



KDHE-Division of Health Care Finance
 900 SW Jackson, Suite 900
 Topeka, KS 66612
 Fax (785) 296-4813

Presumptive Eligibility Statement of Interest

Please indicate your agency's interest in becoming a Qualified Entity for the KanCare Presumptive Eligibility Program by completing this form and submitting the required information as indicated below. (Indicating your interest does not obligate you, preclude you from or guarantee participation in the Presumptive Eligibility Program.)

Facility Name	
FEIN Number	
Contact Name	
Street Address	
City, State, Zip	
Telephone Number	
Email Address	
What population is served most by the facility?	E&D Pregnant Women Children Adult Caretakers Breast or Cervical Cancer Former Foster Care
This Facility is a...	Hospital Health Department Clinic School Other- Please explain
Number of Locations	
How did you hear about us?	

Indicate below the names, phone numbers, job titles, and email addresses of staff that will participate in the Implementation of Presumptive Eligibility. These individuals shall include executive-level staff permitted to make decisions on behalf of the facility. It is suggested that legal staff also participate to ease the process of approving and signing the Memorandum of Understanding.

Name	Job Title	Phone Number	Email Address

Please return a copy of this form to:
 Debbie Whitaker Senior Manager of Presumptive Eligibility
 KDHE, Division of Health Care Finance
 900 SW Jackson, Room 900N
 Topeka, KS 66612
 Phone: (785)296-4361
 Fax: (785)296-4813
 Email: Debbie.whitaker@ks.gov

Signature: _____ **Date:** _____