



Guide to the **Application** **for Medical Assistance**

For the Elderly and Persons with Disabilities

Important information:

If you are a nursing facility assisting a resident with completion of the Medicaid application and obtaining required copies of information, please complete a Release of Information form and have the resident sign. Use the Release of information at [Facilitator Authorization Form](#).

Start your application

Use this guide to help you complete the application for yourself or for someone else. Make sure you answer all questions on the application.

Be sure to sign your completed application!

If you are applying for medical assistance for you

Tell us about you in “Person 1.” If you have a spouse, tell us about your spouse in “Person 2.”

If you are applying for medical assistance for someone else

Tell us about the person needing medical assistance in “Person 1.” If the person has a spouse, tell us about the spouse in “Person 2.”

So you can keep helping the person applying, complete **Section J** about you. Make sure the person applying signs **Section J**.

Make sure the person applying signs the signature page, **Section K**.

Complete the entire application

- Be sure to answer all “Yes” or “No” questions. If a question asks for more information, be sure to give it.
- Be sure to give us the address where you live (or the person you are applying for lives) today in **Section B**.
- If you or your spouse own real estate, be sure to give us the property addresses in **Section E**, Question 6.
- We can help. If you don't know an answer, call **1-800-792-4884**.

Choose the assistance that fits your needs in **Section C**

On **page 3**, if you are not sure whether to choose Home and Community Based Services or Nursing Home, please ask the facility where the person lives.

On **page 4**, you can ask for Medicaid services for the past 3 months.

- **Medically Needy**, also called Spenddown, is a program that helps you pay part of your medical expenses. It is for people who live at home, not in a nursing home or facility. If you qualify, we will decide how much you must pay based on your income and medical expenses.
- **Working Healthy** is a program is for working disabled or blind persons between the ages of 16 to 64. Based on your income, you may have to pay a monthly premium.
- **Home and Community Based Services** is a program for persons who have a special need for care in their home, assisted living facility or residential care community. Based on income level, you may be responsible to pay part of the cost of care.
- **Nursing Home or Other Facility** is a program for people who live in a nursing home, medical or mental health institution or other similar facility for long term care. Based on your income, you may have to pay part of the cost of care in the facility.
- **Program of All-Inclusive Care for the Elderly (PACE)** is a program available in these Kansas counties: Dickinson, Douglas, Ellsworth, Harvey, Jackson, Jefferson, Lincoln, Lyon, Marion, Marshall, McPherson, Nemaha, Osage, Ottawa, Reno, Rice, Saline, Sedgwick, Shawnee, Pottawatomie and Wabaunsee.
- **Medicare Savings Program** is a program that helps pay some medical expenses for people who have Medicare.

Questions?

If you need help with this application, call **1-800-792-4884**. The call is free.

1 of 2

Tell us your Social Security Numbers

We need Social Security Numbers (SSNs) for everyone applying for medical assistance. People on the application who are not applying for medical assistance for themselves may choose not to give their SSN. But if there is income to allocate from a spouse who lives in a nursing home to a spouse who lives in the community, having the SSNs for both can speed up the application process.

We use SSNs to check income and other information to find out who qualifies for medical assistance. If someone doesn't have an SSN, call 1-800-772-1213. Or visit www.socialsecurity.gov.

Tell us your citizenship status

Be sure to tell us whether you and your spouse are U.S. citizens. If not, please tell us your immigration status. Applying for KanCare Medical Assistance does **not** affect your immigration status.

Send copies with your signed application, if you have these items

- Health insurance cards, front and back
- Paystubs for the last 30 days, including income from the VA or a pension
- Proof of any income other than Social Security
- Monthly statements for all bank accounts, including checking and savings, for the last 3 months
- Value of stocks, bonds or CDs for the last 3 months
- Statement showing value of IRAs and 401Ks
- Funeral or Burial Plan including the bill of goods and services with proof that funeral arrangements are set up as irrevocable
- Your complete trust or annuity
- Letter from your life insurance company verifying owner of policy, face value, cash value and any loans against the policy
- Proof of out-of-pocket medical expenses such as health insurance premiums and medical bills owed, due or expected
- Proof of any property sold or transferred in the last 5 years
- If you have a spouse who is applying for Home and Community Based Services or Nursing Home coverage, proof of your rent or mortgage, home owner's insurance and property taxes
- If you are a veteran or unmarried widow of a veteran and have applied for VA cash benefits, send proof such as the application
- Proof of guardian, conservator or durable power of attorney

Sign and send your application

Sign your application on page 15.

Return your application to us in one of these ways:

1. Mail to:

KanCare Clearinghouse
P.O. Box 3599
Topeka, KS 66601-9738

2. Fax to: 1-844-264-6285

To make sure we get all of your documents, please fax single-sided pages.

Questions?

If you need help with this application, call **1-800-792-4884**. The call is free.