



**A Guide to Completing the KC-1500 Application  
Sections D, E, & F**



# A Guide to Completing the KC-1500 Application

For the Elderly and Persons with Disabilities



## Sections D, E, & F



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

Next, we will cover pages 11 through 12.



# Page 11: KC-1500: Federal income tax information

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**D Federal income tax information**

Tell us how you and your household plan to file your taxes.

Person 1 (continued)	Person 2 (continued)	Person 3 (continued)
First and last name	First and last name	First and last name
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Based on your current situation, does this person plan to file a federal income tax return?		
▶ 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? For example, Person 1 is the child of the person who claims them.	How is Person 2 related to the person who claims them? For example, Person 2 is the child of the person who claims them.	How is Person 3 related to the person who claims them? For example, Person 3 is the child of the person who claims them.

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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This is page 11 of the paper application for the Elderly and Persons with Disabilities. Next, we will go through each part of the eleventh page, or section D.


**D Federal income tax information**  
 Tell us how you and your household plan to file your taxes.

Person 1 (continued)	Person 2 (continued)	Person 3 (continued)
First and last name	First and last name	First and last name
Based on your 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
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In section D, please fill out the questions for everyone in the household.

The question here asks, “Based on your current situation, does this person plan to file a federal income tax return?” If the applicant checks “No”, they do not need to fill out the rest of this section.

If the applicant doesn’t know how they or the people on the application will file, they should fill it out as if they had to file today.

Is this person claimed as a dependent on the tax return of someone who is <b>not</b> 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
<b>If yes, who claims Person 1 as a dependent on their tax return?</b>	<b>If yes, who claims Person 2 as a dependent on their tax return?</b>	<b>If yes, who claims Person 3 as a dependent on their tax return?</b>
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>
 For help completing this application, call us at 1-800-792-4884 (TTY 1-800-792-4292). The call is free.		

On the bottom half of page 11 it asks, “Is this person claimed as a dependent on the tax return of someone who is not a household member?”

This may be asking about a child in the home who has a parent living in another home and claims them as a dependent.

If the applicant has more than three dependents that they are claiming, they may make a copy of this page and attach it to the application. If they need to write notes please feel free to do so in the free space under this section or on an additional sheet of paper. It is always okay to add clarifying information on the application if the applicant wants to.



# Page 12: KC-1500: Section E: Tell us about deductions

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## E Tell us about deductions

We need to know about deductions on the federal income tax returns for members of your household, 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 you have more than 3 deductions, make a copy of this page before you fill it out. Attach the copy to your application.

Deduction #1	Deduction #2	Deduction #3
Name of person with deduction	Name of person with deduction	Name of person with deduction
Type of deduction	Type of deduction	Type of deduction
Amount \$	Amount \$	Amount \$
How often?	How often?	How often?

## F Tell us if anyone is disabled

We need to know if anyone in your household has a disability. We will not share personal health information given here. We will use it only to decide disability status.

Person 1 (continued)	Person 2 (continued)	Person 3 (continued)
First and last name	First and last name	First and last name
Does this person have a disability that will last at least 12 months or result in death? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Has this person ever applied for Social Security benefits? If yes, answer the questions below. <input type="checkbox"/> No <input type="checkbox"/> Yes		
What was the outcome of the Social Security application? <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> In appeal		
If denied or in appeal, has the existing condition become worse? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If denied or in appeal, does this person have a new disability or condition that Social Security did not look at? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, briefly describe the disability or condition.	If yes, briefly describe the disability or condition.	If yes, briefly describe the disability or condition.

This is page 12 of the paper application for the Elderly and Persons with Disabilities. Next we will go through Section E.

## E Tell us about deductions

We need to know about deductions on the federal income tax returns for members of your household, 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 you have more than 3 deductions, make a copy of this page before you fill it out. Attach the copy to your application.

Deduction #1	Deduction #2	Deduction #3
Name of person with deduction	Name of person with deduction	Name of person with deduction
Type of deduction	Type of deduction	Type of deduction
Amount \$	Amount \$	Amount \$
How often?	How often?	How often?

Tell us about deductions. We need to know about deductions on the federal income tax returns for members of the household, such as alimony, student loan interest, etc. This could help lower the applicant's cost for medical assistance. Do not include deductions related to self-employment. If the applicant has more than 3 deductions, make a copy of this page before filling it out. Attach the copy to the application.

We may request proof of deductions.



# Page 12: KC-1500: Section F: Tell us if anyone is disabled

Pg. 12

**E Tell us about deductions**

We need to know about deductions on the federal income tax returns for members of your household, 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 you have more than 3 deductions, make a copy of this page before you fill it out. Attach the copy to your application.

Deduction #1	Deduction #2	Deduction #3
Name of person with deduction	Name of person with deduction	Name of person with deduction
Type of deduction	Type of deduction	Type of deduction
Amount \$	Amount \$	Amount \$
How often?	How often?	How often?

**F Tell us if anyone is disabled**

We need to know if anyone in your household has a disability. We will not share personal health information given here. We will use it only to decide disability status.

Person 1 (continued)	Person 2 (continued)	Person 3 (continued)
First and last name	First and last name	First and last name
Does this person 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
Has this person ever applied for Social Security benefits? If yes, answer the questions below.		
<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 was the outcome of the Social Security application?		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> In appeal	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> In appeal	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> In appeal
If denied or in appeal, has the existing condition become worse?		
<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 denied or in appeal, does this person have a new disability or condition that Social Security did not look at?		
<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, briefly describe the disability or condition.	If yes, briefly describe the disability or condition.	If yes, briefly describe the disability or condition.

12 KanCare | Elderly and Persons with Disabilities Medical Assistance Application

This is page 12 of the paper application for the Elderly and Persons with Disabilities. Next, we will go through Section F.





# Tell us if anyone is disabled

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If you have not applied for Social Security Disability and would like to learn more, follow this link:

<https://www.ssa.gov/applyfordisability/>

**F Tell us if anyone is disabled**

We need to know if anyone in your household has a disability. We will not share personal health information given here. We will use it only to decide disability status.

Person 1 (continued)	Person 2 (continued)	Person 3 (continued)
First and last name	First and last name	First and last name
<b>Does this person have a disability that will last at least 12 months or result in death?</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Has this person ever applied for Social Security benefits? If yes, answer the questions below.</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>► What was the outcome of the Social Security application?</b>		
<input type="checkbox"/> Approved <input type="checkbox"/> Pending	<input type="checkbox"/> Denied <input type="checkbox"/> In appeal	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> In appeal
<b>► If denied or in appeal, has the existing condition become worse?</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>► If denied or in appeal, does this person have a new disability or condition that Social Security did not look at?</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>If yes, briefly describe the disability or condition.</b>	<b>If yes, briefly describe the disability or condition.</b>	<b>If yes, briefly describe the disability or condition.</b>

12 KanCare | Elderly and Persons with Disabilities Medical Assistance Application

If anyone under the age of 65 is blind or disabled, this may impact the eligibility determination. Ensure the questions about having a disability and if Social Security was applied for are answered. Please make sure the questions in yellow are answered. The additional questions below are only needed if the person has applied for Social Security.

If the applicant or spouse report they are disabled and not currently receiving Social Security Disability benefits, they will need to apply for Social Security Disability benefits.

If an applicant has not applied for Social Security Disability and would like to learn more, follow the link this link.

<https://www.ssa.gov/applyfordisability/>



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

Thank you for looking at the slides for Sections D, E, & F.