KS Medical Assistance Program
P. O. Box 3571
Topeka, KS 66601

Important changes

RESPONSE REQUIRED

By September 15

Jane Q. Public
123 Main Street
Anywhere, KS 12345-1234

Spanish Only – Si necesita asistencia para entender esta información, por favor llame al 1-866-305-5147

Dear KanCare Household, July 29, 2013

We are writing to tell you about changes that are being made to the way we figure KanCare coverage. We need more information about you and your household. **This change may affect your KanCare coverage so make sure to read this letter very carefully.**

What do we need from you?

There are **2 forms** in this envelope that you **must fill out and return** in the postage paid envelope by Sept. 15. If you have questions about how to fill the forms out, call 1-855-751-4012.

1. **Federal Income Tax Information** - There are 4 questions. We need to know if the people in your household plan to file income taxes in 2014. Fill out questions 1 through 4 for each person in your household. The way you answer the questions will be used when figuring your KanCare coverage.

2. **Relationship Information** – This form lists everyone we have listed as living in your household. We need you to tell us how the listed people are related to each other. If there are people in your household we did not list on the form call the KanCare Clearinghouse at 1-800-792-4884. This information will also be used when figuring your KanCare coverage.

Why do we need this new information?

- New eligibility rules start on October 1, 2013. The new rules change the kind of information we need when figuring KanCare coverage. If the forms are not filled out and returned it could cause a break in your KanCare coverage.
- We are getting a new computer system. The new system must have the information from these 2 forms so it can be ready on October 1, 2013. That means we need the information about you and your household as soon as possible. Follow the directions on the forms carefully. It is important the information is correct and complete. Return the forms by Sept. 15.

Important Changes Coming Soon

We are changing our computer system and need some new information from you. Having this information now will help make a smooth transition. Your coverage may not continue without this information. Fill out this form and return it to us by September 15.

We need to know everyone who is living with you. If there are people not listed below, please call 1-800-792-4884.

Please give us your current phone number: _____

Name of Person completing form: _____ Date: _____

If you need assistance understanding this information, call us at 1-855-751-4012.

Si necesita asistencia para entender esta información, por favor llame al 1-866-305-5147.

***Relationship Options:** Choose from these options to complete the question below:

Spouse	Sibling	Parent	Step-Parent	Child
Aunt/Uncle	Step-Sibling	Step-Child	Niece/Nephew	Cousin
Step-Aunt/Uncle	Ex-Spouse	Grandchild	Grandparent	Foster Child
Parent-In-Law	Sibling-in-Law	Step-Grandchild	Step Grandparent	Foster Parent
Guardian/Conservator	Pre-Adoptive Child	Pre-Adoptive Parent	Pre-Adoptive Sibling	Unrelated

Relationship

We need to know how each person is related to your other household members. We have listed the names of everyone that we know lives with you.

Household Member		Household Member	*Relationship (Choose From Options Above)
Example: Mom	***is***	***Dad's***	***Spouse***
	is		
	is		
	is		
	is		
	is		
	is		
	is		
	is		
	is		
	is		
	is		
	is		
	is		
	is		
	is		
	is		
	is		
	is		
	is		
	is		

Federal Income Tax Information

We need information about how you plan to file your taxes next year.

For Question 1 – "Does this person plan to file a federal income tax return?" Answer YES if you are the main filer or head of household of the tax return. Answer NO if you are a dependent, on someone else's tax return or not filing. Answer all 4 questions for each person in the household.

If people in your household are not listed on the form call 1-800-792-4884.

		Question 1	Question 2	Question 3		Question 4		
Name of Household Member	**Date of Birth**	Does this person plan to file a federal income tax return?	Will this person file jointly with a spouse?	Does this person have any dependents on their tax return that are not in the household?	If yes, list name(s) of dependents	Is this person claimed as a dependent on someone else's tax return?	If yes, list the name of the tax filer	How is this person related to the tax filer?
		☐ No ☐ Yes	☐ No ☐ Yes, name:	☐ No ☐ Yes		☐ No ☐ Yes		
		☐ No ☐ Yes	☐ No ☐ Yes, name:	☐ No ☐ Yes		☐ No ☐ Yes		
		☐ No ☐ Yes	☐No ☐ Yes, name:	☐ No ☐ Yes		☐ No ☐ Yes		
		☐ No ☐ Yes	☐ No ☐ Yes, name:	☐ No ☐ Yes		☐ No ☐ Yes		
		☐ No ☐ Yes	☐ No ☐ Yes, name:	☐ No ☐ Yes		☐ No ☐ Yes		
		☐ No ☐ Yes	☐ No ☐ Yes, name:	☐ No ☐ Yes		☐ No ☐ Yes		
		☐ No ☐ Yes	☐ No ☐ Yes, name:	☐ No ☐ Yes		☐ No ☐ Yes		
		☐ No ☐ Yes	☐ No ☐ Yes, name:	☐ No ☐ Yes		☐ No ☐ Yes		

Current Phone number: _____ ***Name of Person completing the Form:*** _____ ***Date:*** _____

FOR AGENCY USE ONLY: