



Helpful Hints

Apply faster online! Go to www.applyforkancare.ks.gov

Get help

To ask questions, ask for an interpreter, or to ask for an application in another language, call **1-800-792-4884** (TTY 1-800-792-4292).

Help us serve you better

Be sure to:

- Answer all questions on the application.
- Sign and date the application.

You may need to send proof of certain things. If we need more information, we will contact you.

After you apply, you'll hear from us within 4 to 6 weeks.

KanCare includes Medicaid and the Children's Health Insurance Program(CHIP)

If the household income is below or near these guidelines, children may qualify for coverage from birth to their 19th birthday.

Household size and income guidelines

Household size	FAMILY INCOME		
	Every week	Every month	Every year
1	\$672	\$2,888	\$34,656
2	\$905	\$3,891	\$46,692
3	\$1,138	\$4,894	\$58,728
4	\$1,371	\$5,897	\$70,764
5	\$1,605	\$6,900	\$82,800
6	\$1,838	\$7,903	\$94,836
7	\$2,071	\$8,906	\$106,872
More than 7	Add \$1,003 per month for each person		

Some families must pay a monthly premium (cost).

All eligibility factors may change, including income guidelines.

Pregnant women and adults caring for minor children in their home may qualify for coverage. They have different guidelines for household size and income.