



**A Guide to Completing the KC-1500 Application
Section G**



A Guide to Completing the KC-1500 Application

For the Elderly and Persons with Disabilities

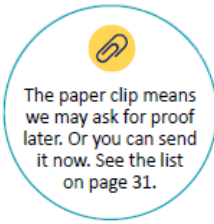


Section G



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

Welcome to the slideshow for Section G of the KanCare Application Guide. Next, we will cover pages 13 through 16.



G Resources

We need to know about the resources of the primary applicant (or the parent or head of household if the person applying is a child) and their spouse, if they have one. If you need more room, attach extra pages. See the list of proof we need for each on page 31.

1. Does the primary applicant or their spouse have any of the resources listed below?

Check No or yes. If yes, tell us about the resource.
If the primary applicant or spouse has more than one of any of the resources listed below, use "Other" at the end of the list to add them.

Type of resource	Name on resource	Amount or value	Where resource is held (name of bank, credit union or company)	Account number
Cash <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Checking account <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Savings account or certificate of deposit (CD) <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Retirement plan <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Nursing facility accounts <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Stocks and bonds <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Funeral or burial plans <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Burial plots <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Other: <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Other: <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		

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



This is page 13 of the paper application for the Elderly and Persons with Disabilities. We need to know about the resources of the primary applicant (or the parent or head of household if the person applying is a child) and their spouse, if they have one. If more room is needed, attach extra pages. See the list of proof we need for each on page 31.

The applicant will see that on this page there are several paper clip icons. Remember that the paper clip icon means we may ask for proof later or the applicant can send it now. See the list on page 31 for more information.

Please be sure to select "No" or "Yes" for every resource listed on this page and fill out accordingly. For each row that is answered "YES" please provide the name on the resource, amount or value, where it is held such as the name of the bank or company, and account number. If a resource is owned by more than one person, such as a joint checking account, list all names that are on the resource. If the primary applicant or spouse has more than one of any of the resources listed below, use "Other" at the end of the list to add them.

These accounts may be counted towards the applicant's resource limit.

Next we will go through each part of the thirteenth page, or section G.

Type of resource	Name on resource	Amount or value	Where resource is held (name of bank, credit union or company)	Account number
Cash <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
 Checking account <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
 Savings account or certificate of deposit (CD) <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		

Cash, checking, & savings

If the applicant or spouse has Cash please list the name of the person it belongs to and the amount.

If the applicant or spouse have a checking or savings account they will need to write the name on the resources, the current amount or value of the account, the name of the company, bank or credit union that it is held, and the account number. If they have more than one checking account, please use the extra lines at the bottom of this page. If each spouse has their own checking and/or savings accounts, they will need to list those separately with the correct names on each account. If they have combined accounts then both of their names should go on the resource.

We will need copies of the applicant and their spouse's banking statement with a full month of activity. Provide statements for each month they are requesting prior medical coverage.

If the applicant or spouse closed a bank account recently, we will need verification of the account being closed and a copy of what the funds were used for. If the funds

were moved to a new account, such as a nursing facility account, this information will need to be provided as well.

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Type of resource	Name on resource	Amount or value	Where resource is held <i>(name of bank, credit union or company)</i>	Account number
<input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		

Retirement

Examples of a retirement plan could be an IRA, 401k or other accounts or funds set up for retirement.

We will need a current statement which shows who the owner is and the current account balance.

These accounts may be counted towards the resource limit.

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Type of resource	Name on resource	Amount or value	Where resource is held <i>(name of bank, credit union or company)</i>	Account number
<input checked="" type="checkbox"/> Nursing facility accounts <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		

Nursing facility accounts

Nursing facility accounts could also be called a Resident Trust Fund or Resident Care Home Account.

We may require a statement that shows who the owner of the account is and the current balance. The applicant can request this information from the Nursing facility if they do not already have it.

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Type of resource	Name on resource	Amount or value	Where resource is held <i>(name of bank, credit union or company)</i>	Account number
<input checked="" type="checkbox"/> Stocks and bonds <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		

Stocks and bonds

Please provide information about stocks and bonds. It is important to note the type of stock and/or bond. We may request a statement showing the current value if it is not provided with the application.

Documentation of any bonds may also be requested.

These accounts may be counted towards the resource limit.



Resources: Funeral Plans, Burial Plans, Burial Plots, and Other

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Type of resource	Name on resource	Amount or value	Where resource is held <i>(name of bank, credit union or company)</i>	Account number
<input checked="" type="checkbox"/> Funeral or burial plans <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Burial plots <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Other: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		
Other: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes		\$		

Funeral plans, burial plans, and burial plots

Please provide information on any funeral or burial plans and burial plots. The value in addition to if it is revocable or irrevocable, will be taken in consideration when determining if the resource is exempt or countable. We may request verification documents for these resources. Funeral homes are familiar with these types of requests when someone applies for Medicaid.

The last two lines are "Other" and are provided as extra space if there is more than one of the resources listed on page 13. An example of "Other" could be Direct Express cards provided by Social Security.

If the applicant needs more room, they are free to make copies of this page and attach it to the application.

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G

2. Does the primary applicant or their spouse have any vehicles?

No Yes if yes, complete the following.

Vehicle #1		Vehicle #2		Vehicle #3	
Year		Year		Year	
Make	Model	Make	Model	Make	Model
Owner		Owner		Owner	
Estimated value \$	Amount owed \$	Estimated value \$	Amount owed \$	Estimated value \$	Amount owed \$
How is this vehicle used? <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Both		How is this vehicle used? <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Both		How is this vehicle used? <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Both	

3. Does the primary applicant or their spouse have life insurance?

No Yes if yes, complete the following. You can send a copy of the life insurance policy.

Policy owner	Insurance company	Policy number	Face value	Cash value
			\$	\$
			\$	\$
			\$	\$

4. Does the primary applicant or their spouse own a home?

No Yes if yes, complete the following.

Owners: _____ Property address: _____

Date purchased (mm/dd/yyyy) / / Value: \$ _____ Amount owed: \$ _____

Who lives in the home? _____

If the owner does not live there, explain why: _____

If the owner does not live there, does the owner plan to return home?
 No Yes

14 KanCare | Elderly and Persons with Disabilities Medical Assistance Application


This is page 14 of the paper application for the Elderly and Persons with Disabilities.

Next we will go through each part of the fourteenth page, or section G continued.

2. Does the primary applicant or their spouse have any vehicles?					
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, complete the following.					
Vehicle #1		Vehicle #2		Vehicle #3	
Year		Year		Year	
Make	Model	Make	Model	Make	Model
Owner		Owner		Owner	
Estimated value \$	Amount owed \$	Estimated value \$	Amount owed \$	Estimated value \$	Amount owed \$
How is this vehicle used? <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Both		How is this vehicle used? <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Both		How is this vehicle used? <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Both	

The second question in section G is on page 14 and asks, “Does the primary applicant or their spouse have any vehicles?” There are three columns available for up to three vehicles. If the applicant or spouse have more than three vehicles, please copy this page and continue to fill out the information for each vehicle.

3. Does the primary applicant or their spouse have life insurance?

No Yes If yes, complete the following. You can send a copy of the life insurance policy. 

Policy owner	Insurance company	Policy number	Face value	Cash value
			\$	\$
			\$	\$
			\$	\$

The third question in section G asks, "Does the primary applicant or their spouse have life insurance?" There are three columns available for up to three life insurance policies. If the applicant or spouse have more than three life insurance policies, please copy this page and continue to fill out the information for each policy.

Notice that there is a paper clip icon to the top right of this question box. This means the applicant may need to send proof of this information.

To verify a policy, we suggest that the applicant request a letter from the insurance company which will contain the policy number, policy owner, type of policy whether it is a whole life or term policy, the face value, the cash value, and any loans which have been taken against the policy.

Whole life insurance policies have a face value and a cash value. Term life insurance policies only have a face value.


For questions about this, contact us at the KanCare Clearinghouse.

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4. Does the primary applicant or their spouse own a home?		
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, complete the following.		
Owners		Property address
Date purchased (mm/dd/yyyy) / /	Value \$	Amount owed \$
Who lives in the home?		
If the owner does not live there, explain why:		If the owner does not live there, does the owner plan to return home? <input type="checkbox"/> No <input type="checkbox"/> Yes

The fourth question in section G asks, "Does the primary applicant or their spouse own a home?" They will only need to complete the following if they check "Yes".

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


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5. Does the primary applicant or their spouse own other real estate?
 No Yes If yes, complete the following.

Describe the type of property (building, lot, second home, etc.)		Is this property used as rental or income producing property? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Owners	Property address		
Date purchased (mm/dd/yyyy) / /	Value of property \$	Amount owed \$	

6. Does the primary applicant or their spouse have a life estate or life interest in any property?
 No Yes If yes, complete the following.


Describe the type of property		Property address	
Owners	Property address		
Date life estate was created (mm/dd/yyyy) / /	Value of property \$	Amount owed \$	

7. Does the primary applicant or their spouse have a trust?
 No Yes If yes, you can send a copy of your trust. 


8. Does the primary applicant or their spouse have an annuity or other similar investment, including those issued as part of a retirement package?
 No Yes If yes, you can send a copy of the annuity or investment. 

Owners	Value \$
Company	

For long-term care assistance, the State of Kansas must be named as the beneficiary of any annuity you own that was bought on or after February 12, 2006. You will get more information about this. When you sign the application, you are agreeing to name the state of Kansas as beneficiary (inheritor) for your annuities.

9. Does anyone owe the primary applicant or their spouse money through a promissory note or other loans? 

<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, complete the following.		
Name of person who owes you money	How much \$	What type of loan?

 For help completing this application, call us at 1-800-792-4884 (TTY 1-800-792-4293). The call is free. 15

This is page 15 of the paper application for the Elderly and Persons with Disabilities.

On this page there are several paper clip icons. Remember that the paper clip icon means that the applicant may need to send proof of the resources they claim.

Next we will go through each part of the fifteenth page, or section G continued.

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5. Does the primary applicant or their spouse own other real estate?		
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, complete the following.		
Describe the type of property (building, lot, second home, etc.)		Is this property used as rental or income producing property? <input type="checkbox"/> No <input type="checkbox"/> Yes
Owners		Property address
Date purchased (mm/dd/yyyy) / /	Value of property \$	Amount owed \$



14

The fifth resource question at the top of page 15 asks, “Does the primary applicant or their spouse own other real estate?” This question does not include the land that the applicants primary house sits on. If they own other land or buildings, please put that information here. If more room is needed, please make a copy of this page.

6. Does the primary applicant or their spouse have a life estate or life interest in any property?		
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, complete the following.		
Describe the type of property		
Owners	Property address	
Date life estate was created (mm/dd/yyyy)	Value of property	Amount owed
/ /	\$	\$

Question 6 asks, “Does the primary applicant or their spouse have a life estate or life interest in any property?”

You may be asking yourself, ‘What is a life estate?’ or ‘What is a life interest?’ A life estate or life interest is a form of joint ownership that allows one person to remain in a house until his or her death, when it passes to the other owner.

7. Does the primary applicant or their spouse have a trust?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, you can send a copy of your trust. 
8. Does the primary applicant or their spouse have an annuity or other similar investment, including those issued as part of a retirement package?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes If yes, complete the following. You can send a copy of the annuity or investment. 
Owners	Value \$
Company	
<p><i>For long-term care assistance, the State of Kansas must be named as the beneficiary of any annuity you own that was bought on or after February 8, 2006. You will get more information about this. When you sign the application, you are agreeing to name the State of Kansas as beneficiary (inheritor) for your annuities.</i></p>	

Question 7 asks, “Does the primary applicant or their spouse have a trust?” If the resident owns a trust, the resources that are titled in the trusts name must also be reported on the application. If marked yes, we will need a full copy of the entire trust along with all of the schedules and amendments. A copy of the contract is also needed.

Question 8 asks, “Does the primary applicant or their spouse have an annuity or other similar investment, including those issued as part of a retirement package?” If the applicant owns an annuity the State of Kansas must be named as the beneficiary of any annuity, they own which was purchased on or after February 8, 2006. The applicant agrees to make this assignment when they sign the application.

Verification of the Annuity may be requested.

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9. Does anyone owe the primary applicant or their spouse money through a promissory note or other loans? 📝		
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, complete the following.		
Name of person who owes you money	How much \$	What type of loan?

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Question 9 asks, “Does anyone owe the primary applicant or their spouse money through a promissory note or other loans?”

This question is not about credit cards; it is referring to someone who owes the applicant money. An example could be: the applicant or spouse loaned someone \$8,000 six months ago and it hasn’t been repaid in full.

G

10. Does the primary applicant or their spouse have other resources (such as an RV, trailer, boat, livestock, oil rights, machinery, etc.)?

No Yes if yes, complete the following:

Resource	Owners	Value
		\$
Resource	Owners	Value
		\$

11. Has the primary applicant or their spouse taken a loan against any property in the last 5 years, including a second mortgage or reverse mortgage?

No Yes

12. Has the primary applicant or their spouse ever waived rights to an inheritance or will?

No Yes

13. Has the primary applicant or their spouse ever worked with an attorney or other professional for estate planning?

No Yes if yes, complete the following:

Name of attorney _____ Date (mm/dd/yyyy) / /

14. Has the primary applicant or their spouse sold, traded, given away or changed ownership of any property in the last 5 years? This includes a house, money, cars or any other property.

Type of property	Value	Given or sold to	Date ownership changed	Reason it was given or sold
	\$		/ /	/ /
	\$		/ /	/ /
	\$		/ /	/ /

16 KanCare | Elderly and Persons with Disabilities Medical Assistance Application

This is page 16 of the paper application for the Elderly and Persons with Disabilities.

Next, we will go through each part of the sixteenth page, or section G continued.

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10. Does the primary applicant or their spouse have other resources (such as an R.V., trailer, boat, livestock, oil rights, machinery, etc.)?		
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, complete the following.		
Resource	Owners	Value \$
Resource	Owners	Value \$

Question 10 at the top of page 16 asks, “Does the primary applicant or their spouse have other resources (such as an R.V., trailer, boat, livestock, oil rights, machinery, etc.)?”

This also includes motorcycles, tractors, or other farm equipment.

Some resources in this section may be exempt if they are connected to earning income. The applicant must list all resources and we will determine what is countable or exempt.

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11. Has the primary applicant or their spouse taken a loan against any property in the last 5 years, including a second mortgage or reverse mortgage?

No Yes

Question 11 asks, “Has the primary applicant or their spouse taken a loan against any property in the last 5 years, including a second mortgage or reverse mortgage?”

A reverse mortgage is a loan available to homeowners, 62 years or older, that allows them to convert part of the equity in their homes into cash. If the applicant has one, we will need the contract from the reverse mortgage that shows the gross amount of money the applicant receives from it.

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12. Has the primary applicant or their spouse ever waived rights to an inheritance or will?

No Yes

Question 12 asks, “Has the primary applicant or their spouse ever waived rights to an inheritance or will?”

The applicant must check “Yes” or “No”.

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13. Has the primary applicant or their spouse ever worked with an attorney or other professional for estate planning?	
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, complete the following.	
Name of attorney	Date (mm/dd/yyyy) / /

Question 13 asks, “Has the primary applicant or their spouse ever worked with an attorney or other professional for estate planning?”

Estate planning is the process of arranging, during a person’s life, for the disposal of their estate. If the applicant has paid for someone to help them manage assets, list them here.

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14. Has the primary applicant or their spouse sold, traded, given away or changed ownership of any property in the last 5 years? This includes a house, money, cars or any other property.				
Type of property	Value	Given or sold to	Date ownership changed	Reason it was given or sold
	\$		/ /	
	\$		/ /	
	\$		/ /	

Question 14 asks, “Has the primary applicant or their spouse sold, traded, given away or changed ownership of any property in the last 5 years? This includes a house, money, cars or any other property.”

Please document any changes in ownership of any property within the last 5 years in this section. Sale of a vehicle, home, or transferring resources to a trust are examples of what should be documented in this section. This would also include giving resources to others such as family members, friends, charities, and churches.



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For the Elderly and Persons with Disabilities



Section G



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

Thank you for looking at this guide on filling out Section G.