

PLEASE PRINT IN BLUE OR BLACK INK ONLY

For Agency Use Only:

1. Tell us about yourself: If you are applying for children only, a parent, guardian or adult household member must be listed.

Legal Name: _____ List any other names used: _____

Home address: _____ Apt. or Lot #: _____ City: _____ County: _____ State: _____ Zip Code: _____

Mailing address (if different): _____ City: _____ State: _____ Zip Code: _____

Home #: (____) _____ Message/Cell phone #: (____) _____ Work #: (____) _____ Is it ok to call you at work? **No** ____ **Yes** ____

2. Tell us about everyone living in your home: Start with yourself on line #1. Mark each person you want covered and provide their Social Security Number (SSN). Listing the SSN for everyone in your home may help us serve you better. Use a separate sheet of paper if you need more space.

Applying for	Legal Name (if pregnant, list "unborn child" on a separate line)	If pregnant, indicate expected due date	Relationship to Person #1	M F	Social Security Number	Date of Birth	U.S. Citizen?		State/Cntry of Birth	Race/Ethnicity (optional)	Full Name of Parents – Complete for persons under the age of 19, including unborn children	
							Yes	No			Father	Mother (Maiden Name)
Yes No	1.		self									
	2.											
	3.											
	4.											
	5.											
	6.											

3. Tell us about your income: Proof of all income, before deductions, is required.

Does anyone in your household have a job or is self-employed? **No** ____ **Yes** ____ If yes, fill out the chart below for all jobs. Proof of all income, before deductions, is required. Examples include copies of pay stubs, a statement from your employer, etc. If you work for yourself (self-employed), you must provide your most recent complete tax return, if filed. A statement of income and expenses for the last three months for your business is required if you do not have a tax return.

Name of Wage Earner	Company Name, Address and Phone (if self-employed list type of business)	Salary or Hourly Wage	Tips, Commission, or Bonus	Hours Worked Weekly	How often do you get paid?	Day of the Week Paid	Date of Next Paycheck	For Self-Employed Persons Only	
								Monthly Income (Before Expenses)	Monthly Business Expenses

Does anyone in your household, including children, receive income such as child support, alimony, unemployment, Social Security/SSI, worker's compensation, veteran's benefits, etc.? **No** ____ **Yes** ____ If yes, fill out the chart below for each person receiving income. Proof of income is required. Provide copies of benefit letters, court orders, Kansas Payment Center printouts, etc.

Name of Person Receiving Income	Type/Source of Income	Amount Received (Before Deductions)	How Often Received	Claim/Court Order Number

