Kentucky Early Intervention System
Service Catchment Area

Name: _____ **Agency:** _____

Please indicate the counties where you are agreeing to provide early intervention service by placing a check mark in the "Add" column beside the appropriate county. You must serve all geographic areas in the counties indicated. To remove a county from your contract, please place a check mark in the "Delete" column beside the appropriate county.

Barren River District		
County	*Add*	*Delete*
Allen		
Barren		
Butler		
Edmonson		
Hart		
Logan		
Metcalfe		
Monroe		
Simpson		
Warren		

Big Sandy District		
County	*Add*	*Delete*
Floyd		
Johnson		
Magoffin		
Martin		
Pike		

Bluegrass District		
County	*Add*	*Delete*
Anderson		
Bourbon		
Boyle		
Clark		
Estill		
Fayette		
Franklin		
Garrard		
Harrison		
Jessamine		
Lincoln		
Madison		
Mercer		
Nicholas		
Powell		
Scott		
Woodford		

Buffalo Trace District		
County	*Add*	*Delete*
Bracken		
Fleming		
Lewis		
Mason		
Robertson		

Cumberland Valley District		
County	*Add*	*Delete*
Bell		
Clay		
Harlan		
Jackson		
Knox		
Laurel		
Rockcastle		
Whitley		

FIVCO District		
County	*Add*	*Delete*
Boyd		
Carter		
Elliott		
Greenup		
Lawrence		

Gateway District		
County	*Add*	*Delete*
Bath		
Menifee		
Montgomery		
Morgan		
Rowan		

Green River District		
County	*Add*	*Delete*
Daviess		
Hancock		
Henderson		
McLean		
Ohio		
Union		
Webster		

KIPDA District		
County	*Add*	*Delete*
Bullitt		
Henry		
Jefferson		
Oldham		
Shelby		
Spencer		
Trimble		

Kentucky River District		
County	*Add*	*Delete*
Breathitt		
Knott		
Lee		
Leslie		
Letcher		
Owsley		
Perry		
Wolfe		

Lake Cumberland District		
County	*Add*	*Delete*
Adair		
Casey		
Clinton		
Cumberland		
Green		
McCreary		
Pulaski		
Russell		
Taylor		
Wayne		

Lincoln Trail District		
County	*Add*	*Delete*
Breckinridge		
Grayson		
Hardin		
Larue		
Marion		
Meade		
Nelson		
Washington		

Northern KY District		
County	*Add*	*Delete*
Boone		
Campbell		
Carroll		
Gallatin		
Grant		
Kenton		
Owen		
Pendleton		

Pennyrile District		
County	*Add*	*Delete*
Caldwell		
Christian		
Crittenden		
Hopkins		
Lyon		
Muhlenberg		
Todd		
Trigg		

Purchase District		
County	*Add*	*Delete*
Ballard		
Calloway		
Carlisle		
Fulton		
Graves		
Hickman		
Livingston		
McCracken		
Marshall		

Please mail or fax completed form to:
Provider Enrollment Coordinator, Kentucky Early Intervention System, 275 East Main Street, HS2W-C, Frankfort, KY 40621
Fax: 502-564-0329