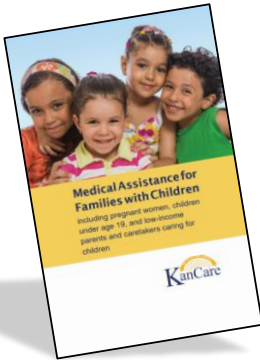




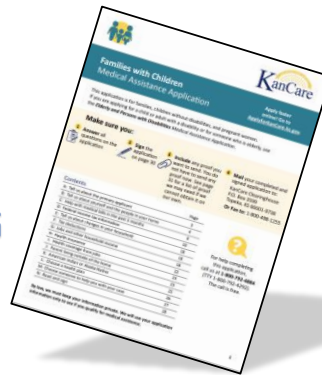


# A Guide to Completing the KC-1100 Application

For Families with Children



Sections E, F, & G



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

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2

“Welcome to the KanCare Application Guide. This guide is made up of slides designed to help you with filling out the sections of Families with Children Application”

**E Tell us about changes in your household**

Has your household size changed in the last 3 months because someone moved in or out?  
 No  Yes **If yes, tell us about the household changes:**

Has your household income changed in the last 3 months?  
 No  Yes **If yes, tell us about the income changes:**

---

**F Tax deductions**

Tell us about anything deducted on your federal income tax return, such as alimony, student loan interest, etc. This could help lower your cost for medical assistance. Do not include deductions related to self-employment. If you have more than 3 deductions, make a copy of this page before you fill it out. Attach the copy to your application.

Deduction #1	Deduction #2	Deduction #3
Name of person with deduction	Name of person with deduction	Name of person with deduction
Type of deduction	Type of deduction	Type of deduction
Amount	Amount	Amount
\$	\$	\$
How often?	How often?	How often?

---

**G Jobs and other household income**

If you need to tell us about more than 3 jobs in your household, make copies of pages 18-19 before you fill them out. Attach the copies to your application.

Does anyone in your household have a job?  
 No  Yes **If yes, tell us about all jobs of all household members.**

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

18 KanCare | Families with Children Medical Assistance Application

This is the eighteenth page of the paper application for Families with Children. Next, we will go through each section on page 18.

### E Tell us about changes in your household

Has your household **size** changed in the last 3 months because someone moved in or out?

No  Yes **If yes, tell us about the household changes:**

Has your household **income** changed in the last 3 months?

No  Yes **If yes, tell us about the income changes:**

Section E on page 18 asks about changes in the applicant's household.

The first question on this page asks, “Has your household size changed in the last 3 months because someone moved in or out? Please answer “No” or “Yes”. This can include people temporarily outside of the home, for example: a child in college planning to return home.

The next question asks, “Has your household income changed in the last 3 months?” Please answer “No” or “Yes”. For example, a household member received a raise in the last three months. Or a household member has lost a job in the last three months.

## F Tax deductions

Tell us about anything deducted on your federal income tax return, such as alimony, student loan interest, etc. This could help lower your cost for medical assistance. Do not include deductions related to self-employment. If you have more than 3 deductions, make a copy of this page before you fill it out. Attach the copy to your application.

Deduction #1	Deduction #2	Deduction #3
Name of person with deduction	Name of person with deduction	Name of person with deduction
Type of deduction	Type of deduction	Type of deduction
Amount \$	Amount \$	Amount \$
How often?	How often?	How often?

Section F on page 18 asks about tax deductions. The KanCare Clearinghouse wants to know about any deduction on the applicant's federal income tax return, such as alimony, student loan interest, etc. This could help the applicant lower their cost for medical assistance. The applicant should not include deductions related to self-employment. If the applicant has more than 3 deductions, they can make a copy of this page before filling it out and attach it to their application.

The applicant will need to include the name of the person with the deduction, the type of deduction, the amount, and how often it occurs.

**G Jobs and other household income**

If you need to tell us about more than 3 jobs in your household, make copies of **pages 18-19** before you fill them out. Attach the copies to your application.

Does anyone in your household have a job?

No    Yes   **If yes, tell us about all jobs of all household members.**

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

Section G on page 18 asks about Jobs and other household income sources. If the applicant needs to list more than three jobs in the household, they can make copies of pages 18-19 before filling them out and attach it to the application.

If the applicant checks “Yes” under “Does anyone in your household have a job?” They will need to put the worker’s name, company name, company address, and company phone for each job.

Jobs and other household income (continued)

Job #1 (continued)	Job #2 (continued)	Job #3 (continued)			
Worker's name	Worker's name	Worker's name			
<b>Income before any taxes or deductions are taken out:</b>					
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"/> Week <input type="checkbox"/> Month <input type="checkbox"/> 2 weeks <input type="checkbox"/> Year	<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	<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			
<b>What deductions are taken out of the gross pay before taxes? Check the box and tell us the amount:</b>					
<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 \$ _____			
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
\$ _____ /hr	\$ _____ /hr	\$ _____ /hr	\$ _____ /hr	\$ _____ /hr	\$ _____ /hr
<b>Do any of these jobs include tips, commissions or bonuses?</b>					
<input type="checkbox"/> No <input type="checkbox"/> Yes					
<b>If yes, what type? Check all that apply.</b>					
<input type="checkbox"/> Tips <input type="checkbox"/> Commissions <input type="checkbox"/> Bonuses					
<b>If yes, what is the usual amount before deductions?</b>					
\$ _____		\$ _____		\$ _____	
How often? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Yearly		How often? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Yearly		How often? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Yearly	
For help completing this application, call us at 1-800-792-4884 (TTY 1-800-792-4292). The call is free.					


This is the nineteenth page of the paper application for Families with Children. It is a continuation of section G Jobs and other household income. The applicant should continue to answer the questions on page 19 for each job they listed on the previous page. The applicant should fill this page out to the best of their ability.

Jobs and other household income (continued)

**G** Is anyone in your household self-employed?

*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.*

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. We may ask you to 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?
What is the estimated monthly income this year?		
\$	\$	\$
What are the estimated monthly expenses this year?		
\$	\$	\$
Have the monthly income or expenses changed since you filed 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, why have they changed?		

20 KanCare | Families with Children Medical Assistance Application 8

This is the twentieth page of the paper application for Families with Children. It is a continuation of section G Jobs and other household income. Page 20 focuses on self-employment, this means that 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 their primary job. Again, if the applicant needs to list more than 3 self-employment jobs, they should make a copy of this page before filling it out and attach it to the application.

The applicant should note that there is a paperclip icon in this section, which means that the KanCare Clearinghouse may ask the applicant to send their most recent personal and business income tax returns, including all pages and attachments.



Jobs and other household income (continued)

**6** Does anyone in your household have income from sources other than work?

No  Yes **If yes, complete the following:**  
 You are not required to list or report some kinds of income such as SS, veterans' payments, child support, infant income obtained from natural resources, designated Indian trust land, or sales of items with cultural significance. If you need to tell us about multiple household members receiving any of the income items below, make copies of this page before you fill it out. Attach the copy to your application.

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		\$		
Trust or annuity payments <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
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		\$		
Spousal support from an agreement or agreement change dated December 31, 2018, or earlier <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Single payout lottery or gambling winnings of \$50,000 or more after January 1, 2018. <input type="checkbox"/> No <input type="checkbox"/> Yes if yes, when / /		\$		
Other income source: <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. 21

This is the twenty-first page of the paper application for Families with Children. It is a continuation of section G Jobs and other household income. This page focuses on income sources other than work. If the applicant checks “Yes” they will have to indicate which types of income they receive in the spaces below.

Next, we will go through each type of income on page 21.

G

Does anyone in your household have income from sources other than work?

No     Yes    **If yes, complete the following.**

*You are not required to tell us about some kinds of income such as SSI, veterans' payments, child support, tribal income obtained from natural resources, designated Indian trust land, or sales of items with cultural significance.*

**If you need to tell us about multiple household members receiving any of the income items below, make copies of this page before you fill it out. Attach the copy to your application.**

The first question on page 21 asks, “Does anyone in your household have income from sources other than work? The applicant is not required to tell the KanCare Clearinghouse about some kinds of income such as SSI, Veterans’ payments, child support, tribal income obtained from natural resources, designated Indian trust land, or sales of items with cultural significance. If the applicant needs to tell the KanCare Clearinghouse about multiple household members receiving any of the income items below, make copies of this page before filling it out and attach it to the application.

Note: tribal income from per capita is countable income, this can be claimed in one of the “Other” rows on this page.



## Other Household Income

Pg.21

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		\$		
Trust or annuity payments <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Retirement or pension source: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Workers' compensation <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		

11

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. 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 four rows on page 21 are for Social Security benefits, Trust or annuity payments, retirement or pension sources, and workers compensation.

We will be able to get Social Security income amounts directly from the Social Security Administration.

If the applicant or spouse receives Trust payments, they may provide verification of payments received from a trust.

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



## Other Household Income

Pg.21

Type or source of income	Name of person who receives this income	Amount	How often	Claim number, if any
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		\$		

12

The next few rows are for unemployment, tribal payments, oil royalties or mineral rights, contract sales, and rental income.

If the applicant or spouse receives contract sale payments, the applicant may 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.

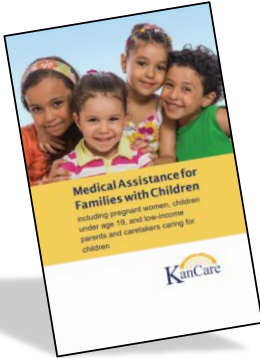
Type or source of income	Name of person who receives this income	Amount	How often	Claim number, if any
Spousal support from an agreement or agreement change dated December 31, 2018, or earlier <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Single payout lottery or gambling winnings of \$80,000 or more after January 1, 2018. <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, when:</b> /   /		\$		
Other income source: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		

The last three rows are for spousal support from an agreement or agreement charge dated December 31, 2018, or older, a single payout lottery or gambling winnings of \$80,000 or more after January 1, 2018. The last row is for other income sources that may not be listed in the other rows or can be used if the applicant or household member has more than one of the listed sources of income.

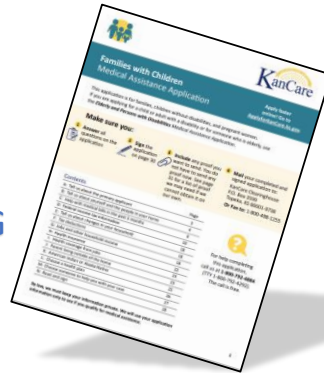


# A Guide to Completing the KC-1100 Application

## For Families with Children



### Conclusion: E, F, & G



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

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Thank you for viewing sections E, F, & G.