

INTENT TO APPLY FOR MEDICAID AND/OR K-TAP (CASH ASSISTANCE)

We want to be able to help you as soon as possible, so please answer the following questions.

Do you have a physical or mental 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 K-TAP (cash assistance) or Medicaid benefits must give us his or her social security number and tell us about 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).
- Anyone applying only for emergency Medicaid does not have to give us his or her social security number or tell us about 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 or Kentucky Children's Health Insurance Program (KCHIP) 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 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 K-TAP, without hurting their chances of changing their immigration status or becoming a U. S. citizen.

Part I - Right to Apply

If you live in Kentucky and want to apply for Medicaid and or K-TAP (cash assistance), complete this form. Send or take it to the local Department for Community Based Services office.

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

Benefits may be given from the date we get this form. The sooner we get this form and any required proof, the sooner you will know whether you will get K-TAP and or Medicaid.

I want to apply for: K-TAP (cash assistance)
 Medicaid (medical assistance)
 KCHIP (medical 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)

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
		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.
- 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 an application can be processed.
- The information I have given on this form is subject to verification by 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).
- My caseworker will schedule an appointment for me to complete the application process.
- If I am unable to keep the appointment, I will contact my caseworker 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 or writing my worker or by writing to the Administrative Hearings Branch, 275 East Main Street, HS1E-D, Frankfort, Kentucky 40621.

Sign here _____ Today's date _____

In accordance with Federal law and the U.S. Department of Health and Human Services (HHS) policy, this Department cannot discriminate on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, contact HHS. Write to:

Department of Health and Human Services
Director, Office of Civil Rights
Room 506-F
200 Independence Avenue
Washington, DC 20201

Or call (202) 619-0403 (voice) or (202) 619-3257 (TTY). HHS is an equal opportunity provider and employer.

You may also file a complaint with the Cabinet for Health and Family Services. Call (502) 564-7770 or write to:

Cabinet for Health and Family Services
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 at 1-800-372-2973. TTY is available at 1-800-627-4702.