(s) and the Owner (through the Property Manager) have duly executed this Lease on or as of the Date of Lease above.

Read Before Signing:
By signing this Lease, you acknowledge that you have received and read, and agree to, all of the provisions of this Lease.

Tenant(s)/Resident(s) and/or Co-signers: [REDACTED]
Signature: [REDACTED] Date: [REDACTED]

Owner: AUTUMN RUI, LLC
By: [REDACTED]
Property Manager/Agent for Owner
By: [REDACTED]

Additional KRD Examples

- Students can also submit documentation of their dependency on one of the following federal benefits (document must include their full name, KY address and stipulate the start and end date of benefits):
 - Medicaid

LOUISVILLE, KY 40219-5147

Notice About Your Coverage

Based on the information you provided, please see below for your household coverage and requirement(s):

Who was approved for coverage

Name	Program	Coverage Start Date	Coverage End Date
[REDACTED]	Medicaid	February 01, 2018	June 30, 2020
[REDACTED]	Medicaid	December 01, 2018	June 30, 2020

Benefit Type Summary

Name	Benefit Type	Plan type Effective date
[REDACTED]	State Plan - Copay	January 01, 2019
[REDACTED]	State Plan - No Cost Share	July 01, 2018

Plan Type Information:

- Members in the Copay Plan do not pay premiums, but will pay copays at the doctor, hospital, pharmacy, etc.
- Members in the No Cost Share Plan do not pay premiums or copays.

*If a member has an end date to the Benefit Type in the table above, the Benefit Type will not apply beyond that date. If there is no end date, your Benefit Type is ongoing until you are told so otherwise.

Form **1095-B** **Health Coverage** OMB No. 1545-2252
Department of the Treasury Internal Revenue Service
Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095B for instructions and the latest information.

Part I Responsible Individual

1 Name of responsible individual-First name, middle name, last name
2 Social security number (SSN) or other TIN
3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.)
5 City or town
6 State or province
7 Country and ZIP or foreign postal code
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes):

Part II Information About Certain Employer-Sponsored Coverage (see instructions)

10 Employer name
11 Employer identification number (EIN)
12 Street address (including room or suite no.)
13 City or town
14 State or province
15 Country and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (see instructions)

16 Name
17 Employer identification number (EIN)
18 Contact telephone number
19 Street address (including room or suite no.)
20 City or town
21 State or province
22 Country and ZIP or foreign postal code

Part IV Covered Individuals (Enter the information for each covered individual.)

(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
23 [REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 [REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 [REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 [REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

hkyportal.valence.care

17

Subscriber Name [REDACTED]

Passport ID# [REDACTED]

Member Reference No 001

Medicaid ID# [REDACTED]

Medicare ID# [REDACTED]

SSN XXX-XX-XXXX

DOB [REDACTED]

Gender FEMALE

Race

Race Ethnicity Code White (Non-Hispanic)

Marital Status Code

Address [REDACTED] LOUISVILLE, Kentucky, 40291

Home Phone [REDACTED]

Work Phone

Fax (000) 000-0000

Language 1

Language 2 English (Unknown)

Preferred Language

Eligibility Information

[View Eligibility History](#)

Policy Benefit Name	Coverage Type	Coverage Level	Effective Date	Expiration Date	Redetermination Date	Paid Thru Date
W40X - RACA/TMA No Cost Share	Medical	Individual	09/01/2019			12/31/9999

[Print Temporary ID Card](#)

Member Status Indicators

[View History](#)

Status	Effective Date	Expiration Date	Alert Message
No Results Found			

Primary Care Physician

Care Management Type	Provider	Location Name	Coverage Type	Provider Type	Effective Date	Expiration Date
Primary Care Physician	SAINT JOSEPH MEDICAL GROUP	SAINT JOSEPH MEDICAL GROUP	Medical	Physician	09/01/2019	12/31/9999

Lock-In Locations

Contact Type	Contact Name	Phone	Effective Date	Expiration Date
No Results Found				

Other Coverage

LOB Coverage Type	COB Code	Effective Dates	Insurer Name	Insurer Payment Order	Employee ID No	Policy No
Medical	Coordination of Benefits	07/01/2016 - 12/31/9999	AARP HEALTH/UNITED HEALTHCARE INS CO	Primary	949654335	755858
Medical	Coordination of Benefits	07/01/2016 - 12/31/9999	UNITED HEALTHCARE	Secondary	00022703702	UNKNOWN
Medical	Coordination of Benefits	01/01/2017 - 12/31/9999	UNITED HEALTHCARE	Tertiary	949654335	UNKNOWN

Pending/Open Request

[View Requests](#)

Request ID	Enrollment Request Type	Date Submitted	Current Reviewer
No Results Found			

b. Supplemental Security Income (SSI)

Social Security Administration
Supplemental Security Income
Notice of Award

SOCIAL SECURITY
140 FLYNN AVE
FRANKFORT KY 40601

Date: **October 11, 2017**
Claim Number: [REDACTED]

[REDACTED]

[REDACTED]

We have carefully reviewed the facts of your case and have approved the claim for Supplemental Security Income (SSI) benefits that you filed on July 24, 2017. As of July 2017 you met all the rules to be eligible for SSI based on being disabled.

The rest of this letter explains your current monthly payment, your back payments, how we figured your payment amount, information about Medicaid, your reporting responsibilities, and your appeal rights.

Your Current Monthly Payment

Your current monthly payment is \$490.00 for November 2017. This amount will continue unless there is a change in the information we use to determine your SSI eligibility and payment amount.

Your Back Payments

From	Through	Monthly Payment Amount	Total
August 2017	October 2017	\$490.00	\$1,470.00

We explain how we figured the monthly payment amounts on the worksheets at the end of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI payment.

When You Will Receive Your Payments

- Your bank or other financial institution should have received a payment of \$1,470.00 by October 8, 2017. This payment covers August 2017 through October 2017.

c. Supplemental Nutrition Assistance Program (SNAP)

KIF-105.1
02/16

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services

Date: 08/24/2016
Case Number: [REDACTED]

[REDACTED]

[REDACTED]
1/2/2018
Kiy Risa Davis

Si usted necesita ayuda en español para entender esta información, favor de visitar a la oficina local o llamar a la Sección de Acceso a Idiomas al 1-877-891-9557.

SNAP Approval Notice

We have approved your Supplemental Nutrition Assistance Program (SNAP) application. You will get benefits from June, 2016 until the end of May, 2017. We based our decision on the information you gave us:

Individual Name	Benefit Month/Year	Benefit Amount
[REDACTED]	June, 2016	\$148.00
	July, 2016	\$0.00
	August, 2016	\$0.00
	September, 2016 Onwards	\$194.00

Gross Income (before taxes or deductions)

Earned \$0.00
Unearned \$150.00

Expenses and Deductions

SNAP rules do not always allow us to count all the expenses you report. Here are your expenses and the amounts we were allowed to deduct:

	Actual	Allowable
Earned Income (20% of	\$0.00	\$0.00

d. Free or Reduced Price School Lunch

e. Temporary Assistance for Needy Families (TANF)
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

The following process will outline how to print and mail KY Residency certified letters:

Stationary needed:

Letterheads – available via Admissions front desk

Window Envelopes – available via Admissions front desk

Labels – available via Admissions front desk

Green UPS tracking cards – available via Reprographic office

Certified letter receipts – available via Reprographic office

Step 1: Printing letters

1. Check your Contact Manager pending activities and determine number of letters you're sending out for the day (the date is set up by Support team when application is processed on CN. You don't have to process letters each day, but all letters must be sent out by the end of the week).
2. Put labels and letterhead paper in printers bypass tray (each letter is 2 pages), face up.
3. In CN go to DAILY – CONTACT MANAGER – LETTERS
4. Select respective campus location – Refresh. A list of letters will appear.
5. Click on ADM SLV KY RES CERT LETTERS and KY RESIDENCY LETTER LABEL – Print Letters.
6. 4 Word documents will be opened. Two will just be the template samples which can be closed without saving. The other two will have students' details on.
7. Press Ctrl+P and set up the local printer settings for Paper – Bypass tray + Letterhead before hitting PRINT. Make sure you print the documents as you have placed the labels and letter heads in the bypass tray (eg. labels first then letterheads – print in that sequence). You will need two copies of the KY RESIDENCY LETTER LABEL document.
8. If the labels and letters printed correctly, close remaining two Word documents, without saving, and click on "CONTINUE PRINTER OK; CLEAR LIST" (This will clear the KY Res Cert Letters and label activities from the list in the Contact manager and the pending activities in your Contact Manager).
9. Repeat steps for other campus locations (SU – Lexington, SU Fort Knox, Online and SCTD). Majority of the letters will be for SU – Louisville.

**"How to print and
mail" KY
Residency letters**

Step 2: Preparing letters for mailing

1. Fold letters in 3rds, with Name and address facing outwards.
2. Place letters with Name and address visible in the window envelope and seal.
3. Add the Green UPS tracking card on the back of the envelope (ensure your name and address label is in the Sender box of the card before adding it to the envelope).
4. Place the students KY RESIDENCY LETTER LABEL in the Article Addressed to section (box 1).

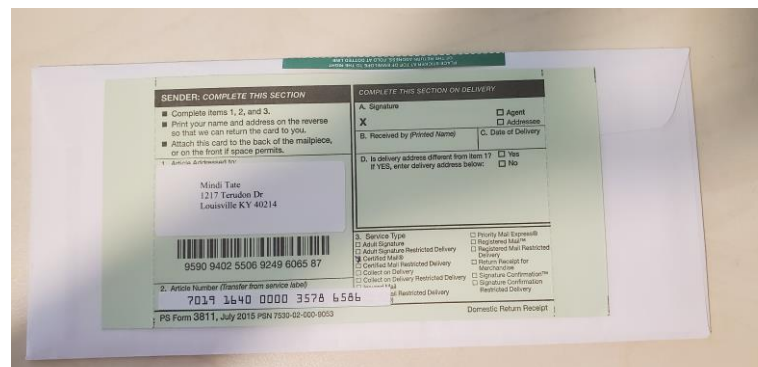
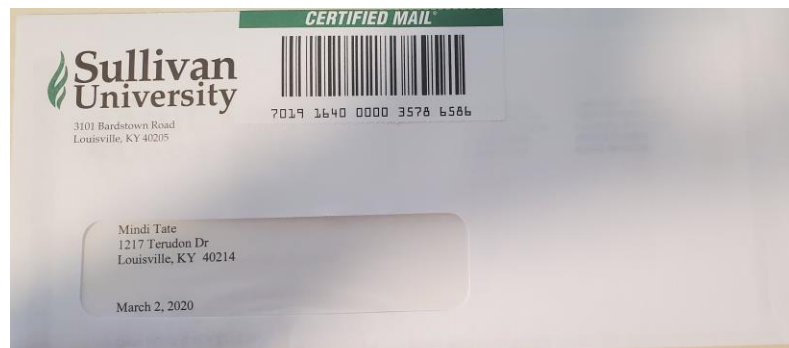
5. Place the second student KY RESIDENCY LETTER LABEL in the bottom right corner of the Certified Mail Receipt. Tear off the left section of the Certified Mail Receipt and place in Article Number (box 2) of the Green UPS tracking card. Stick the remainder of the left Certified Mail Receipt to the front of the envelope directly next to the SU logo.
6. Add the CN Student number and date when letter is mailed on the Certified Mail Receipt with the KY RESIDENCY LETTER LABEL and file for SU record purposes.
7. Take letters to Reprographic Office before 2pm.

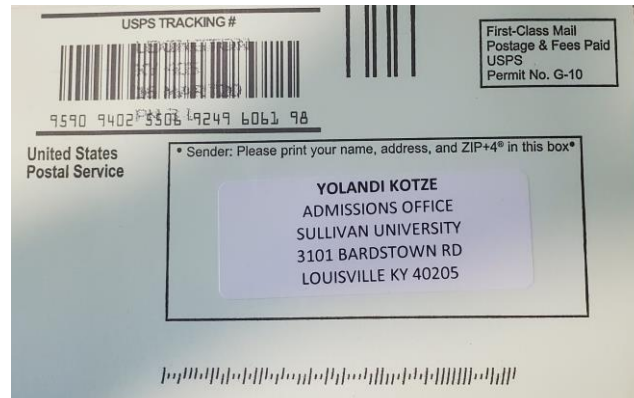
Step 3: Update CN document comments

Go to Student Master, click on Documents, select KY Residency Determination and Edit. In comments add CL and date sent (eg. CL – 02/21/2020).

Current Section Footnotes

Final example of a letter with certified labels ready for mailing out.





“How to upload documents” to Perceptive Content (PC)

All documents used to complete a KY Residency review for a student have to be uploaded to Perceptive Content (PC) under ADM – KY Residency Determination document Type. Do not upload documents that are illegible or not accepted. Only upload KY Residency determination documentation used to approve the review. If you receive a students’ complete tax packet, federal and state, only upload the state form (Form 740).

Step 1: Save all documents received, which meets the requirement under P:\Admissions\Admissions Drag and Drop folder¹, using the student id and document type indicated (eg. YKOTZE1000_2019 W2). Remember this is a folder used by all staff trying to upload documents.

Step 2: Go to Citrix Receiver and open CampusNexus & ImageNow and Home Drive² applications. Once Home Drive is open go to Network Drive (P: on VWSNX1AD018) – Admissions – Admissions Drag and Drop³.

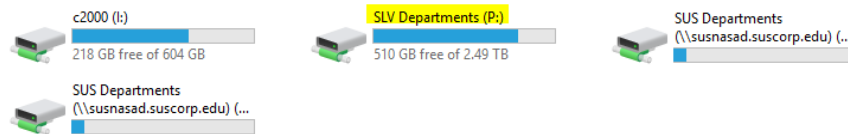
Step 3: Open the students’ CN profile and then click on PC’s Applications⁴ and open the students’ document folder on PC⁵. Double check the correct student number is reflecting and click ok. All the students’ documents uploaded so far should reflect on the document list⁶.

Step 4: Select the file you want to copy over to PC from your Network Drive³ and drag and drop in into PC. You should see a +Copy sign (if not double check you are dragging the file from the **Network Drive**). Once document is dropped and accepted you need to link the document to the student (), select an application plan (ensure the appropriate campus is selected and NEW not cloud) and also select the type of document⁷ (ADM-KY Residence Determination). Click Ok and click OK again when second “Create Shortcut” box pops up. A copy of the document should open up once successfully uploaded⁸.

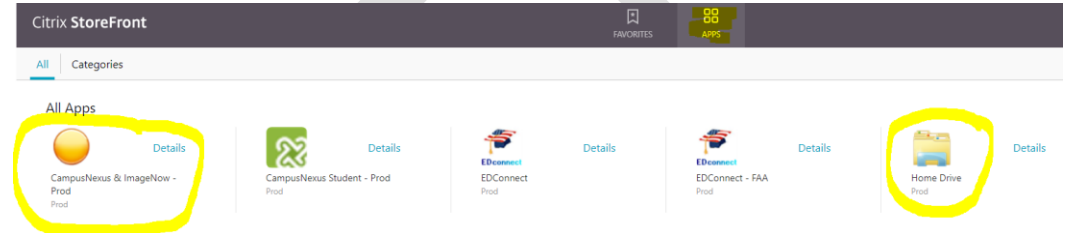
Current Section Footnotes

1

Network locations (4)



2



3

Network Drive (P: on VWSNX1AD018) ▶ Admissions ▶ Admissions Drag and Drop

4

Perceptive Content - VS-P10-IMAGENOW - YKOTZE

Connect Settings Help

Applications Batches Documents Folders Workflow Capture Help

Student Master - [Redacted]

Title [Redacted] Student Number [Redacted] PIN [Redacted]

Last Name [Redacted] First Name [Redacted] Campus Sullivan University - Lexington

Middle Name [Redacted] Suffix [Redacted] Student Status Future

Nickname [Redacted] Maiden Name [Redacted] Lead Source DL - Test Score Import

Address [Redacted] Lead Date 1/17/2020 10:40 AM

City Stanton KY 40380 Lead Type Brand New Student

Country United States Last Activity Date 4/4/2020 11:53 AM

Telephone [Redacted] Adm. Rep Carole Schochler

Work Phone [Redacted] Ext. [Redacted] Interest Culinary Arts

Other Phone [Redacted] County KY - Powell Cou Program College of Hospitality Studies

Mobile Phone [Redacted] Gender Female Shift Day

e-Mail [Redacted] Expected Start 9/28/2020

Other e-mail [Redacted] Prev Education High School Grad

SSN [Redacted] Veteran No Agency/Sponsor [Redacted]

Date of Birth 3/20/2004 Disabled Unspecified Educational Benefits [Redacted]

Marital Status [Redacted] Nationality United States Original Start Date [Redacted]

Hispanic/Latino [Redacted] Ethnic Group White Current LDA [Redacted]

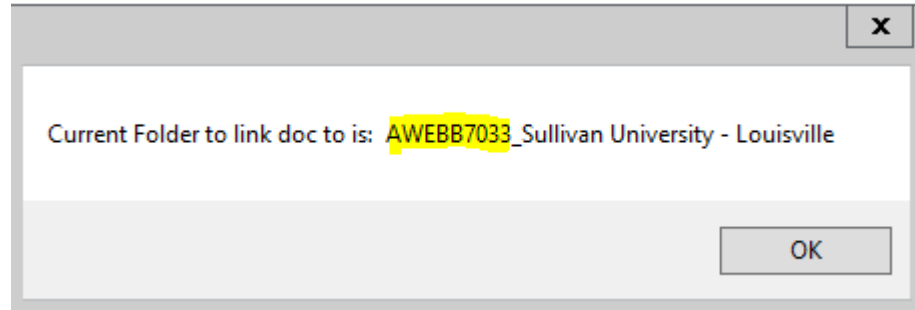
Citizen US Citizen Alien # [Redacted] Non-Immigrant Student Data Block Indicator [Redacted]

Div. Lic State [Redacted] DL # [Redacted] DBI Date [Redacted]

View Close

Last updated: 7/27/2020

5



6

Drawer	Field1	Field2	Field3	Field4	Type	Pages	Created	Created By
Admissions	AWEBB7033	Webb, Anna	Sullivan University ...	nna.grace.webb.2...	ADM - KY Residency Determination	1	4/13/2020	YKOTZE
Admissions	AWEBB7033	Webb, Anna	Sullivan University ...	nna.grace.webb.2...	ADM - KY Residency Determination	1	4/13/2020	YKOTZE
Admissions	AWEBB7033	Webb, Anna	Sullivan University ...	nna.grace.webb.2...	ADM - Unofficial Transcript	1	4/9/2020	pmills
Admissions	AWEBB7033	Webb, Anna	Sullivan University ...	nna.grace.webb.2...	ADM - Entrance Test Scores	1	4/3/2020	shayes
Admissions	AWEBB7033	Webb, Anna	Sullivan University ...	nna.grace.webb.2...	ADM - Entrance Test Scores	1	4/3/2020	shayes
Admissions	AWEBB7033	Webb, Anna	Sullivan University ...	cschochler@sulliva...	ADM - Adult Admissions App Checkl...	1	4/2/2020	mail.agent

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New Document - \\Client\P\$\Admissions\Admissions Drag and Drop\nwashi7054...

Application Plan
Select an application plan
ADM - Sullivan Lexington (New) [icon]
☐ Use as default application plan

Location
Drawer: Admissions
Name: 321Z44B_00TY51HWS004DR8

Properties
Field1: NWASHI7054
Field2: Washington, Nakita
Field3: Sullivan University - Lexington
Field4:
Field5: 04/10/2020 11:17:17 AM
Type: ADM - KY Residency Determination

Document Options
☐ Submit to Content Server
☐ Send to workflow queue
☐ Create shortcut in folder

Custom Properties
ADM - Campus ID
ADM - Email Address
ADM - Phone Number
ADM - Re-entry
ADM - COP Campus ID
☐ Use default values

OK Cancel

Create Shortcut

Enter values to create a shortcut to the new content.

Folders_

Folder name
NWASHI7054_Sullivan University -

Folder name	NWASHI7054_Sullivan Uni...
Folder Type	Admissions Documents
ADM - Expected Start Date	
Application Type	Please select one...
Scheduler	Please choose one...

Shortcut
Undefined

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Properties

Document Keys

Path:

Name:

Field1:

Field2:

Field3:

Field4:

Field5:

Type:

More...

Custom Properties

ADM - Campus ID	
ADM - Email Address	
ADM - Phone Number	
ADM - Re-entry	
ADM - COP Campus	