

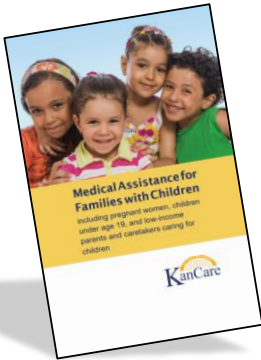


**A Guide to Completing the KC-1100 Application**  
Introduction

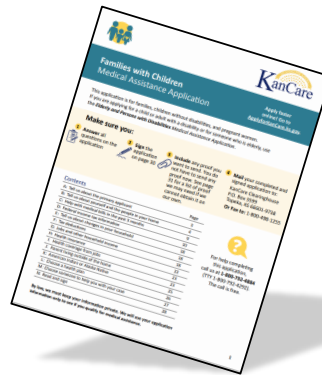


# A Guide to Completing the KC-1100 Application

## For Families with Children



## Introduction



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

“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”



## Two Ways to Apply

### Paper Application

**Families with Children  
Medical Assistance Application**

**Apply faster**  
online at  
[ApplyForKanCare.ks.gov](http://ApplyForKanCare.ks.gov)

This application is for families, children without disabilities, and pregnant women. If you are applying for a child or adult with a disability or for someone who is elderly, use the **Elderly and Persons with Disabilities Medical Assistance Application**.

**Make sure you:**

- Answer all questions on the application on page 30
- Sign the application on page 30
- Include any proof you want to send. You do not have to send any proof now. See page 33 for a list of proof we may need if we cannot obtain it on our own.
- Mail your completed and signed application to:  
KanCare Clearinghouse  
P.O. Box 3099  
Topeka, KS 66601-9738  
Or Fax to: 1-800-498-1255

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C. Tell us about your income for the past 3 months	8
D. Federal income tax information	30
E. Tell us about changes in your household	30
F. Tax reductions	18
G. Gifts and other household income	18
H. Health Insurance	22
I. Health Coverage from jobs	23
J. Assets being outside of the home	23
K. American Indian or Alaska Native	25
L. Choose a health plan	26
M. Choose someone to help you with your case	27
N. Read and sign	28

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

By law, we must keep your information private. We will use your application information only to see if you qualify for medical assistance.

### Online Application

Language English Go

MEDICAL CONSUMER SELF-SERVICE PORTAL

User Name: Forgot User Name Password: Forgot Password/PIN Log In Sign Up Help

KanCare offers coverage for: Children, Pregnant Women, Families With Children, Elderly, Adults With Disabilities and Children With Disabilities

**CHECK** Eligibility

**APPLY** for Medical Assistance

**ACCESS** my KanCare

Check to see if you may be eligible for medical assistance.

Apply for medical assistance

Access My Benefits is not available at this time.

There are two ways to apply. Applicants may use the paper application or apply online at [kancare.ks.gov](http://kancare.ks.gov) through the self-service portal. This slideshow series will focus on the paper application. The paper application can be found at [www.kancare.ks.gov](http://www.kancare.ks.gov) under the CONSUMERS tab, Apply for KanCare.

The online application is intuitive and changes depending on the data that is entered by each applicant; it will work for all the possible KanCare programs.

Link to online application: [Apply for KanCare \(ks.gov\)](http://Apply for KanCare (ks.gov))



## How to use the Medical Consumer Self-Service Portal

The screenshot shows the landing page of the Medical Consumer Self-Service Portal. At the top left, there is a hamburger menu icon circled in red. The page title is "MEDICAL CONSUMER SELF-SERVICE PORTAL". In the top right corner, there are links for "Log In" and "Sign Up". Below the header, a message states: "KanCare offers coverage for: Children, Pregnant Women, Families With Children, Elderly, Adults With Disabilities, and Children With Disabilities." The main content area features three large buttons: "CHECK Eligibility" with an image of a man, "APPLY for Medical Assistance" with an image of a woman holding a child, and "ACCESS my KanCare" with an image of a group of children. Below each button is a short description: "Check to see if you may be eligible for medical assistance.", "Apply for medical assistance.", and "Access will be granted upon log in." At the bottom of the page, there is a list of supported languages: Arabic | Burmese | Chinese | French | German | Hmong | Japanese | Korean | Lao | Russian | Spanish | Swahili | Tagalog | Vietnamese.

To learn more about how to use the Medical Consumer Self-Service Portal also known as the on-line application go to [www.ApplyForKanCare.ks.gov](http://www.ApplyForKanCare.ks.gov) and click on the hamburger or menu icon to the top left of the self-service portal landing page.





The image shows two screenshots. On the left is a 'Useful Links' menu with a close button (X) in the top right corner. The menu contains the following links: Office Locations, Program Information, Frequently Asked Questions, How To Use This Site (circled in red), Give Us Your Feedback, Reporting Requirements, and Go To Non-Medical Portal. Below the links is a 'Language' section with a dropdown menu set to 'English' and a 'Help' link. A red arrow points from the 'How To Use This Site' link to the right. On the right is a screenshot of a Vimeo page titled 'Medical SSP Demos'. The page features three video thumbnails: 'Introduction', 'Message Center', and 'CHECK Eligibility'. Each video has a play button and a duration indicator. The Vimeo interface includes a search bar, a 'Log In' button, and a 'Join' button.

After clicking on the hamburger icon, the applicant will see the Useful Links tab open. Click on the link that says, "How To Use This Site." It will then take the applicant to another page that will have the link to the Medical SSP Demos Vimeo page, where they can watch videos on how to use the Medical Consumer Self-Service Portal.



# Page 1: KC-1100 Informational Page








**Families with Children  
Medical Assistance Application**


Apply faster  
online! Go to  
[ApplyforKanCare.ks.gov](http://ApplyforKanCare.ks.gov)

This application is for Families, children without disabilities, and pregnant women.  
If you are applying for a child or adult with a disability or for someone who is elderly, use  
the **Elderly and Persons with Disabilities Medical Assistance Application**.

**Make sure you:**

- 1  Answer all questions on the application
- 2  Sign the application on page 30
- 3  Include any proof you want to send. You do not have to send any proof now. See page 31 for a list of proof we may need if we cannot obtain it on our own.
- 4  Mail your completed and signed application to:  
kanCare Clearinghouse  
P.O. Box 3599  
Topeka, KS 66601-0738  
Or Fax to: 1-800-458-1255

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For help completing  
this application,  
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The call is free.

By law, we must keep your information private. We will use your application information only to see if you qualify for medical assistance.

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



## Who Can Use this Application?

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This application is for families, children without disabilities, and pregnant women. If you are applying for a child or adult with a disability or for someone who is elderly, use the *Elderly and Persons with Disabilities Medical Assistance Application*.

### This application is for individuals who are:

- Parents, Caregivers, Children without Disabilities, and Pregnant Women

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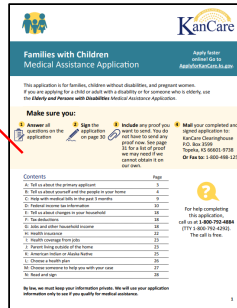
The Families with Children Medical Assistance Application should be used if a person needing assistance is a parent, caregiver, child without a disability, or a pregnant woman. Children or adults who have a disability or are 64 and older should use the Elderly and Persons with Disabilities Medical Assistance Application.

If you are applying for Home and Community Based Services, or HCBS, for your child please fill out the Elderly and Persons with Disabilities Medical Assistance Application.

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 P.O. Box 3599  
 Topeka, KS 66601-9738  
**Or Fax to: 1-800-498-1255**



The applicant must answer all questions to the best of their ability. This helps us at the KanCare Clearinghouse get the application processed faster. Unanswered questions may cause us to reach out for clarification which may cause delays in the processing of the application. If something does not apply to the applicant, do not leave it blank. Put N/A (not applicable) clearly so we know this does not have to be investigated further.

If the applicant has questions about anything on the application for Families with Children, call us at the KanCare Clearinghouse at 1-800-792-4884. We are happy to help.



Pg.1

## Make sure you:



**1 Answer all questions on the application**



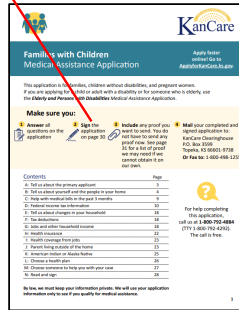
**2 Sign the application on page 30**



**3 Include any proof you want to send. You do not have to send any proof now. See page 31 for a list of proof we may need if we cannot obtain it on our own.**

**4**

**Mail your completed and signed application to:  
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Or Fax to: 1-800-498-1255**



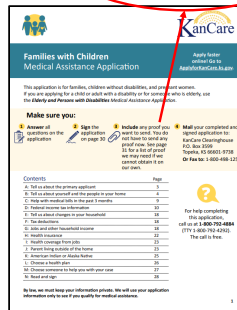
Please remember to sign the application once you have filled it out. The application must be signed for it to be considered a valid application. We may have to reach out to the applicant to obtain your signature, potentially causing a delay in processing. We are not able to process an unsigned application.

Section M will explain this further.

Pg.1

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A paper clip on the application indicates that the applicant may send in proof of what the applicant is reporting on the application. They do not have to send any proof at the time of their application. Getting the completed application turned in is the first priority.

We may reach out to the applicant for proof if we cannot obtain it on our own. Requests for additional documentation are done by mail.

Pg.1

## Make sure you:



**1 Answer all questions on the application**



**2 Sign the application on page 30**



**3 Include any proof you want to send. You do not have to send any proof now. See page 31 for a list of proof we may need if we cannot obtain it on our own.**

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**Families with Children Medical Assistance Application**

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- Mail your completed and signed application to KanCare Clearinghouse P.O. Box 3599 Topeka, KS 66601-9738 Or Fax to: 1-800-498-1255

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15. How to obtain substance abuse services	17
16. How to obtain tobacco cessation services	18

**For help completing this application, call at 1-800-498-1255 or 773-684-7425. The only free.**

We here we don't keep your information private. We will use your application information only and only apply for medical assistance.

Once completed, please mail the signed application to the KanCare Clearinghouse at the listed address. The applicant may also fax their application to 1-800-498-1255. It is best to keep a copy of the signed application for later reference.

Apply faster  
online! Go to  
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By law, we must keep your information private. We will use your application information only to see if you qualify for medical assistance.

1

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



If the applicant has any questions on how to answer a question or field on the application, please call us at 1-800-792-4884. Please inform us of the applicant's most up-to-date contact information, including phone number and mailing address, so the Clearinghouse may contact them about their application.



## The KanCare Clearinghouse

- Reporting changes
- For questions about your application
- To check status of your application
- To get the case number for application
- To confirm documentation for application was received
- For problems with the application process
- For questions about moving to or from Kansas
- To close your Medicaid/CHIP
- For questions about renewals
- To change the Responsible Party on your case
- To update your address or other information
- For adding a newborn baby to Medicaid/CHIP
- Spenddown/Premium issues
- Etc.

Contact information on the next slide...

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The KanCare Clearinghouse is who the applicant can call for the following reasons and concerns:

- Reporting changes
- For questions about your application
- To check status of your application
- To get the case number for your application
- To confirm documentation for application was received
- For problems with the application process
- For questions about moving to or from Kansas
- To close your Medicaid/CHIP
- For questions about renewals
- To change the Responsible Party on your case
- To update your address or other information
- For adding a newborn baby to Medicaid/CHIP

- Spenddown issues
  - Questions or issues with CHIP Premiums
  - Etc.
- 
- This is not a complete list of possible reason to contact the KanCare Clearinghouse

The KanCare Clearinghouse is where applications will be sent after it has been filled out to be processed for eligibility under the Medicaid programs. It is made up of several organizations that work together to run the Kansas Medicaid program. This will be important to know if applicants, Durable Power of Attorneys, Guardians, Conservators, Facilitators, and Medical Representatives have any questions about the application process or during the applicant's future KanCare coverage.



## The KanCare Clearinghouse Contact Info

**Toll Free Phone:** 1-800-792-4884  
**TTY Toll Free Phone:** 1-800-792-4292  
**TTY Topeka Phone:** 785-296-1491  
**Relay:** 711

**Fax for Families with Children documents:**  
  
1-800-498-1255

**Mailing Address (for paper applications and documents)**

KanCare Clearinghouse  
P.O Box 3599  
Topeka Kansas 66601-9738

**Hours of Operation:**

Monday-Friday  
8am-5pm

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Here is the contact information for the KanCare Clearinghouse.

Call our Toll Free Phone number to speak to a customer service agent. This number can be found throughout the application.

Our mailing address can be used to mail KanCare applications and any supporting documentation. Be sure to keep copies of the application and any documents sent.

Our fax number can be used to fax signed KanCare applications and any supporting documentation. Be sure to keep copies of the application and any documents sent.

Any documents sent to us at the KanCare Clearinghouse should have identifying information such as the first and last name, date of birth, or case number of the applicant. This will help us organize sent documents.

We are open from Monday through Friday, 8am to 5pm.

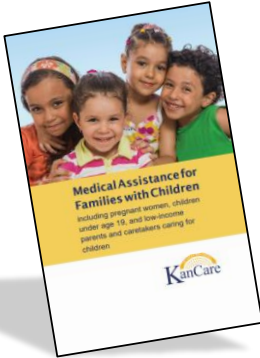




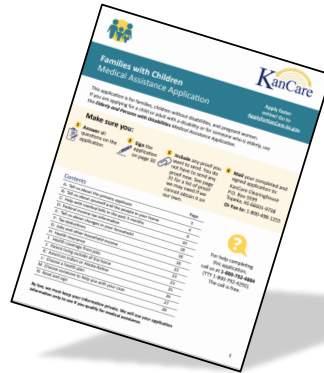


# A Guide to Completing the KC-1100 Application

## For Families with Children



## Conclusion



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

Please see our next slideshow for more information regarding the Families with Children application.