



## Helpful Hints

**Apply faster online! Go to [www.applyforkancare.ks.gov](http://www.applyforkancare.ks.gov)**

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### **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.

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**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
<b>1</b>	\$574	\$2,469	\$29,628
<b>2</b>	\$776	\$3,339	\$40,068
<b>3</b>	\$978	\$4,209	\$50,508
<b>4</b>	\$1,181	\$5,080	\$ 60,960
<b>5</b>	\$1,383	\$5,950	\$71,400
<b>6</b>	\$1,586	\$6,820	\$81,840
<b>7</b>	\$1,788	\$7,690	\$92,280
<b>More than 7</b>	Add \$871 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.