



Applicant's Name: _____

Case Number: _____

We have received your application however we need some more information from you. Fill out this form and return it to us by _____.

You have told us that _____ is claimed as a tax dependent by _____. We need to know more information about this person and all other people listed on that tax return. Look at page 3 for more instructions.

Name of Person completing form: _____

Date: _____

If you need assistance in completing this form, call us at 1-800-792-4884. We provide interpreters at no cost.

	Name	Date of Birth	SSN*	Relationship to	Does this person have income?	If yes, what type? Examples: Wages, Social Security, Unemployment Compensation	What is the gross monthly amount of income?
Tax Filer #1		/ /			<input type="checkbox"/> No <input type="checkbox"/> Yes		\$
Tax Filer #2 If filing jointly		/ /			<input type="checkbox"/> No <input type="checkbox"/> Yes		\$
Dependent		/ /			<input type="checkbox"/> No <input type="checkbox"/> Yes		\$
Dependent		/ /			<input type="checkbox"/> No <input type="checkbox"/> Yes		\$
Dependent		/ /			<input type="checkbox"/> No <input type="checkbox"/> Yes		\$
Dependent		/ /			<input type="checkbox"/> No <input type="checkbox"/> Yes		\$
Dependent		/ /			<input type="checkbox"/> No <input type="checkbox"/> Yes		\$

*We need Social Security Numbers (SSNs) for everyone applying for medical assistance. An SSN is optional for people not applying for medical assistance but providing an SSN can speed up the application process. We use SSNs to check income and other information to see who is eligible for help with medical assistance. If someone doesn't have an SSN, call 1-800-772-1213 or visit www.socialsecurity.gov

Tell us about anything deducted on their 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 they have more than 4 deductions, make a copy of this page before you fill it out and attach it with this form.

Name of person with deduction	Type of deduction	Amount of deduction	How often? (weekly, every 2 weeks, semi-monthly, monthly)
		\$	
		\$	
		\$	
		\$	

Tell us about deductions that are taken out of the gross pay before taxes. List the name of the person that has the pre-tax deduction and the name of the employer. List the amount and frequency of the deduction. For each job that has pre-tax deductions, enter the amount and frequency. If it is "Other Deductions" also list the type. If you have deductions from more than one job, make a copy of this page before you fill it out and attach it with this form.

Worker Name:	Employer:	
Type of pre-tax deduction taken from gross income	Amount of deduction	How often? (weekly, every 2 weeks, semi-monthly, monthly)
Health Insurance (includes dental, vision and accident)	\$	
Health Savings Account (HSAs)	\$	
Retirement Accounts (such as 401K or IRA)	\$	
Life Insurance	\$	
Other Deductions (list type):	\$	
Other Deductions (list type):	\$	
Other Deductions (list type):	\$	

Proof of Income

This is a list of proof we may need. You do not have to send proof now. We will try to obtain this proof through other means. We may contact you later for this proof if we cannot obtain it on our own.

- Working – We may ask you to send copies of their pay stubs for the last 30 days or a statement from their employer with their gross income including deductions.
- Self-employed – We may ask you to send copies of all pages and attachments of their most recent personal and business income tax returns.
- Other Income – We may ask you to send a copy of the check or benefit letter with the income amount and how often they get the payment.

Return this Form

If you do not return this form along with proof of income, your request for medical assistance will be denied. Please return the form and income information to:
 KanCare Clearinghouse P.O. Box 3599 Topeka, KS 66601-9738 or Fax to 1-800-498-1255

How to Fill Out This Form

Enter the name of the person who is filing taxes as Tax Filer #1. If this person files jointly, enter the spouse's name as Tax Filer #2. Enter the names of all other people on the tax return as Dependents. Then answer all questions for each person.

Example: Kurt is applying for medical assistance for himself and his child. Kurt doesn't live with his parents, Jane and Joe Smith, but they claim him as their tax dependent. They also claim Kurt's sister, Katie, as a tax dependent. Kurt does not have to list himself on this form because we already have his information. The example below shows how Kurt should fill out this form.

	Name	Date of Birth	SSN*	Relationship to Kurt	Does this person have income?	If yes, what type? Examples: Wages, Social Security, Unemployment Compensation	What is the gross monthly amount of income?
Tax Filer #1	Jane Smith	10/15/68	111-11-1111	Mother	<input type="checkbox"/> No <input type="checkbox"/> Yes	Wages	\$2300
Tax Filer #2	Joe Smith	6/11/65	222-22-2222	Father	<input type="checkbox"/> No <input type="checkbox"/> Yes	Wages	\$1700
Dependent	Katie Smith	8/23/96	333-33-3333	Sister	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$