



A Guide to Completing the KC-1500 Application
Section H



A Guide to Completing the KC-1500 Application

For the Elderly and Persons with Disabilities




Section H



This guide was created in partnership with the KanCare Ombudsman Office and the Kansas Department of Health and Environment.


Welcome to the slideshow for Section H of the KanCare Application Guide.

Next, we will cover pages 17 through 21.


 The paper clip means we may ask for proof later. Or you can send it now. See the list on page 31.


H Jobs and other income

If you need to tell us about more than 3 jobs, make a copy of this page before you fill it out. Attach the copy to your application.

Does the primary applicant or their spouse have a job? 

No Yes **If yes, tell us about all jobs the primary applicant and spouse have.**


Job #1	Job #2	Job #3
Worker's name	Worker's name	Worker's name
Company name	Company name	Company name
Company address	Company address	Company address
Company phone	Company phone	Company phone
Start date (mm/00/yyyy) / /	Start date (mm/00/yyyy) / /	Start date (mm/00/yyyy) / /
Income before any taxes or deductions are taken out:		
This person makes \$ _____ every: <input type="checkbox"/> Hour <input type="checkbox"/> Twice a month <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> 2 weeks <input type="checkbox"/> Year	This person makes \$ _____ every: <input type="checkbox"/> Hour <input type="checkbox"/> Twice a month <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> 2 weeks <input type="checkbox"/> Year	This person makes \$ _____ every: <input type="checkbox"/> Hour <input type="checkbox"/> Twice a month <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> 2 weeks <input type="checkbox"/> Year
What deductions are taken out of the gross pay before taxes? Check the box and tell us the amount:		
<input type="checkbox"/> Health insurance (includes dental, vision, and accident) \$ _____	<input type="checkbox"/> Health insurance (includes dental, vision, and accident) \$ _____	<input type="checkbox"/> Health insurance (includes dental, vision, and accident) \$ _____
<input type="checkbox"/> Health Savings Accounts (HSAs) \$ _____	<input type="checkbox"/> Health Savings Accounts (HSAs) \$ _____	<input type="checkbox"/> Health Savings Accounts (HSAs) \$ _____
<input type="checkbox"/> Flexible Spending Accounts (FSAs) \$ _____	<input type="checkbox"/> Flexible Spending Accounts (FSAs) \$ _____	<input type="checkbox"/> Flexible Spending Accounts (FSAs) \$ _____
<input type="checkbox"/> Retirement Accounts (such as 401k or IRA) \$ _____	<input type="checkbox"/> Retirement Accounts (such as 401k or IRA) \$ _____	<input type="checkbox"/> Retirement Accounts (such as 401k or IRA) \$ _____
<input type="checkbox"/> Life insurance \$ _____	<input type="checkbox"/> Life insurance \$ _____	<input type="checkbox"/> Life insurance \$ _____
<input type="checkbox"/> Other deduction: \$ _____	<input type="checkbox"/> Other deduction: \$ _____	<input type="checkbox"/> Other deduction: \$ _____

 For help completing this application, call us at 1-800-792-4884 (TTY: 1-800-792-4292). The call is free.

This is page 17 of the paper application for the Elderly and Persons with Disabilities. If the applicant needs to list more than 3 jobs, make a copy of this page before filling it out. Attach the copy to the application.

You will see that on this page there is a paper clip icon. Remember that the paperclip icon means we may ask for proof later or the applicant can send it now. See the list on page 31 for more information.

Next, we will go through each part of the seventeenth page, or section H.

Does the primary applicant or their spouse have a job? 		
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, tell us about all jobs the primary applicant and spouse have.		
Job #1	Job #2	Job #3
Worker's name	Worker's name	Worker's name
Company name	Company name	Company name
Company address	Company address	Company address
Company phone	Company phone	Company phone
Start date (mm/dd/yyyy) / /	Start date (mm/dd/yyyy) / /	Start date (mm/dd/yyyy) / /

The first question on page 17 asks, “Does the primary applicant or their spouse have a job?”

Check the “No” or “Yes” box and continue to fill out the Job columns if the applicant or their spouse have a job. If more space is needed, please make a copy of this page.

Income before any taxes or deductions are taken out:		
This person makes \$ _____ every:	This person makes \$ _____ every:	This person makes \$ _____ every:
<input type="checkbox"/> Hour <input type="checkbox"/> Twice a month	<input type="checkbox"/> Hour <input type="checkbox"/> Twice a month	<input type="checkbox"/> Hour <input type="checkbox"/> Twice a month
<input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Week <input type="checkbox"/> Month
<input type="checkbox"/> 2 weeks <input type="checkbox"/> Year	<input type="checkbox"/> 2 weeks <input type="checkbox"/> Year	<input type="checkbox"/> 2 weeks <input type="checkbox"/> Year
▶ What deductions are taken out of the gross pay before taxes? Check the box and tell us the amount:		
<input type="checkbox"/> Health Insurance (includes dental, vision, and accident) \$	<input type="checkbox"/> Health Insurance (includes dental, vision, and accident) \$	<input type="checkbox"/> Health Insurance (includes dental, vision, and accident) \$
<input type="checkbox"/> Health Savings Accounts (HSAs) \$	<input type="checkbox"/> Health Savings Accounts (HSAs) \$	<input type="checkbox"/> Health Savings Accounts (HSAs) \$
<input type="checkbox"/> Flexible Spending Accounts (FSAs) \$	<input type="checkbox"/> Flexible Spending Accounts (FSAs) \$	<input type="checkbox"/> Flexible Spending Accounts (FSAs) \$
<input type="checkbox"/> Retirement Accounts (such as 401K or IRA) \$	<input type="checkbox"/> Retirement Accounts (such as 401K or IRA) \$	<input type="checkbox"/> Retirement Accounts (such as 401K or IRA) \$
<input type="checkbox"/> Life Insurance \$	<input type="checkbox"/> Life Insurance \$	<input type="checkbox"/> Life Insurance \$
<input type="checkbox"/> Other deduction: \$	<input type="checkbox"/> Other deduction: \$	<input type="checkbox"/> Other deduction: \$

The bottom half of page 17 continues to ask for information about each job in the household. This section is where the applicant will put how much is earned from each job, how often, and what deductions are taken out of the gross income before taxes. If the applicant or spouse does not know this information, they can usually find it on their pay stubs.

Remember, if the applicant marks “No” to having a job, this section will not need to be filled out.


H

Job #1 (continued)		Job #2 (continued)		Job #3 (continued)	
Worker's name		Worker's name		Worker's name	
Date of next paycheck (mm/dd/yyyy):					
/ /					
How many hours does this person usually work each week?					
Regular hours	Overtime hours	Regular hours	Overtime hours	Regular hours	Overtime hours
▶ If this job pays hourly, what is the hourly rate?					
Regular rate	Overtime rate	Regular rate	Overtime rate	Regular rate	Overtime rate
\$ /hr	\$ /hr	\$ /hr	\$ /hr	\$ /hr	\$ /hr
Do any of these jobs include tips, commissions or bonuses?					
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes	
▶ If yes, what type?					
<input type="checkbox"/> Tips <input type="checkbox"/> Commissions <input type="checkbox"/> Bonuses		<input type="checkbox"/> Tips <input type="checkbox"/> Commissions <input type="checkbox"/> Bonuses		<input type="checkbox"/> Tips <input type="checkbox"/> Commissions <input type="checkbox"/> Bonuses	
▶ If yes, what is the usual amount before deductions?					
\$		\$		\$	
How often?		How often?		How often?	
<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
<input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Quarterly	<input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Quarterly	<input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Quarterly	<input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Quarterly	<input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Quarterly	<input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Quarterly
<input type="checkbox"/> Twice a month <input type="checkbox"/> yearly	<input type="checkbox"/> Twice a month <input type="checkbox"/> yearly	<input type="checkbox"/> Twice a month <input type="checkbox"/> yearly	<input type="checkbox"/> Twice a month <input type="checkbox"/> yearly	<input type="checkbox"/> Twice a month <input type="checkbox"/> yearly	<input type="checkbox"/> Twice a month <input type="checkbox"/> yearly

This is page 18 of the paper application for the Elderly and Persons with Disabilities.

This page is a continuation of the information needed regarding the jobs from page 17. This page wants to know the date of the next paycheck for each job, how many hours the applicant or spouse usually works at each job per week, and whether the jobs include tips, commissions, or bonuses.


The applicant must check the box for how often they receive a paycheck if they have a job.


 The paper clip means we may ask for proof later. Or you can send it now. See the list on page 31.

H **Is the primary applicant or spouse self-employed?**
Self-employed means the person is their own boss. This includes odd jobs, childcare, lawn mowing, snow removal, cosmetology, rental income, etc., even if it is not your primary job.
 No Yes *If yes, complete the following.*

*If you need to tell us about more than 3 self-employed jobs, make a copy of this page before you fill it out. Attach the copy to your application.
 You can send your most recent personal and business income tax returns, including all pages and attachments. @*

Self-employed job #1	Self-employed job #2	Self-employed job #3
Name of self-employed person	Name of self-employed person	Name of self-employed person
Business name (if any)	Business name (if any)	Business name (if any)
What type of business is it?	What type of business is it?	What type of business is it?
When did the business start? / /	When did the business start? / /	When did the business start? / /
What is the estimated monthly income this year?		
\$	\$	\$
What are the estimated monthly expenses this year?		
\$	\$	\$
Have the monthly income or expenses changed since filing taxes last year?		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, how have they changed?		
Were taxes filed on this income last year?		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

 For help completing this application, call us at 1-800-792-8884 (TTY 1-800-792-4292). The call is free.

This is page 19 of the paper application for the Elderly and Persons with Disabilities. This page asks about self-employment.

Notice that on this page there are more paper clip icons. This means that we may ask for proof later for the income sources that they have.

Next, let's go through each part of page 19, or section H continued.

Is the primary applicant or spouse self-employed?		
<p><i>Self-employed means the person is their own boss. This includes odd jobs, childcare, lawn mowing, snow removal, cosmetic sales, rental income, etc., even if it is not your primary job.</i></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, complete the following.</p>		
<p>If you need to tell us about more than 3 self-employed jobs, make a copy of this page before you fill it out. Attach the copy to your application.</p> <p>You can send your most recent personal and business income tax returns, including all pages and attachments. 📎</p>		
Self-employed job #1	Self-employed job #2	Self-employed job #3
Name of self-employed person	Name of self-employed person	Name of self-employed person
Business name (if any)	Business name (if any)	Business name (if any)
What type of business is it?	What type of business is it?	What type of business is it?
When did the business start? / /	When did the business start? / /	When did the business start? / /

The first question on page 19 asks, “Is the primary applicant or spouse self-employed?” Self-employed means the person is their own boss. This includes odd jobs, childcare, lawn mowing, snow removal, cosmetic sales, rental income, contract wages, delivery driving, etc., even if it is not the applicant’s primary job. Select “No” or “Yes”. If yes, provide the details for each self-employed job.

If there are more than 3 self employed jobs, make a copy of this page before filling it out. Attach the copy to the application. Applicants can send their most recent personal and business income tax returns, including all pages and attachments.

What is the estimated monthly income this year?		
\$	\$	\$
What are the estimated monthly expenses this year?		
\$	\$	\$
Have the monthly income or expenses changed since filing taxes last year?		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
▶ If yes, how have they changed?		
Were taxes filed on this income last year?		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

The bottom half of page 19 is a continuation of the information needed about self-employment.

This part should be filled out to the best of the applicant or their spouse's ability if they are self employed.



To learn more about the KanCare Working Healthy Program go to: kancare.ks.gov/consumers/working-healthy

H Does the primary applicant or their spouse have a disability and are they working?
 No Yes If yes, complete the following.

If you or your spouse is a person with a disability who is working, list any expenses related to the disability that allow the person to work. This includes specialized transportation to and from work, attendant care at work, attendant care to get ready for work, service animals, medications and specialized equipment or tools.

Person 1: Yourself	Your spouse
Does this person have income from working? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, list any expenses related to the disability that allow the person to work.	
Type of expense	Type of expense
Monthly amount \$	Monthly amount \$
Type of expense	Type of expense
Monthly amount \$	Monthly amount \$
Type of expense	Type of expense
Monthly amount \$	Monthly amount \$


This is page 20 of the paper application for the Elderly and Persons with Disabilities. This section is about Disability Status and Work.

If the applicant or spouse is a person with a disability who is working, list any expenses related to the disability that allow the person to work. This includes specialized transportation to and from work, attendant care at work, attendant care to get ready for work, service animals, medications, and specialized equipment or tools.

This page asks “Does the primary applicant or their spouse have a disability and are they working?” They will check either “No” or “Yes”. If answered yes, then it asks about income from working and expenses related to the disability that allow the person to work. If these do not apply, answer “No”, and the follow up questions do not need to be answered.

Applicants who are disabled and working may want to look into the KanCare Working Healthy Program. See the link in the slide to learn more.

kancare.ks.gov/consumers/working-healthy


 The paper clip means we may ask for proof later. Or you can send it now. See the list on page 31.

H Does the primary applicant or their spouse have income from sources other than work?
 No Yes If yes, complete the following

Type or source of income	Name of person who receives this income	Amount	How often?	Claim number, if any.
Social Security benefits <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Supplemental Security Income (SSI) <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Veterans' benefits <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Railroad Retirement <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Trust payments <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Annuity payments <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Other retirement or pension source <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Workers' compensation <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Unemployment <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Tribal payments <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Oil royalties or mineral rights <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Contract sale <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Rental income <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Child support <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Spousal support <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Other income source 1 <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Other income source 2 <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		

For help completing this application, call us at 1-800-792-4884 (TTY: 1-800-792-4292). The call is free.

This is page 21 of the paper application for the Elderly and Persons with Disabilities. The last page in Section H asks about income from sources other than work.

Notice that on this page there are more paper clip icons. This means that we may ask for proof later for the income sources that they have.

Next, let's go through each income option on page 21, or section H continued.

Does the primary applicant or their spouse have income from sources other than work?				
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, complete the following.				
Type or source of income	Name of person who receives this income	Amount	How often?	Claim number, if any
Social Security benefits <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Supplemental Security Income (SSI) <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		

The question at the top of page 21 asks, “Does the primary applicant or their spouse have income from sources other than work?” The applicant will check “No” or “Yes”.

If “Yes” is checked, the applicant will review the types or sources of income on page 21 and will need to check “No” or “Yes” for each source listed on the application. This section looks a lot like the Resource section earlier on in the application. If the applicant has any sources of income listed, they will need to put the name of the person who receives this income, the gross amount, how often it is received, and the claim number if applicable.

The first two rows of income are for Social Security benefits and Supplemental Security Income or (SSI). We will be able to get Social Security income amounts directly from the Social Security Administration.

Type or source of income	Name of person who receives this income	Amount	How often?	Claim number, if any
<input checked="" type="checkbox"/> Veterans' Benefits <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
<input checked="" type="checkbox"/> Railroad Retirement <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
<input checked="" type="checkbox"/> Trust payments <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
<input checked="" type="checkbox"/> Annuity payments <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		

The next four lines on page 21 are for Veteran's Benefits, Railroad Retirement, Trust payments, and Annuity payments.

If the applicant or spouse receives Veterans' Benefits, they may provide a letter from the VA which lists the type of veteran benefit and the current amount. It is important that the applicant lists what type of benefit it is.

If the applicant or spouse receives Railroad Retirement, they may provide a letter from the Railroad Retirement Board which lists the current amount.

If the applicant or spouse receives Trust payments, they may provide verification of payments received from a trust. This may be the same trust information the applicant listed in section G-7 on page 15.

If the applicant or spouse receives Annuity payments, they may provide verification of payments received from an annuity. This may be the same annuity information the applicant listed in section G-7 on page 15.

Type or source of income	Name of person who receives this income	Amount	How often?	Claim number, if any
<input checked="" type="checkbox"/> Other retirement or pension source: <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
<input checked="" type="checkbox"/> Workers' compensation <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
<input type="checkbox"/> Unemployment <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		

The next three rows on page 21 are for Other retirement or pension sources, Workers' compensation, and Unemployment.

If the applicant has any sources of income listed, they will need to put the name of the person who receives this income, the gross amount, how often it is received, and the claim number if applicable.

If the applicant or spouse receives other retirement or pension income, workers' compensation, or unemployment they may provide proof of these income sources.

Type or source of income	Name of person who receives this income	Amount	How often?	Claim number, if any
<input checked="" type="checkbox"/> Tribal payments <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
<input checked="" type="checkbox"/> Oil royalties or mineral rights <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
<input checked="" type="checkbox"/> Contract sale <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
<input checked="" type="checkbox"/> Rental income <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		

The next four rows on page 21 are for tribal per capita payments, oil royalties or mineral rights, contract sales, and rental income.

If the applicant or spouse receives any of the income sources above they may need to send proof.

If the applicant or spouse receives contract sale payments, please provide proof of the contract sale and income being received. Contract sale is a contract in which a property title is transferred only after the buyer makes a certain number of monthly payments such as a rent to own home.

Type or source of income	Name of person who receives this income	Amount	How often?	Claim number, if any
<input checked="" type="checkbox"/> Child support <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
<input checked="" type="checkbox"/> Spousal support <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Other income source 1 _____ <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Other income source 2 _____ <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		

The last four rows on page 21 are for child support, spousal support, and two rows for other income sources.

If the applicant or spouse have child or spousal support they may send proof.

If the applicant or spouse has any other income sources or needs extra room please use the last two lines to put that information. Before moving on to the next page it is recommended that the applicant make sure that each “No” or “Yes” box is checked on this page.



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For the Elderly and Persons with Disabilities



This guide was created in partnership with the KanCare Ombudsman Office and the Kansas Department of Health and Environment.

Thank you for looking at the fifth slideshow of the KanCare Application Guide for the Elderly and Persons with Disabilities Medical Assistance Application.