



A Guide to Completing the KC-1100 Application

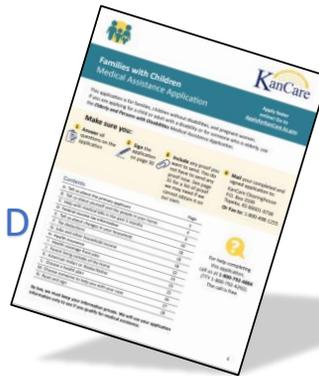


A Guide to Completing the KC-1100 Application

For Families with Children



Sections A, B, C, & D



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”



Page 3: KC-1100: Contact Information and Primary Applicant

For adults who need coverage:
Include these people even if they aren't applying for health coverage themselves:

- Any spouse
- Any son or daughter under age 21 they live with, including stepchildren
- Any other person on the same federal income tax return, including any children over age 21 who are claimed on a parent's tax return. You don't need to file taxes to get health coverage.

For children under age 21 who need coverage:
Include these people even if they aren't applying for health coverage themselves:

- Any parent (or stepparent) they live with
- Any sibling they live with
- Any son or daughter they live with, including stepchildren
- Any other person on the same federal income tax return. You don't need to file taxes to get health coverage.

A Tell us about the primary applicant
The primary applicant is the person who needs medical assistance. If the person who needs medical assistance is a child, then the primary applicant is the child's parent or the head of household. Where you see "yourself" and "you" that also means the primary applicant.

Primary applicant: Yourself for the parent or head of household if the person applying is a child

Your name
First name Middle name Last name

Other names used (such as maiden name)

Your contact information

Home address		Mailing address (if different from Home address)	
City	State	City	State
County	ZIP Code	County	ZIP Code

Check here if you don't have a home address. You still need to give a mailing address.

Home phone Work phone

May we contact you by: Email Email address: _____
 Text Call phone number: _____

What language do you speak at home? _____
What language do you read and write at home? _____

For help completing this application, call us at 1-800-792-4884 (TTY 1-800-792-4292). The call is free. 3

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

This is the third page of the paper application for Families with Children.

On this page the applicant will see that 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

For adults who need coverage:

Include these people *even if they aren't applying for health coverage themselves*:

- Any spouse
- Any son or daughter under age 21 they live with, including stepchildren
- Any other person on the same federal income tax return, including any children over age 21 who are claimed on a parent's tax return. You don't need to file taxes to get health coverage.

For children under age 21 who need coverage:

Include these people *even if they aren't applying for health coverage themselves*:

- Any parent (or stepparent) they live with
- Any sibling they live with
- Any son or daughter they live with, including stepchildren
- Any other person on the same federal income tax return. You don't need to file taxes to get health coverage.



The first part of page three explains who this application is for:

Adults who need coverage will include: any spouse, any son or daughter under age 21 who they live with, including stepchildren, any other person on the same federal income tax return, including any children over age 21 who are claimed on a parent's tax return.

For Children under age 21 who need coverage include: Any parent or stepparent they live with, any siblings they live with, any son or daughter they live with, including stepchildren, and any other person on the same federal income tax return. If the applicant does not fall into one of these household examples, you may still apply. Such as grandparents applying for grandchildren.

Remember, the applicant must include these people even if they are not applying for health coverage themselves.

Tell us about the primary applicant

Pg. 3

A Tell us about the primary applicant

The primary applicant is the person who needs medical assistance. If the person who needs medical assistance is a child, then the primary applicant is the child's parent or the head of household. Where you see "yourself" and "You" that also means the primary applicant.

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

Primary applicant: Yourself (or the parent or head of household if the person applying is a child)

Your name

First name	Middle name	Last name
------------	-------------	-----------

Other names used (such as maiden name)

Your contact information

Home address		Mailing address (if different from Home address)	
City	State	City	State
County	ZIP Code	County	ZIP Code

Check here if you don't have a home address. You still need to give a mailing address.

Home phone: _____ Work phone: _____

Email Email address: _____
 Text Cell phone number: _____

What language do you **speak** at home? _____ What language do you **read and write** at home? _____

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

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The person who needs assistance should be listed as the primary applicant and continue to be listed as "Person 1" throughout the application. This section can be confusing. If you are helping someone apply for assistance, your information is not needed in this section unless the person needing assistance is a child under 18, then the primary applicant is the child's parent or the head of the household. Where you see "Yourself" and "You" that also means the primary applicant.

If you are a parent, caregiver, or head of household applying for a child under 18, the child or children needing medical assistance will be "Person 2", "Person 3" and so on.

Provide the physical address if possible but the mailing address must be filled out. We will need to be able to send notices to the applicants. If needed, the mailing address can be from a shelter, a friend, a family member, the post office, to name a few. It is really important that the applicant is able to receive notices from us. The applicant may want to use the online application and sign up for electronic notification to receive notices through the KanCare Self-Service Portal.



Page 4: KC-1100 Tell us about yourself and the people in your household

Person 1, 2, and 3

B Tell us about yourself and the people in your household

- Start with yourself (the primary applicant, or the parent or head of household if the person applying is a child).
- There is room on this application for 6 people. Pages 4-10 are for Persons 1, 2, 3. Pages 11-17 are for Persons 4, 5, 6.
- If more than 6 people are in your household, make copies of pages 11-17 before you fill them out.

Use the copies to complete persons 7, 8, 9 and so on. Attach the copies to your application.

Person 1	Person 2	Person 3
Each person's name		
First name	First name	First name
Middle name	Middle name	Middle name
Last name	Last name	Last name
Other names used	Other names used	Other names used

Is this person applying for medical assistance?
 No Yes No Yes No Yes

What is each person's relationship to you?
Person 1 is my: **Self** Person 2 is my: Person 3 is my:

Gender
 Male Female Male Female Male Female

Date of birth (mm/dd/yyyy)
/ / / / / /

Marital status
 Married (includes common law, separated) Not married (includes divorced, widowed) Married (includes common law, separated) Not married (includes divorced, widowed) Married (includes common law, separated) Not married (includes divorced, widowed)

Does this person live at the same address as Person 1?
 No Yes No Yes

Leave blank If no, list address: If no, list address:

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



Who Should be Included on the Application?

Pg. 4,
Sec. B

B Tell us about yourself and the people in your household

- Start with yourself (the primary applicant, or the parent or head of household if the person applying is a child).
- There is room on this application for 6 people. Pages 4–10 are for Persons 1, 2, 3. Pages 11–17 are for Persons 4, 5, 6.
- If more than 6 people are in your household, make copies of **pages 11–17** before you fill them out. Use the copies to complete persons 7, 8, 9 and so on. Attach the copies to your application.

Section B on page 4 continues to explain who will go on the application with the primary applicant.

Pages 4-10 are for persons 1, 2, and 3. If there are more than three people in your household the applicant can use pages 11-17 for Persons 4, 5, and 6. If there are more than 6 people in your household, make copies of pages 11-17 before filling them out and use the copies for persons 7 through 8, and so on.



Who Should be Included on the Application?

Pg. 4,
Sec. B

1: Yourself	Person 2	Person 3
Each person's name		
First name	First name	First name
Middle name	Middle name	Middle name
Last name	Last name	Last name
Other names used	Other names used	Other names used
Is this person applying for medical assistance?		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
What is each person's relationship to you?		
Person 1 is my: Self	Person 2 is my:	Person 3 is my:
Gender		
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (mm/dd/yyyy)		
/ /	/ /	/ /
Marital status		
<input type="checkbox"/> Married (includes common law, separated)	<input type="checkbox"/> Not married (includes divorced, widowed)	<input type="checkbox"/> Married (includes common law, separated)
<input type="checkbox"/> Not married (includes divorced, widowed)	<input type="checkbox"/> Married (includes common law, separated)	<input type="checkbox"/> Not married (includes divorced, widowed)
Does this person live at the same address as Person 1?		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Leave blank	► If no, list address:	► If no, list address:

Most of page 4 asks for each person's name, if they are applying for medical assistance, what their relationship is to Person 1, or Yourself, their gender, date of birth, marital status, and if they live at the same address as Person 1, or Yourself.

It is suggested that each person listed on the application use the name that matches their Social Security Card.

Person 1, 2, and 3 (continued)

B Continue to answer questions about Yourself, Person 2, and Person 3.

Person 1 (continued)	Person 2 (continued)	Person 3 (continued)
First and last name	First and last name	First and last name
<p>In the past year did this person (check all that apply):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Change jobs <input type="checkbox"/> Stop working <input type="checkbox"/> Start working fewer hours <input type="checkbox"/> None of these </div> <div style="width: 30%;"> <input type="checkbox"/> Change jobs <input type="checkbox"/> Stop working <input type="checkbox"/> Start working fewer hours <input type="checkbox"/> None of these </div> <div style="width: 30%;"> <input type="checkbox"/> Change jobs <input type="checkbox"/> Stop working <input type="checkbox"/> Start working fewer hours <input type="checkbox"/> None of these </div> </div>		
<p>Is this person under 26?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes		
<p>► If yes, were they in Kansas foster care at the time of their 18th birthday?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes		
<p>Is this person under 23? If yes, answer the next 2 questions.</p>		
<p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>► Are they a full-time student?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes		
<p>► Have they had insurance through a job and lost it within the last 3 months?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes		
<p>► If yes, what was the end date and reason?</p>		
End date (mm/dd/yyyy)	End date (mm/dd/yyyy)	End date (mm/dd/yyyy)
/ /	/ /	/ /
Reason	Reason	Reason
<p>We need Social Security Numbers (SSNs) for anyone applying for medical assistance who has or can get an SSN. We use SSNs to check income and other information to see who qualifies for help with medical assistance. Household members who are not applying for medical assistance do not have to give their SSNs. But if we have their SSNs, the application process may go faster. If someone doesn't have an SSN, call 1-800-772-3223 or visit www.socialsecurity.gov. If you don't give your SSN, you can still apply.</p>		
<p>What is this person's Social Security Number?</p>		
Social Security Number	Social Security Number	Social Security Number
_____	_____	_____

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

This is the fifth page of the paper application for Families with Children. Next, we will go through each part of the fifth page, or section B continued.

B Continue to answer questions about Yourself, Person 2, and Person 3.

Person 1 (continued)	Person 2 (continued)	Person 3 (continued)
First and last name	First and last name	First and last name
In the past year did this person (check all that apply):		
<input type="checkbox"/> Change jobs <input type="checkbox"/> Stop working <input type="checkbox"/> Start working fewer hours <input type="checkbox"/> None of these	<input type="checkbox"/> Change jobs <input type="checkbox"/> Stop working <input type="checkbox"/> Start working fewer hours <input type="checkbox"/> None of these	<input type="checkbox"/> Change jobs <input type="checkbox"/> Stop working <input type="checkbox"/> Start working fewer hours <input type="checkbox"/> None of these
Is this person under 26?		
<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, were they in Kansas foster care at the time of their 18th birthday?		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is this person under 23? If yes, answer the next 2 questions.		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
► Are they a full-time student?		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
► Have they had insurance through a job and lost it within the last 3 months?		
<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 was the end date and reason?		
End date (mm/dd/yyyy) / /	End date (mm/dd/yyyy) / /	End date (mm/dd/yyyy) / /
Reason	Reason	Reason

Page five asks for some basic information about Persons 1, 2, and 3. The applicant should fill this section out to the best of their ability.

We need Social Security Numbers (SSNs) for anyone applying for medical assistance who has or can get an SSN. We use SSNs to check income and other information to see who qualifies for help with medical assistance. Household members who are **not** applying for medical assistance do not have to give their SSNs. But if we have their SSNs, the application process may go faster. If someone doesn't have an SSN, call **1-800-772-1213** or visit **www.socialsecurity.gov**. If you don't give your SSN, you can still apply.

What is this person's Social Security Number?

Social Security Number

Social Security Number

Social Security Number

____-____-____

____-____-____

____-____-____

The last portion on page five requests the Social Security Numbers for anyone applying for medical assistance who has or can get their Social Security Number. Household members who are not applying for medical assistance do not have to give their SSNs.

It is important to note that if you don't give your SSN, you can still apply. By providing the SSNs for each person, the processing time may go quicker.

Person 1, 2, and 3 (continued)

B Continue to answer questions about Yourself, Person 2, and Person 3.

Person 1 (continued)	Person 2 (continued)	Person 3 (continued)
First and last name	First and last name	First and last name
Is this person a U.S. citizen or U.S. national? Must answer if applying for medical assistance.		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is this person a naturalized or derived citizen? (This usually means you were born outside the U.S.)		
<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, tell us this person's alien number and certificate number.		
Alien number (optional)	Alien number (optional)	Alien number (optional)
Certificate number (optional)	Certificate number (optional)	Certificate number (optional)
If this person is not a U.S. citizen or U.S. national, do they have eligible immigration status?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
▶ If yes, tell us more about this person's immigration status.		
Document type	Document type	Document type
Immigration status (optional)	Immigration status (optional)	Immigration status (optional)
Name as it appears on immigration document	Name as it appears on immigration document	Name as it appears on immigration document
Alien or I-94 number	Alien or I-94 number	Alien or I-94 number
Card number or passport number	Card number or passport number	Card number or passport number
SEVIS ID or expiration date (optional)	SEVIS ID or expiration date (optional)	SEVIS ID or expiration date (optional)
Other (category code or country where issued)	Other (category code or country where issued)	Other (category code or country where issued)
Has this person lived in the U.S. since 1996?		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is this person, or is their spouse or parent, a veteran or an active duty member of the U.S. military?		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

6 KanCare | Families with Children Medical Assistance Application

This is the sixth page of the paper application for Families with Children. Next, we will go through each part of page six, or a continuation of part B.

The applicant should fill this page out to the best of their ability.

Person 1, 2, and 3 (continued)

B Continue to answer questions about Yourself, Person 2, and Person 3.

Person 1 (continued)	Person 2 (continued)	Person 3 (continued)																																													
First and last name	First and last name	First and last name																																													
<p>What is this person's race? Check all that apply. This question is optional. You do not have to answer.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> American Indian or Alaska Native</td> <td><input type="checkbox"/> American Indian or Alaska Native</td> <td><input type="checkbox"/> American Indian or Alaska Native</td> </tr> <tr> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Asian Indian</td> </tr> <tr> <td><input type="checkbox"/> Black</td> <td><input type="checkbox"/> Black</td> <td><input type="checkbox"/> Black</td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Chinese</td> </tr> <tr> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> Filipino</td> </tr> <tr> <td><input type="checkbox"/> Guamanian or Chamorro</td> <td><input type="checkbox"/> Guamanian or Chamorro</td> <td><input type="checkbox"/> Guamanian or Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Japanese</td> </tr> <tr> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Korean</td> </tr> <tr> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Native Hawaiian</td> </tr> <tr> <td><input type="checkbox"/> Other Asian</td> <td><input type="checkbox"/> Other Asian</td> <td><input type="checkbox"/> Other Asian</td> </tr> <tr> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Samoan</td> </tr> <tr> <td><input type="checkbox"/> Other Pacific Islander</td> <td><input type="checkbox"/> Other Pacific Islander</td> <td><input type="checkbox"/> Other Pacific Islander</td> </tr> <tr> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> White</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Other</td> </tr> </table>			<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Black	<input type="checkbox"/> Black	<input type="checkbox"/> Black	<input type="checkbox"/> Chinese	<input type="checkbox"/> Chinese	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Filipino	<input type="checkbox"/> Filipino	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Japanese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Korean	<input type="checkbox"/> Korean	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Samoan	<input type="checkbox"/> Samoan	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> White	<input type="checkbox"/> White	<input type="checkbox"/> White	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American Indian or Alaska Native																																													
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<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Guamanian or Chamorro																																													
<input type="checkbox"/> Japanese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Japanese																																													
<input type="checkbox"/> Korean	<input type="checkbox"/> Korean	<input type="checkbox"/> Korean																																													
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Native Hawaiian																																													
<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Asian																																													
<input type="checkbox"/> Samoan	<input type="checkbox"/> Samoan	<input type="checkbox"/> Samoan																																													
<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Other Pacific Islander																																													
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Vietnamese																																													
<input type="checkbox"/> White	<input type="checkbox"/> White	<input type="checkbox"/> White																																													
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other																																													
<p>What is this person's ethnicity? If Hispanic or Latino ethnicity, check all that apply. This question is optional. You do not have to answer.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> Cuban</td> </tr> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Mexican</td> </tr> <tr> <td><input type="checkbox"/> Mexican American Chicano/a</td> <td><input type="checkbox"/> Mexican American Chicano/a</td> <td><input type="checkbox"/> Mexican American Chicano/a</td> </tr> <tr> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Puerto Rican</td> <td><input type="checkbox"/> Puerto Rican</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Other</td> </tr> </table>			<input type="checkbox"/> Cuban	<input type="checkbox"/> Cuban	<input type="checkbox"/> Cuban	<input type="checkbox"/> Mexican	<input type="checkbox"/> Mexican	<input type="checkbox"/> Mexican	<input type="checkbox"/> Mexican American Chicano/a	<input type="checkbox"/> Mexican American Chicano/a	<input type="checkbox"/> Mexican American Chicano/a	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other																														
<input type="checkbox"/> Cuban	<input type="checkbox"/> Cuban	<input type="checkbox"/> Cuban																																													
<input type="checkbox"/> Mexican	<input type="checkbox"/> Mexican	<input type="checkbox"/> Mexican																																													
<input type="checkbox"/> Mexican American Chicano/a	<input type="checkbox"/> Mexican American Chicano/a	<input type="checkbox"/> Mexican American Chicano/a																																													
<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Puerto Rican																																													
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other																																													
<p>Does anyone in your household have discharged, forgiven or canceled student loan debt after January 1, 2018?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, complete the following.</p> <p>What year was it discharged, forgiven or canceled?</p> <table style="width: 100%;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>																																															
<p>How much was discharged, forgiven or canceled?</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">\$</td> <td style="width: 33%;">\$</td> <td style="width: 33%;">\$</td> </tr> </table>			\$	\$	\$																																										
\$	\$	\$																																													
<p>Was it discharged, forgiven or canceled because of the permanent disability or death of the student?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes</p>																																															
<p> For help completing this application, call us at 1-800-792-4884 (TTY 1-800-792-4292). The call is free.</p>																																															

This is page 7 of the paper application for Families and Children, and a continuation of Section B.

Note that the questions about race and ethnicity are optional. The applicant should fill out the rest of this page to the best of their ability.

Person 1, 2, and 3 (continued)

B Continue to answer questions about Yourself, Person 2, and Person 3.

Person 1 (continued) First and last name	Person 2 (continued) First and last name	Person 3 (continued) First and last name
Is this person pregnant?		
<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 many babies are expected?		
<input type="text"/>		
▶ If yes, what is the expected due date? Estimate if unknown. (mm/dd/yyyy) <small>This question is optional. You do not have to answer.</small>		
<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/>		
Answer the next 5 questions only for persons applying for assistance. <small>For any person not applying, go to "Section D: Federal income tax information" on page 10.</small>		
If this person is applying, do they have a disability that will last at least 12 months or result in death?		
<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 this person is applying, do they need help paying for in-home care or nursing home costs?		
<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 this person is applying, are they incarcerated (in jail or detained)?		
<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, are they facing disposition of charges (waiting for the final outcome of an arrest or prosecution)?		
<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 this person is applying, do they live with, and are they the main person taking care of, at least one child under the age of 19?		
<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 this person is applying, are they a child under the age of 19?		
<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, please tell us the names of the child's parents:		
Parent 1 First, middle, and last name	Parent 1 First, middle, and last name	Parent 1 First, middle, and last name
Parent 2 First, middle, and last name	Parent 2 First, middle, and last name	Parent 2 First, middle, and last name

KanCare | Families with Children Medical Assistance Application

This is page 8 of the paper application for Families with Children, and a continuation of Section B.

The applicant should fill this page out to the best of their ability.

Person 1, 2, and 3 (continued)

c Help with medical bills in the past 3 months

These questions ask about medical bills and where you lived in the 3 months before the month you are applying. For example, if you are applying in August, these questions are about May, June, and July. Your answers help us decide if you qualify for coverage for those 3 months. We also check to see if non-citizens qualify for certain emergency services. Answer the questions for Yourself, Person 2, and Person 3.

Person 1 (continued)	Person 2 (continued)	Person 3 (continued)
First and last name	First and last name	First and last name

Answer the next 4 questions **only** for persons applying for assistance. For any person not applying, go to "Section D: Federal income tax information" on page 10.

If this person is applying, did they deliver a baby in the last 3 months?

No Yes No Yes No Yes

If this person is applying, did they have emergency care in the last 3 months to save life, organs or bodily function?

No Yes No Yes No Yes

If this person is applying, do they need help paying medical bills from the last 3 months?

No Yes No Yes No Yes

If this person is applying, have they lived in a state other than Kansas in the last 3 months?

No Yes No Yes No Yes

If yes, when did this person move to Kansas? (mm/dd/yyyy)

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

This is page three of the paper application for Families with Children. This page is also Section C.

This section is to request coverage of medical bills up to 3 months before the month you are applying. This can include small to large bills accumulated in the three months before the month you submit the application.

Add section D

Person 1, 2, and 3 (continued)

D Federal income tax information
 Tell us how you and your household plan to file your taxes.
 Continue to answer questions about Yourself, Person 2, and Person 3.

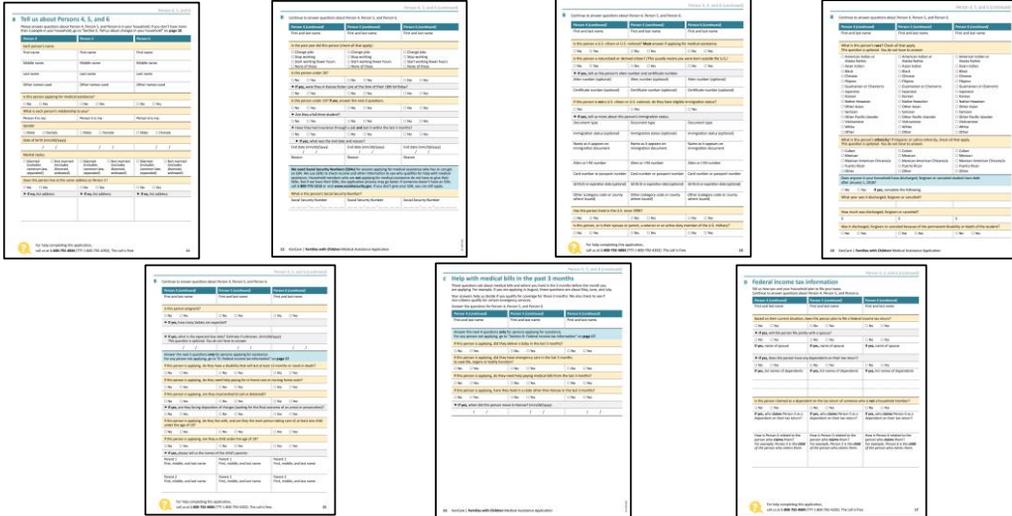
Person 1 (continued)	Person 2 (continued)	Person 3 (continued)
First and last name	First and last name	First and last name
Based on their current situation, does this person plan to file a federal income tax return?		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
▶ If yes, will this person file jointly with a spouse?		
<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, name of spouse	If yes, name of spouse	If yes, name of spouse
▶ If yes, does this person have any dependents on their tax return?		
<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, list names of dependents	If yes, list names of dependents	If yes, list names of dependents
Is this person claimed as a dependent on the tax return of someone who is not a household member?		
<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, who claims Person 1 as a dependent on their tax return?	If yes, who claims Person 2 as a dependent on their tax return?	If yes, who claims Person 3 as a dependent on their tax return?
How is Person 1 related to the person who claims them? <i>For example, Person 1 is the child of the person who claims them.</i>	How is Person 2 related to the person who claims them? <i>For example, Person 2 is the child of the person who claims them.</i>	How is Person 3 related to the person who claims them? <i>For example, Person 3 is the child of the person who claims them.</i>

If you don't have more than 3 people in your household, go to "Section E: Tell us about changes in your household" on page 18.

10 KanCare | Families with Children Medical Assistance Application 16

This is page 10 of the paper application for Families with Children. This is also Section D.

Section D asks about Federal tax information. The applicant should fill this section out to the best of their knowledge for how they plan to file taxes for the current year. For example: this section is asking about how you plan to file based on your current situation.



Pages 11-17 are a repeat of pages 4-10 for Persons 4, 5, and 6. If you have more than three people on the application, please use these pages to go through the same questions you did for Persons 1, 2, and 3. If you have more than 6 people on the application, please make copies of pages 11-17 before filling them out.

If you do not have more than 3 people on the application, these pages can be crossed out or ignored.

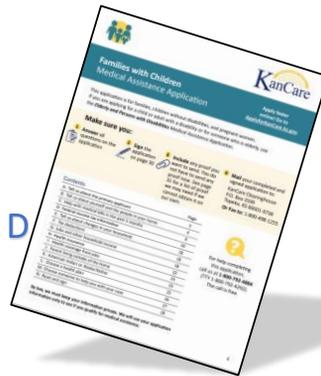


A Guide to Completing the KC-1100 Application

For Families with Children



Conclusion: A, B, C, & D



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 A, B, C, & D.