

INTENT TO APPLY FOR KTAP [K-TAP], MEDICAID, STATE SUPPLEMENTATION, OR CHILD CARE ASSISTANCE

We want to ~~[be able to]~~ help you as soon as possible. Please~~[, so please]~~ answer the following questions: [-]

Do you have a physical or mental limitation that ~~[problem which]~~ requires you to have special accommodations during your application interview, such as needing a sign language interpreter?
Yes No

If yes, what do you need? _____

We can get a free interpreter for your interview if you have trouble speaking or understanding English.

Do you need an interpreter for your interview? Yes No
If yes, what language? _____

Important Information for All Applicants

- Anyone who wants to get KTAP [K-TAP] (cash assistance), Medicaid, State Supplementation, or Child Care Assistance must give us their ~~[his or her]~~ social security number and tell us about their ~~[his or her]~~ citizenship and immigration status. If you do not have a social security number, we can help you get one. This will not delay your application.
- Giving or applying for a social security number is voluntary. Social security numbers are used to verify your family's income and to do computer matches with other agencies such as the Kentucky Office of Employment and Training, the Internal Revenue Service, and other matching sources.
- Social security numbers will not be used to report anyone to the United States Citizenship and Immigration Services (USCIS).
- If you are only ~~[Anyone]~~ applying ~~[only]~~ for emergency Medicaid for you or anyone else in your home, you do ~~[does]~~ not have to give us your ~~[his or her]~~ social security number or tell us about your ~~[his or her]~~ citizenship and immigration status.
- If you or anyone else in your home does not want to get benefits, ~~[then]~~ you do not have to tell us about your social security number, citizenship or immigration status. Other members of your household can ~~[still]~~ get benefits~~[,]~~ if they qualify.
- Getting Medicaid benefits will not affect your or your family's ability to change your immigration status. An exception to this is the use of long-term institutional care, such as a nursing home.
- Getting KTAP [K-TAP] or Supplemental Security Insurance (SSI) could cause problems for immigrants who are trying to change their immigration status, especially if the benefits are your family's only income. If this applies to you, talk to an agency that helps immigrants with legal problems before you apply.

- Refugees and persons granted asylum may get any benefit, including KTAP [~~K-TAP~~], without affecting their ability to change [~~hurting their chances of changing~~] their immigration status or become [~~becoming~~] a U.S. citizen.

Part I - Right to Apply

If you live in Kentucky and want to apply for KTAP [~~K-TAP~~], Medicaid, State Supplementation, or Child Care Assistance, complete this form. Take [~~Send or take~~] it to the closest [~~local~~] Department for Community Based Services office or mail it to P.O. Box 2104, Frankfort, Kentucky 40602.

Once we get this form, we will schedule an interview [~~will be scheduled~~] to complete the application process.

Benefits may be given from the date we get this form. The quicker [~~sooner~~] we get this form and any required proof, the quicker [~~sooner~~] you will know whether you will get KTAP [~~K-TAP~~], Medicaid, State Supplementation, or Child Care Assistance.

- I want to apply for:
- KTAP [~~K-TAP~~]
 - Medicaid
 - State Supplementation
 - Child Care Assistance

My Name _____
 (Last) (First) (Middle Initial)

My home address _____
 (Street Address) (Apt.)

 (City) (State) (Zip Code)

County _____

Telephone Number _____ Mine Nearby

My mailing address is different from my home address. My mailing address is:

 (Mailing address)

 (City) (State) (Zip Code)

Part II – Representative

If you would like someone to be interviewed in your absence, give us the following information:

Name of person _____

Mailing address _____

[~~(Mailing Address)~~]

Telephone Number _____

We will send you a form for you to complete to authorize that person to apply for you.

Part III – Household Member Information

Applicant Section					
List the people who live with you and for whom you want to get benefits. [These people are applicants. Anyone for whom you do not want to get benefits is a non-applicant and is listed in the Non-Applicant section.]					
First Name / M.I. / Last Name	Social Security #	Relation to You	Birth Date	Sex M or F	<u>Applying Yes or No</u>
		Self			

[Non-Applicant Section				
List any other people who live with you and for whom you do not want to get benefits. You do not have to give all of this information for these people, but the more information we have, the quicker we can process your application.				
First Name / M.I. / Last Name	Social Security #	Relation to You	Birth Date	Sex M or F]

Part IV – Rights, Responsibilities, and Signature

The information I give on this form is complete and true. I understand:

- If information I give is not true or I do not report all ~~[of the]~~ information needed, I may be subject to prosecution for fraud.
- Completing ~~[Filling out]~~ this form is just the first step in the application process.
- I will complete an interview and give any needed information or proof of eligibility before my ~~[an]~~ application is ~~[can be]~~ processed.
- The information I have given on this form is subject to verification by agency ~~[federal, state, and local]~~ officials to determine if the information is true.
- None of the information given about non-applicants will be shared with the United States Citizenship and Immigration Services (USCIS).
- A worker will contact ~~[schedule an appointment for]~~ me to complete the application process.
- If I am unable to keep an application ~~[the]~~ appointment, I will call 1-855-306-8959 to make other arrangements.
- I have the right to request a fair hearing before an impartial hearing officer if I am dissatisfied with any action or inaction concerning my case in accordance with 921 KAR 2:055. I may request a fair hearing by calling 1-855-306-8959, from my personal page at kynect.ky.gov/benefits, by ~~[or]~~ writing any DCBS office, or by writing to the Division of Administrative Hearings, Families and Children Administrative Hearings Branch, 105 Sea Hero Rd. Suite 2, Frankfort, Kentucky 40601.

Sign here _____ Today's date _____

In accordance with federal ~~[Federal]~~ law and the U.S. Department of Health and Human Services (HHS) policy, this department ~~[Department]~~ cannot discriminate on the basis of race, color, national origin or ancestry, sex (including gender identity and sexual orientation), religious creed, [or] disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

To file a complaint of discrimination, you may contact HHS in writing at ~~[Write to]~~:

U.S. Department of Health and Human Services (HHS)
~~[Write: HHS Director,]~~ Office of Civil Rights
~~[Room 515-F]~~
200 Independence Avenue, SW
H.H.H. Building, Room 509-F
Washington, DC 20201

Or by calling 1-800-368-1019 ~~[call (202) 619-0403 (voice)]~~ or (TTY) 1-800-537-7697 ~~[(TTY)]~~.

You may also file a complaint with the Cabinet for Health and Family Services by calling ~~[Call]~~ (502) 564-7770, ext. 4107, or in writing at ~~[4548 or write to]~~:

Office of Human Resource Management
EEO Compliance Branch
275 East Main Street, 5C-D
Frankfort, Kentucky 40621

If you have other complaints about your case, you can call the [Ombudsman's] Office of the Ombudsman and Administrative Review at 1-800-372-2973 or (TTY) ~~[. TTY is available at]~~ 1-800-627-4702.