V015 POTENTIAL BENEFITS REQUEST

Applicants or recipients must apply for all benefits for which they

may be eligible. It appears that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may be eligible

for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. In order to verify that you have applied

for these benefits, please take or mail this letter to that agency

and apply for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ benefits. Have the person who

accepts your application complete the bottom portion of this letter

and return it to this office by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Failure to comply

could result in your medical assistance being changed,

denied or closed. You should contact that agency ahead of time to

know what verifications they may need.

**TO BE COMPLETED BY THE PERSON ACCEPTING THE APPLICATION**: Check the

appropriate box to verify the client's application for benefits.

\_\_\_ Social Security Benefits - Social Security Administration

\_\_\_ SSI - Social Security Administration

\_\_\_ V.A. Benefits - Veterans Administration

 \_\_\_ Railroad Retirement - Railroad Retirement Board

 \_\_\_ Workers Compensation - Kansas Department of Labor

 \_\_\_ Unemployment Compensation - Kansas Department of Labor

 \_\_\_ Other (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Signature of Agency Representative Title@@

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 Phone Date@@