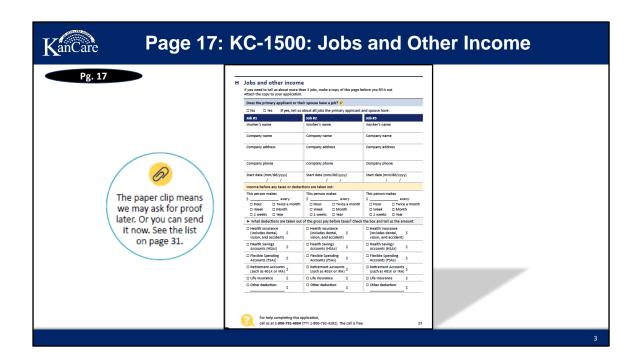




Welcome to the slideshow for Section H of the KanCare Application Guide.

Next, we will cover pages 17 through 21.



This is page 17 of the paper application for the Elderly and Persons with Disabilities. If the applicant needs to list more than 3 jobs, make a copy of this page before filling it out. Attach the copy to the application.

You will see that on this page there is a paper clip icon. Remember that the paperclip icon means we may ask for proof later or the applicant can send it now. See the list on page 31 for more information.

Next, we will go through each part of the seventeenth page, or section H.

anCare		Jobs	
Pg. 17	>		
	Does the primary applicant or	their spouse have a job? 🤣	
	□ No □ Yes If yes, tell	us about all jobs the primary applica	ant and spouse have.
	Job #1	Job #2	Job #3
	Worker's name	Worker's name	Worker's name
	Company name	Company name	Company name
	Company address	Company address	Company address
	Company phone	Company phone	Company phone
	Start date (mm/dd/yyyy)	Start date (mm/dd/yyyy)	Start date (mm/dd/yyyy)

The first question on page 17 asks, "Does the primary applicant or their spouse have a job?"

Check the "No" or "Yes" box and continue to fill out the Job columns if the applicant or their spouse have a job. If more space is needed, please make a copy of this page.

anCare	Jobs Continued					
Pg. 17						
Income before any taxes or	eductions are taken out:					
This person makes \$ every:	□ Week □ Month □ Week □ Month □ 2 weeks □ Year □ 2 weeks □ Year					
■ What deductions are take ☐ Health Insurance (includes dental, \$ vision, and accident)	out of the gross pay before taxes? Check the box and tell us the amount: Health Insurance (includes dental, \$ vision, and accident) vision, and accident)					
☐ Health Savings Accounts (HSAs) \$	☐ Health Savings ☐ Health Savings Accounts (HSAs) \$ Accounts (HSAs) \$					
☐ Flexible Spending Accounts (FSAs) \$	☐ Flexible Spending Accounts (FSAs) \$ ☐ Flexible Spending Accounts (FSAs) \$					
□ Retirement Accounts (such as 401K or IRA) \$	☐ Retirement Accounts (such as 401K or IRA) \$ ☐ Retirement Accounts (such as 401K or IRA) \$					
☐ Life Insurance \$	☐ Life Insurance \$ ☐ Life Insurance \$					
Other deduction:	Other deduction:					

The bottom half of page 17 continues to ask for information about each job in the household. This section is where the applicant will put how much is earned from each job, how often, and what deductions are taken out of the gross income before taxes. If the applicant or spouse does not know this information, they can usually find it on their pay stubs.

Remember, if the applicant marks "No" to having a job, this section will not need to be filled out.

KanCare Page 18: K	C-1500: Jobs and Other Income (con't)
Pg. 18	Date of near psychesia (mondod yvyy):
	6

This is page 18 of the paper application for the Elderly and Persons with Disabilities.

This page is a continuation of the information needed regarding the jobs from page 17. This page wants to know the date of the next paycheck for each job, how many hours the applicant or spouse usually works at each job per week, and whether the jobs include tips, commissions, or bonuses.

The applicant must check the box for how often they receive a paycheck if they have a job.

H Is the primary applicant or spoose self-employed? Page Pag	KanCare Page 1	9: KC-1	500: S	elf-Emp	oloyment
and the Control of th	The paper clip means we may ask for proof later. Or you can send it now. See the list	and emotive the section of the sect	is their own best. This includes add is not called the control of	if it not your primary job. Spy of this page before you fill it out. Find it is not the page before you fill it out. Find it is not the page of th	

This is page 19 of the paper application for the Elderly and Persons with Disabilities. This page asks about self-employment.

Notice that on this page there are more paper clip icons. This means that we may ask for proof later for the income sources that they have.

Next, let's go through each part of page 19, or section H continued.

anCare	Self-Employment						
Pg. 19	>						
	Is the primary applicant or spous	e self-employed?					
	lawn mowing, snow removal, cost	is their own boss. This includes odd jo metic sales, rental income, etc., even lete the following.					
	If you need to tell us about more than 3 self-employed jobs, make a copy of this page before you fill it out. Attach the copy to your application. You can send your most recent personal and business income tax returns, including all pages						
	Self-employed job #1	and attachments. Self-employed job #1 Self-employed job #2 Self-employed job #3					
	Name of self-employed person	Name of self-employed person	Name of self-employed person				
	Business name (if any)	Business name (if any)	Business name (if any)				
	What type of business is it?	What type of business is it?	What type of business is it?				
	When did the business start?	When did the business start?	When did the business start?				

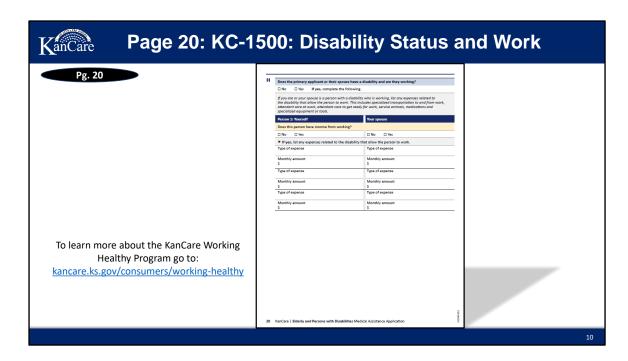
The first question on page 19 asks, "Is the primary applicant or spouse self-employed?" Self-employed means the person is their own boss. This includes odd jobs, childcare, lawn mowing, snow removal, cosmetic sales, rental income, contract wages, delivery driving, etc., even if it is not the applicant's primary job. Select "No" or "Yes". If yes, provide the details for each self-employed job.

If there are more than 3 self employed jobs, make a copy of this page before filling it out. Attach the copy to the application. Applicants can send their most recent personal and business income tax returns, including all pages and attachments.

KanCare	Self-					
Pg. 19						
	What is the estimated monthly in	come this year?				
	\$	\$	\$			
	What are the estimated monthly	expenses this year?	•			
	\$	\$	\$			
	Have the monthly income or expenses changed since filing taxes last year?					
	□ No □ Yes	□ No □ Yes	□ No □ Yes			
	► If yes, how have they changed	?				
	Were taxes filed on this income la	est year?				
	□ No □ Yes	□ No □ Yes	□ No □ Yes			
				9		

The bottom half of page 19 is a continuation of the information needed about self-employment.

This part should be filled out to the best of the applicant or their spouse's ability if they are self employed.



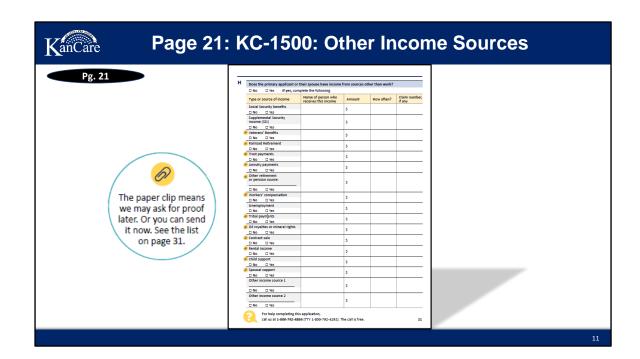
This is page 20 of the paper application for the Elderly and Persons with Disabilities. This section is about Disability Status and Work.

If the applicant or spouse is a person with a disability who is working, list any expenses related to the disability that allow the person to work. This includes specialized transportation to and from work, attendant care at work, attendant care to get ready for work, service animals, medications, and specialized equipment or tools.

This page asks "Does the primary applicant or their spouse have a disability and are they working?" They will check either "No" or "Yes". If answered yes, then it asks about income from working and expenses related to the disability that allow the person to work. If these do not apply, answer "No", and the follow up questions do not need to be answered.

Applicants who are disabled and working may want to look into the KanCare Working Healthy Program. See the link in the slide to learn more.

kancare.ks.gov/consumers/working-healthy



This is page 21 of the paper application for the Elderly and Persons with Disabilities. The last page in Section H asks about income from sources other than work.

Notice that on this page there are more paper clip icons. This means that we may ask for proof later for the income sources that they have.

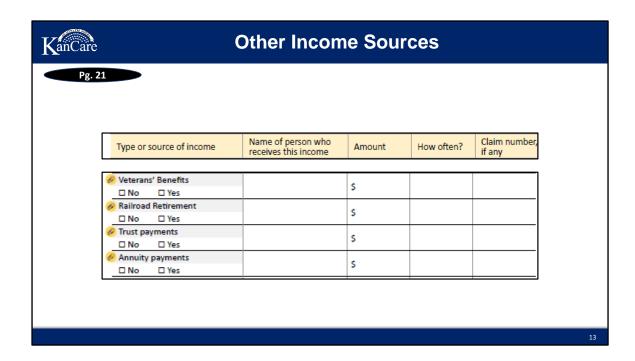
Next, let's go through each income option on page 21, or section H continued.

Does the primary applicant or their spouse have income from sources other than work? No Yes If yes, complete the following. Type or source of income Name of person who receives this income Amount How often? Claim number, if any	Care	Other Income Sources						
□ No □ Yes If yes, complete the following. Type or source of income Name of person who receives this income Social Security benefits □ No □ Yes Supplemental Security Income (SSI)	Pg. 21							
□ No □ Yes If yes, complete the following. Type or source of income Name of person who receives this income Social Security benefits □ No □ Yes Supplemental Security Income (SSI)								
□ No □ Yes If yes, complete the following. Type or source of income Name of person who receives this income Social Security benefits □ No □ Yes Supplemental Security Income (SSI)								
Type or source of income Name of person who receives this income Social Security benefits No Yes Supplemental Security Income (SSI)	Does the primary applicant or th	eir spouse have income f	rom sources oth	er than work?				
Social Security benefits No Yes Supplemental Security Income (SSI)	□ No □ Yes If yes, comp	lete the following.						
□ No □ Yes Supplemental Security Income (SSI) S	Type or source of income		Amount	How often?				
Income (SSI) \$			s					
			s					
	□ No □ Yes							

The question at the top of page 21 asks, "Does the primary applicant or their spouse have income from sources other than work?" The applicant will check "No" or "Yes".

If "Yes" is checked, the applicant will review the types or sources of income on page 21 and will need to check "No" or "Yes" for each source listed on the application. This section looks a lot like the Resource section earlier on in the application. If the applicant has any sources of income listed, they will need to put the name of the person who receives this income, the gross amount, how often it is received, and the claim number if applicable.

The first two rows of income are for Social Security benefits and Supplemental Security Income or (SSI). We will be able to get Social Security income amounts directly from the Social Security Administration.



The next four lines on page 21 are for Veteran's Benefits, Railroad Retirement, Trust payments, and Annuity payments.

If the applicant or spouse receives Veterans' Benefits, they may provide a letter from the VA which lists the type of veteran benefit and the current amount. It is important that the applicant lists what type of benefit it is.

If the applicant or spouse receives Railroad Retirement, they may provide a letter from the Railroad Retirement Board which lists the current amount.

If the applicant or spouse receives Trust payments, they may provide verification of payments received from a trust. This may be the same trust information the applicant listed in section G-7 on page 15.

If the applicant or spouse receives Annuity payments, they may provide verification of payments received from an annuity. This may be the same annuity information the applicant listed in section G-7 on page 15.

KanCare	Other Income Sources						
Pg. 21							
	Type or source of income	Name of person who receives this income	Amount	How often?	Claim number, if any		
	Other retirement or pension source:		s				
	□ No □ Yes Workers' compensation □ No □ Yes		S				
	Unemployment ☐ No ☐ Yes		s				
•							

The next three rows on page 21 are for Other retirement or pension sources, Workers' compensation, and Unemployment.

If the applicant has any sources of income listed, they will need to put the name of the person who receives this income, the gross amount, how often it is received, and the claim number if applicable.

If the applicant or spouse receives other retirement or pension income, workers' compensation, or unemployment they may provide proof of these income sources.

Care	Other Income Sources					
Pg. 21	•					
Turn	e or source of income	Name of person who	Amount	How often?	Claim number	
тур	or source or income	receives this income	Amount	now orten:	if any	
		receives this income	Amount	now orten:	if any	
	al payments	receives this income		now orten:	if any	
Ø Trib	al payments o □ Yes	receives this income	\$	now often:	if any	
	al payments o	receives this income		now often.	if any	
Ø Trib □ N Ø Oil i	al payments o	receives this income	s s	now orien.	if any	
Ø Trib □ N Ø Oil i	al payments o Yes royalties or mineral rights o Yes tract sale	receives this income	\$	now orien.	if any	
 ✓ Trib N ✓ Oil I N ✓ Con N 	al payments o Yes royalties or mineral rights o Yes tract sale	receives this income	s s	now orien.	if any	

The next four rows on page 21 are for tribal per capita payments, oil royalties or mineral rights, contract sales, and rental income.

If the applicant or spouse receives any of the income sources above they may need to send proof.

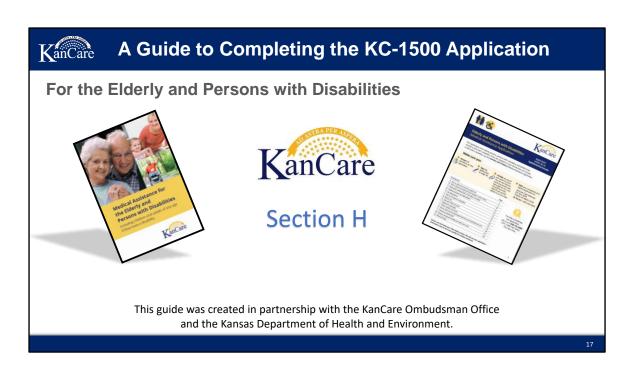
If the applicant or spouse receives contract sale payments, please provide proof of the contract sale and income being received. Contract sale is a contract in which a property title is transferred only after the buyer makes a certain number of monthly payments such as a rent to own home.

KanCare	Other Income Sources						
Pg. 21							
Type or source of income	Name of person who receives this income	Amount	How often?	Claim number,			
Ø Child support □ No □ Yes		s					
Ø Spousal support □ No □ Yes		s					
Other income source 1		s					
□ No □ Yes							
Other income source 2		s					
□ No □ Yes]					
	•			,			
					16		

The last four rows on page 21 are for child support, spousal support, and two rows for other income sources.

If the applicant or spouse have child or spousal support they may send proof.

If the applicant or spouse has any other income sources or needs extra room please use the last two lines to put that information. Before moving on to the next page it is recommended that the applicant make sure that each "No" or "Yes" box is checked on this page.



Thank you for looking at the fifth slideshow of the KanCare Application Guide for the Elderly and Persons with Disabilities Medical Assistance Application.