If you need help with your application call…

1-800-792-4884
1-800-792-4292 (TTY)
for persons with hearing impairments

www.KanCare.ks.gov

If you want to name a person to help you with your medical assistance case, fill out and sign page 14. Also sign page 15.

Include proof (copies) of all household income and resources.

Answer all questions on the application.

Sign and date the application.

Interpreters are available, if needed.
You can ask for an application in another language.

Expect to hear from us within 4 - 6 weeks

Apply Faster Online

Would you rather apply online?

Go to http://www.applyforkancare.ks.gov

To help us serve you better…

Helpful Hints

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for persons with hearing impairments
Below is information you may have to provide. If the information is provided with your application, it can be processed more quickly.

**Proof of Resources**

- **Bank Statement**: Must show the account name, number, and all activity.
- **Funeral or burial plans**: Include the statement of itemized services and a copy of any irrevocable assignment (Ask for a copy from the funeral home).
- **Life insurance**: Letter from the insurance company with owner, face value, cash value, loans, dividends and any other activity.
- **Trust and Annuity**: Copy of any trust or annuity.

**Proof of income**

- **If you have a job**: Paystubs for the last 30 days or a statement from your employer that shows your gross income (before deductions).
- **If you have a business**: Most recent personal tax returns. Must include all schedules, pages and attachments.
- **If you have other income**: A copy of a benefit letter that shows gross income, deductions, and how often you are paid (e.g. retirement/pension/VA).

**Proof of health insurance**

- A copy of the front and back of your health insurance card and proof of the premium.
- A copy of any long-term care insurance policy.

**Please note**: If you are reporting ANY resources, provide proof of value and ownership.