

## INTERESTED ORGANIZATION SCREENER FOR FAMILY SUPPORT KYNECTORS.

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Thank you for your interest in your organization becoming SNAP kynectors. In order to determine whether your organization is eligible to partner with us, please complete the following questions and return to [FamSupportKynectors@ky.gov](mailto:FamSupportKynectors@ky.gov) with the subject line "Interested Organization: [your organization name]"

- 1. Name of organization:** Enter Organization name here
- 2. Is your organization a registered nonprofit?**  Yes  No  
*Please note: We can only partner with nonprofits for this role; however, cannot partner with DAA facilities per regulatory requirements.*
- 3. Tell us about your organization.** (ex. Type of organization, target audience, goals, role of your organization etc.)  
Click or tap here to enter text.
- 4. Describe why your organization would like to become a SNAP kynector. How would your organization be a good fit?**  
Click or tap here to enter text.
- 5. If approved will your work as a kynector be voluntary or require funding?**  
*Please note: A financial partnership is not required; however, if you require funding, there is an additional process to become a contracted SNAP outreach kynector where the state may reimburse 50% of allowable activities. This process may take several months to complete.*  
Click or tap here to enter text.
- 6. How many people in your organization do you anticipate will become kynectors?**  
Click or tap here to enter text.
- 7. Who is the primary point of contact for your group?**

Name	Email	Phone
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- 8. What region (counties) does your organization serve?**  
Click or tap here to enter text.

### Next steps:

After completing this screener, please email the completed copy to [FamSupportKynectors@ky.gov](mailto:FamSupportKynectors@ky.gov). Staff will review and provide a decision and next steps.