

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

Helpful Hints

Apply Faster Online

Would you rather apply online?

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

To help us serve you better...

- **Answer all questions on the application.**
- **Sign and date the application.**
- **You may have to send proof of certain things for us to process your application. You do not need to send anything now. We will contact you if we need more information.**
- **If you are reporting that someone in the household has other health insurance you must send a copy of the front and back of your health insurance card.**

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

**Expect to hear from us
within 4 - 6 weeks**

Important Information

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

If family income is close to or below the following income guidelines, children ages 0 through 18 may qualify for coverage.

	Monthly	Annually	Weekly
Family of 1	\$2,393	\$28,716	\$556
Family of 2	3,239	38,868	753
Family of 3	4,085	49,020	950
Family of 4	4,931	59,172	1,146
Family of 5	5,777	69,324	1,343
Family of 6	6,623	79,476	1,540
Family of 7	7,469	89,628	1,736

- For each additional household member add \$846 per month.
- Some families within these guidelines are required to pay a monthly premium.
- All eligibility factors, including income guidelines and premiums, are subject to change.

Pregnant women may qualify for coverage.

The household size and income guidelines are different than those listed above.

Adults (caring for minor children in their home) may qualify for coverage.

The household size and income guidelines are different than those listed above.