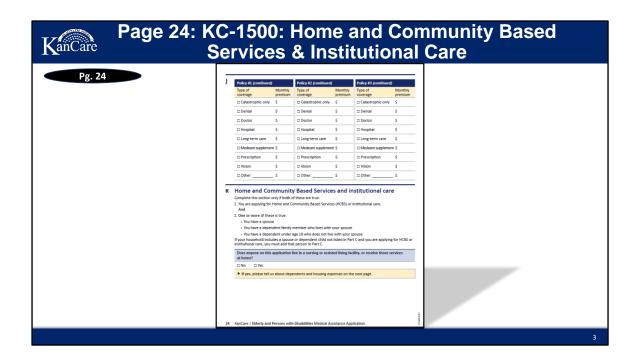
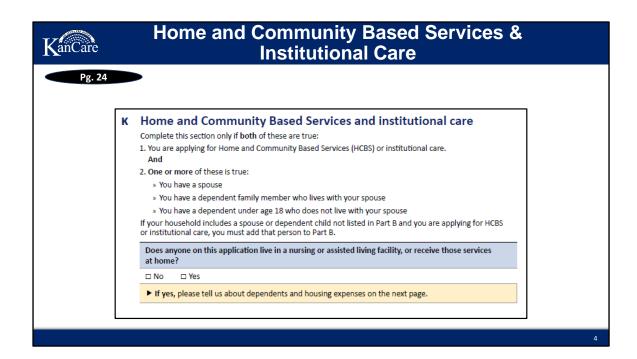


Welcome to the guide for Section K of the KanCare Application Guide. Next, we will cover page 24 through 25.



This is page 24 of the paper application for the Elderly and Persons with Disabilities. Section K is about Home and Community Based Services and institutional care.

Now let's go over the information on page 24 where section K begins.



Single individuals without dependents do not need to complete this section they should check "No" and move on to page 26.

Section K is asking information to determine if income can be assigned to different household members. It can protect a portion of the couples income so the spouse or dependent at home is not reduced to poverty. At the same time, these provisions help the spouse needing long-term medical care to qualify for Medicaid benefits.

If the applicant is currently living in or applying for HCBS or institutional care fill out this section if the following is true:

- -The applicant has a spouse
- -The applicant has a dependent family member who lives with their spouse
- -The applicant has a dependent under the age 18 who does not live with their spouse

If the applicant's household includes a spouse or dependent child not listed in Part B

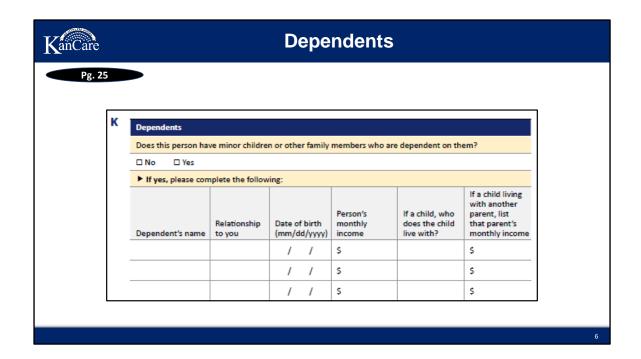
and they are applying for HCBS or institutional care, the applicant must add that person to Part B of this application.

The question in this section asks, "Does anyone on this application live in a nursing or assisted living facility, or receive those services at home?" This includes HCBS and PACE services. The applicant should check "No" or "Yes". If yes, please fill out the information regarding dependents and housing expenses on the next page.

Content the persons have minor colidate nor other family members who are dependent on them?    To   Do   This	KanCare	Page 25: k					end nses	
	Pg. 25	Cost this person!  De color this person!  If yes, please of  Dependent i nam  Desenthe person of  If yes, better of  Type  If yes, better of  Type  Instet of lot next  Mortgage power  Proporty Tasse, if it,  Income or rester's it.  Other, including of	Relationship to you are a spouse livit on the following end of the follo	Date of birth (mm/dd/yyy) / / / / / / / / / / / / / / / / /	Person's moothly income S S S S S S S S S S S S S S S S S S S	if a child, who does the child live with?	If a chief living with another with another with another than part of the parent's monthly second 2 comments of the parent's monthly second 2 comments of the parent of th	

This is page 25 of the paper application for the Elderly and Persons with Disabilities.

Now let's go over the information on page 25 or section K continued.



This is the top half of page 25. This section only needs to be filled out if the applicant checked "Yes" on the previous page.

The question here asks, "Does this person have minor children or other family members who are dependent on them?". The applicant should check "No"

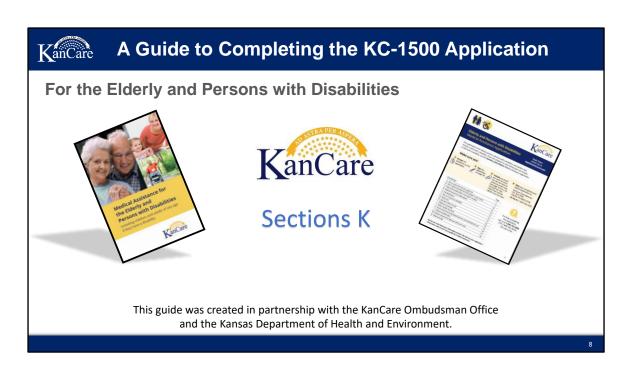
or "Yes".

If the applicant checks "Yes" they must complete the rest of this section regarding dependents.

	Housing Exper		
Hou	sing expenses		
Doe	this person have a spouse living at home or in assisted living?		
□ Ne	o □ Yes		
<b>▶</b> If	yes, list the spouse's housing expenses below:		
Туре		How often?	Amount
Rent	or lot rent		\$
Mor	tgage payment		\$
Prop	erty taxes, if not included in mortgage		\$
Hom	e or renter's insurance, if not included in rent or mortgage		\$
	er, including condominium or home owners association (HOA) fee		s

This is the bottom half of page 25.

The question here asks, "Does this person have a spouse living at home or in assisted living?". The applicant must check "No" or "Yes". If yes, list the spouse's housing expenses below. These could be rent or lot rent, mortgage payments, property taxes, and home or renter's insurance. There is also room for other housing expenses such as home owner association fees.



Thank you for looking at this guide for the Elderly and Persons with Disabilities Medical Assistance Application.