Kansas
Department of Health and Environment
Division of Health Care Finance

P.O. Box 3599
Topeka, KS 66601-9738
Phone: 1-800-792-4884
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VETERANS ADMINISTRATION – POTENTIAL BENEFITS REQUEST

Name of Applicant or Recipient: _____

Social Security Number: _____ Case Number: _____

The person whose name is shown above may be eligible for benefits from the Department of Veterans Affairs (VA). As a condition of eligibility for medical assistance, this person must file for any VA benefits they are potentially eligible to receive.

We told this person to contact your office to make an appointment to see if you could help them apply for VA benefits.

We understand that in some cases the person can get a lower benefit if they apply now but a higher benefit if they apply later. However, they cannot wait. To be eligible for medical assistance, they must apply now and take whatever benefit the VA will give, even if that is a reduced amount.

When this person appears for their scheduled interview, they will sign and date the Authorization to Release Information below and give you this form. Please complete, sign and date the Organization Response below and return to the person. They will return the completed form to the KanCare Clearinghouse to confirm they have made contact with your organization.

Thank you for your assistance.

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the Kansas Department of Health and Environment – Division of Health Care Finance to release the information shown above. I also authorize your organization to release any information to the Kansas Department of Health and Environment – Division of Health Care Finance about any claim I have filed or intend to file with your organization.

Signature: _____ Date: _____

ORGANIZATION RESPONSE (*Check all that apply*):
This person attended a scheduled interview on _____ .

Based on this interview, this person:

_____ is ineligible for benefits
_____ intends to file with our help
_____ intends to file on their own
_____ refused to apply
_____ a claim has already been approved
_____ a claim has already been filed and a decision expected by: _____

Signature: _____ Date: _____

Title: _____ Phone Number: (____) _____