SSP Online Application Questions Eligibility Processing Job Aid

This Job Aid is intended to provide instruction on the required elements of the online application. The system requires an answer for some application questions; however, the customer has the ability to submit an application with missing pieces of information. This Job Aid identifies when an answer left blank is acceptable and when additional follow-up is required.

Note:

- Mandatory questions to submit the SSP application are marked with a red asterisk*.
- Mandatory verification policies still apply. Obtain verification as required in KEESM 1322, KFMAM 1325, or Policy Memo 2015-06-06.
- When a Leading Question has been answered Yes – Follow-up Questions are presented and may be required to determine eligibility. These will be outlined below with each question. For example, if a customer indicates they are self-employed, then it is necessary to obtain answers to all of the self-employment Follow-up questions.
- These instructions are intended as a guide and should not replace the prudent person principle.

Start Application: This section is in reference to the **primary** applicant. Just the fields unique to the primary applicant are included here.

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
First Name*	X					
Middle Name/Initial			X			
Last Name*	X					
Suffix (Jr., Sr., etc.)			X			
Maiden Name			X			
Date of Birth*	X					Make sure it is valid. There are no edits preventing a future date, etc.
Home Phone Number			X			
Message/Cell Phone Number			X			
Work Phone Number			X			
Is it ok to call you at work?			X			
Where are you applying from?			X		Home, Home of friend or relative, Library, Internet café, DCF office, Health department, Mental Health Center, Community center, Clinic, Hospital, Other	

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Personal Email Address*	X			This is required to create an SSP account. It will be used in the future for notices and other communications.		
I would like to learn that I have important information waiting for me at the message center through: Personal Email			X			This will be used in the future to send notices through the SSP message center instead of Postal Service mail.
Address Line 1*	X			Address fields are required for the Primary Applicant.		
Address Line 2			X			
City*	X					
State*	X				Drop-down list of US states and territories	
County*	X				Drop-down list of Kansas counties	
Zip Code*	X					
Are you applying for yourself?*	X					This question determines if this person is actually applying for services.
Are you male or female?*	X					
Social Security Number		Required		If the person answers No to "Are you applying for this person?" a paragraph pops up with the CMS legal language.		
Marital Status		Maybe		Displays if 'Yes' to 'Are you applying for yourself?'	Married, Never Married, Divorced, Separated, Widowed, Common Law	It may be necessary to determine marital status for assistance planning purposes.

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Do any of the following apply to you? Please select all that apply				Values display when answered Yes.	• 65 years of age or older • Disability that will last at least 12 months or result in death • Requesting help with nursing home care, home health care, or other long-term care	*Assume No if left blank* These options drive other questions relating to E&D.
Have you ever applied for Social Security Benefits?		*Required*		Only if "Disability that will last at least 12 months or result in death" from above is checked		
Do you want any of these specific services?		*Required*		If user selects 'Requesting help with nursing home care, home health care, or other long-term care', these values display	Nursing Home, Home and Community-Based Services; PACE, WORK, Other institutional care	This question can further assist you in determining the benefit being requested.
Are you known by another name?			X	If Yes, "Other Name Used Information" screen appears as the next screen.		
Do you need help paying medical bills from the last 3 months?			X	If 'Yes' to 'Are you applying for yourself?'		*Assume No if left blank*
Are you pregnant?			X	If 'Female' and over the age of 10 and if 'Yes' to 'Are you applying for yourself?'		*Assume No if left blank*
Expected Due Date*	X			If 'Yes' to 'Are you Pregnant'		*Assume 9 months from the Due Date*
Number of unborn children*	X			If 'Yes' to 'Are you Pregnant'	1-8	*Assume one if left blank*
Were you in Kansas foster care on your 18th birthday?			X	If 'Yes' to 'Are you applying for yourself?' and age is between 18 and 26		*Assume No if left blank*
Who were you in the custody of?		*Required*		If 'Yes' to 'Were you in Kansas foster care at the time of your 18th birthday?'	JJA/Department of Corrections, DCF/SRS, Tribal Authority, None of these	
What language do you speak at home?			X			*Assume English if left blank*
What language do you read at home?			X			*Assume English if left blank*

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Do you have other communications needs?			X			
What is your race? (optional) Check all that apply.			X	If 'Yes' to 'Are you applying for yourself?'	White, Black or African American, American Indian or Alaska Native, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, Native Hawaiian, Guamanian or Chamorro, Samoan Other Pacific Islander	
Are you Hispanic, Latino/a or Spanish origin? (optional) (check all that apply)			X	If 'Yes' to 'Are you applying for yourself?'	No not of Hispanic, Latino/a or Spanish origin, Yes Mexican, Mexican American or Chicano/a, Yes Puerto Rican, Yes Cuban, Yes another Hispanic Latino/a or Spanish origin	
What is your U.S. citizenship or non-citizen status*	X			If 'Yes' to 'Are you applying for yourself?'	Lawful Permanent Resident (LPR, Non-documented, Other Status, Refugee/Asylee, Sponsored Alien, Trafficking Victim, U.S. Citizen	
Have you delivered a baby in the last 3 months?			X	If 'Yes' to 'Are you applying for yourself?'' and if other than "U.S. Citizen		*Assume No if left blank*
Did you have emergency care in the last 3 months to save life, organs, or bodily function?			X	If 'Yes' to 'Are you applying for yourself?' and if other than "U.S. Citizen"		*Assume No if left blank*

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Choose your document type		*Non-citizen status must be verified.*		Only displays for non-citizen statuses other than 'non-documented'	Values: I-327 (Reentry Permit), I-551 (Permanent Resident Card), I-571 (Refugee Travel Document), I-766 (Employment Authorization Card), Certificate of Citizenship, Naturalization Certificate, Machine Readable Immigrant Visa (with Temporary I-551 Language), Temporary I-551 Stamp (on passport or I-94), I-94 (Arrival/Departure Record), I-94 (Arrival/Departure Record) in Unexpired Foreign Passport), Unexpired Foreign Passport, US Passport, Visitor/Visa, I-20 (Certificate of Eligibility for Nonimmigrant Student Status), DS2019 (Certificate of Eligibility for Exchange Visitor Status), Other (select if document type not listed)	*This information may be needed to verify non-citizen status when unable to verify non-citizen status through the VLP or manual SAVE.*
First Name (as it appears on your document)		*Non-citizen status must be verified.*		Displays when a 'document type' is selected		*Required entry when using the VLP*
Middle Name (as it appears on your document)		*Non-citizen status must be verified.*		Displays when a 'document type' is selected		*Required entry when using the VLP*
Last Name (as it appears on your document)		*Non-citizen status must be verified.*		Displays when a 'document type' is selected		*Required entry when using the VLP*
Date of Birth (as it appears on your document)		*Non-citizen status must be verified.*		Displays when a 'document type' is selected		*Required entry when using the VLP*

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Alien Number			X	This field is displayed when one of the following document types is selected: • I-327 (Reentry Permit) • I-551 (Permanent Resident Card) • I-571 (Refugee Travel Document) • I-766 (Employment Authorization Card) • Certification of Citizenship • Naturalization Certificate • Machine Readable Immigrant Visa (with Temporary I-551 Language) • Temporary I-551 Stamp (on passport or I-94)		*May be needed for non-citizen verification*
I-94 Number			X	This field is displayed when the I-94 (Arrival/Departure Record) document type is selected.		*May be needed for non-citizen verification*
SEVIS ID			X	This field is displayed when one of the following document types is selected: I-20 (Certificate of Eligibility for Nonimmigrant Student Status) DS2019 (Certificate of Eligibility for Exchange Visitor Status) Other (select if document type not listed)		*May be needed for non-citizen verification*
Passport Number			X	This field is displayed when one of the following document types is selected: • Machine Readable Immigrant Visa (with Temporary I-551 Language) • I-94 (Arrival/Departure Record) in Unexpired Foreign Passport) • Unexpired Foreign Passport		*May be needed for non-citizen verification*

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Country of Issuance			X	This field is displayed when one of the following document types is selected: • Machine Readable Immigrant Visa (with Temporary I-551 Language) • I-94 (Arrival/Departure Record) in Unexpired Foreign Passport) • Unexpired Foreign Passport	Drop-down list of countries	*May be needed for non-citizen verification*
Visa Number			X	This field is displayed when one of the following document types is being selected: • Machine Readable Immigrant Visa (with Temporary I-551 Language) • I-94 (Arrival/Departure Record) in Unexpired Foreign Passport)		*May be needed for non-citizen verification*
Receipt Number			X	This field is displayed when the Temporary I-551 Stamp (on passport or I-94) document types is selected		*May be needed for non-citizen verification*
Naturalization Number			X	This field is displayed when the Naturalization Certificate document type is selected		*May be needed for non-citizen verification*
Citizenship Number			X	This field is displayed when the Certificate of Citizenship document type is selected		*May be needed for non-citizen verification*
Document Expiration Date			X	• This field is displayed when one of the following document types is selected: • I-766 (Employment Authorization Card) • I-94 (Arrival/Departure Record) in Unexpired Foreign Passport) • Unexpired Foreign Passport		*May be needed for non-citizen verification*

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Other (please provide explanation)			X	This field is displayed when one 'Other' is selected as the document type		*May be needed for non-citizen verification*

People: This section is in reference to the applicant and all household members

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
First Name*	X					
Middle Name			X			
Last Name*	X					
Suffix			X			
Maiden Name			X			
Date of Birth*	X					Make sure it is valid. There are no edits preventing a future date, etc.
Does this person live at the same address as you?			X			*If blank, assume the same address as the Primary Applicant.* Look at this field along with Reason and Type of Facility (below) to determine if the person is in the home.
Address Line 1		*Required*		If 'No' to 'Does this person live at the same address as you?'		
Address Line 2			X	If 'No' to 'Does this person live at the same address as you?'		
City		*Required*		If 'No' to 'Does this person live at the same address as you?'		
State		*Required*		If 'No' to 'Does this person live at the same address as you?'	Drop-down list of US states and territories	

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
County		*Required*		If 'No' to 'Does this person live at the same address as you?' and State is 'Kansas'	Drop-down list of Kansas counties	
ZIP Code		*Required*		If 'No' to 'Does this person live at the same address as you?'		
Is this person away from the home for any of the following reasons?		*Required*		If 'No' to 'Does this person live at the same address as you?'		
Reason**	X			If 'Yes' to "Is this person away from the home for any of the following reasons?"	Work, School, Other.	
Where does this person live?		*Required*		If 'Other' to "Reason"		
Does this person live in any of these locations?				If 'No' to 'Does this person live at the same address as you?'		*Assume No if left blank*
Type of Facility**		*Required*		If 'Yes' to "Does this person live in any of these locations?"	Shelter; Jail, Prison, or Correctional Facility; Psychiatric Hospital/Mental Institution; Assisted Living Facility; Hospital; Nursing Home; Drug/Alcohol Rehabilitation Center	
Name of Facility		*Required*		If 'Yes' to "Does this person live in any of these locations?"		
Date Entered		*Required*		If 'Yes' to "Does this person live in any of these locations?"		
Date Expected to Leave		*Required*		If 'Yes' to "Does this person live in any of these locations?"		
Are you applying for this person?**	X					*This question determines if this person is actually applying for services.*
Is this person a male or female?**						

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Social Security Number		*Required*		If the person answers No to "Are you applying for this person?" a paragraph pops up with the CMS legal language.		*Required*
Do any of the following apply to you? Please select all that apply				Values display when answered Yes.	• 65 years of age or older • Disability that will last at least 12 months or result in death • Requesting help with nursing home care, home health care, or other long-term care	*Assume No if left blank.* *These options drive other questions relating to E&D.*
Has this person ever applied for Social Security Benefits?		*Required*		Only if "Disability that will last at least 12 months or result in death" from above is checked		
Does this person want any of these specific services?		*Required*		If user selects 'Requesting help with nursing home care, home health care, or other long-term care', these values display	Nursing Home, Home and Community-Based Services; PACE, WORK, Other institutional care	*This question can further assist you in determining the benefit being requested.*
Is this person known by another name?			X	If Yes, "Other Name Used Information" screen appears as the next screen.		
Does this person need help paying medical bills from the last 3 months?			X	If 'Yes' to 'Are you applying for this person?'		*Assume No if left blank*
Is this person Pregnant?			X	If 'Female' and over the age of 10 and if 'Yes' to 'Are you applying for this person?'		*Assume No if left blank*
Expected Due Date*	X			If 'Yes' to 'Is this person Pregnant'		*Assume 9 months from the Due Date*
Number of unborn children*	X			If 'Yes' to 'Is this person Pregnant'	1-8	*Assume one if left blank*
Was this person in Kansas foster care at the time of their 18th birthday?			X	If 'Yes' to 'Are you applying for this person?' and age is between 18 and 26		*Assume No if left blank*

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Who was this person in the custody of?		*Required*		If 'Yes' to 'Was this person in Kansas foster care at the time of their 18th birthday?'	JJA/Department of Corrections, DCF/SRS, Tribal Authority, None of these	
What is this person's race? (optional) Check all that apply.			X	If 'Yes' to 'Are you applying for this person?'	White, Black or African American, American Indian or Alaska Native, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, Native Hawaiian, Guamanian or Chamorro, Samoan Other Pacific Islander	
Is this person Hispanic, Latino/a or Spanish origin? Check all that apply.			X	If 'Yes' to 'Are you applying for this person?'	No not of Hispanic, Latino/a or Spanish origin, Yes Mexican, Mexican American or Chicano/a, Yes Puerto Rican, Yes Cuban, Yes another Hispanic Latino/a or Spanish origin	
What is this person's U.S. citizenship or non-citizenship status*	*X*			If answer 'Yes' to 'Are you applying for this person?'	Lawful Permanent Resident (LPR, Non-documented, Other Status, Refugee/Asylee, Sponsored Alien, Trafficking Victim, U.S. Citizen	
Has this person delivered a baby in the last 3 months?			X	If 'Yes' to 'Are you applying for this person?'' and if other than "U.S. Citizen		*Assume No if left blank*
Did this person have emergency care in the last 3 months to save life, organs, or bodily function?			X	If 'Yes' to 'Are you applying for this person?' and if other than "U.S. Citizen"		*Assume No if left blank*

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Choose this person's document type		*Non-citizen status must be verified.*		Only displays for non-citizen statuses other than 'non-documented'	Values: I-327 (Reentry Permit), I-551 (Permanent Resident Card), I-571 (Refugee Travel Document), I-766 (Employment Authorization Card), Certificate of Citizenship, Naturalization Certificate, Machine Readable Immigrant Visa (with Temporary I-551 Language), Temporary I-551 Stamp (on passport or I-94), I-94 (Arrival/Departure Record), I-94 (Arrival/Departure Record) in Unexpired Foreign Passport), Unexpired Foreign Passport, US Passport, Visitor/Visa, I-20 (Certificate of Eligibility for Nonimmigrant Student Status), DS2019 (Certificate of Eligibility for Exchange Visitor Status), Other (select if document type not listed)	*This information may be needed to verify non-citizen status when unable to verify non-citizen status through the VLP or manual SAVE.*
First Name (as it appears on document)		*Non-citizen status must be verified.*		Displays when a 'document type' is selected		*Required entry when using the VLP*
Middle Name (as it appears on document)		*Non-citizen status must be verified.*		Displays when a 'document type' is selected		*Required entry when using the VLP*
Last Name (as it appears on document)		*Non-citizen status must be verified.*		Displays when a 'document type' is selected		*Required entry when using the VLP*
Date of Birth (as it appears on document)		*Non-citizen status must be verified.*		Displays when a 'document type' is selected		*Required entry when using the VLP*

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Alien Number				This field is displayed when one of the following document types is selected: • I-327 (Reentry Permit) • I-551 (Permanent Resident Card) • I-571 (Refugee Travel Document) • I-766 (Employment Authorization Card) • Certification of Citizenship • Naturalization Certificate • Machine Readable Immigrant Visa (with Temporary I-551 Language) • Temporary I-551 Stamp (on passport or I-94)		*May be needed for non-citizen verification*
I-94 Number				This field is displayed when the I-94 (Arrival/Departure Record) document type is selected.		*May be needed for non-citizen verification*
SEVIS ID				This field is displayed when one of the following document types is selected: I-20 (Certificate of Eligibility for Nonimmigrant Student Status) DS2019 (Certificate of Eligibility for Exchange Visitor Status) Other (select if document type not listed)		*May be needed for non-citizen verification*
Passport Number				This field is displayed when one of the following document types is selected: • Machine Readable Immigrant Visa (with Temporary I-551 Language) • I-94 (Arrival/Departure Record) in Unexpired Foreign Passport) • Unexpired Foreign Passport		*May be needed for non-citizen verification*

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Country of Issuance				This field is displayed when one of the following document types is selected: • Machine Readable Immigrant Visa (with Temporary I-551 Language) • I-94 (Arrival/Departure Record) in Unexpired Foreign Passport) • Unexpired Foreign Passport	Drop-down list of countries	*May be needed for non-citizen verification*
Visa Number				This field is displayed when one of the following document types is being selected: • Machine Readable Immigrant Visa (with Temporary I-551 Language) • I-94 (Arrival/Departure Record) in Unexpired Foreign Passport)		*May be needed for non-citizen verification*
Receipt Number				This field is displayed when the Temporary I-551 Stamp (on passport or I-94) document types is selected		*May be needed for non-citizen verification*
Naturalization Number				This field is displayed when the Naturalization Certificate document type is selected		*May be needed for non-citizen verification*
Citizenship Number				This field is displayed when the Certificate of Citizenship document type is selected		*May be needed for non-citizen verification*
Document Expiration Date				• This field is displayed when one of the following document types is selected: • I-766 (Employment Authorization Card) • I-94 (Arrival/Departure Record) in Unexpired Foreign Passport) • Unexpired Foreign Passport		*May be needed for non-citizen verification*

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Other (please provide explanation)				This field is displayed when one 'Other' is selected as the document type		*May be needed for non-citizen verification*
Parents Information Screen				This screen will only display for children applying for coverage who are under the age of 19 when both parents have not already been identified as household members.		
First name of parent #1		*Maybe*		Condition applicable to First & Last Names of Parent 1 & 2: fields are displayed dynamically based off of the household relationship page. Each person 19 and under and not married must have two parents.		It may be necessary to know parents' names if needed for assistance planning purposes.
Last name of parent #1		*Maybe*				It may be necessary to know parents' names if needed for assistance planning purposes.
First name of parent #2		*Maybe*		• If only one parent is listed in the relationship table, one absent parent block is displayed.		It may be necessary to know parents' names if needed for assistance planning purposes.
Last name of parent #2		*Maybe*		• If there are no parents listed in the relationship table, two absent parent blocks are displayed.		It may be necessary to know parents' names if needed for assistance planning purposes.
Who has Parental Control of this child?*	X	X			List of household members over the age of 18 or married	
Household Relationships screen*	X					This screen is laid out as a grid, where the user chooses relationship between each person on the application with others on the application. Contact applicant to obtain answer if something doesn't make sense. Format of screen: "Mary Jones is the _____ of Sally Jones"

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Tax Information screen (primary applicant)						All questions are required and are asked for each person. These questions are important in creating tax households.
CURRENT YEAR TAX RETURN						
Based on your current situation, do you plan to file a Federal income tax return?*	*X*				Yes, No, Unknown	
Will you file jointly with your spouse or partner?*	*X*				Yes, No, Unknown	
Will you be claimed as a dependent on someone else's tax return?*	*X*			If 'No' to "Based on your current situation, do you plan to file a Federal income tax return?"		
Who will claim you on their tax return?*	*X*			If 'Yes' to "Will you be claimed as a dependent on someone else's tax return?"	List of all household members and "Other"	
OTHER DEPENDENTS						
Can you claim a dependent(s) not listed on this application?*	*X*			If 'Yes' to "Based on your current situation, do you plan to file a Federal income tax return?"		
How many dependents not listed on this application can be claimed?*	*X*			If 'Yes' to "Can you claim a dependent(s) not listed on this application?"	1-10	
List the names of those dependents*	*X*			If 'Yes' to "Can you claim a dependent(s) not listed on this application?"		

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Tax Information screen (household members)						All questions are required and are asked for each person. These questions are important in creating tax households.
CURRENT YEAR TAX RETURN						
Based on this person's current situation, do you plan to file a Federal income tax return?*	*X*				Yes, No, Unknown	
Will this person file jointly with your spouse or partner?*	*X*				Yes, No, Unknown	
Will this person be claimed as a dependent on someone else's tax return?*	*X*			If 'No' to "Based on your current situation, do you plan to file a Federal income tax return?"		
Who will claim this person on their tax return?*	*X*			If 'Yes' to "Will you be claimed as a dependent on someone else's tax return?"	List of all household members and "Other"	
OTHER DEPENDENTS						
Can this person claim a dependent(s) not listed on this application?*	*X*			If 'Yes' to "Based on your current situation, do you plan to file a Federal income tax return?"		
How many dependents not listed on this application can be claimed?*	*X*			If 'Yes' to "Can you claim a dependent(s) not listed on this application?"	1-10	

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
List the names of those dependents*	X			If 'Yes' to "Can you claim a dependent(s) not listed on this application?"		

Job/Wages: This section has information for all jobs, including self-employment and unemployment.

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Leading Questions						If Yes, ensure that details are provided in the follow-up questions.
Does anyone in your household have a job?*	X					
Is anyone Self-Employed?*	X					
Is anyone getting unemployment benefits?*	X					
Job Detail				If 'Yes' to "Does anyone in your household have a job?"		
Select a person*	X				Drop-down list of household members age 14 and older	
Employer Name			X			
Employer Address			X			
Employer Phone Number			X			
Start Date			X			
Date of Next Paycheck			X			
How often are you paid?*	X				One time only, Every week, Every two weeks, Twice a Month, Once a month, Quarterly, Every year	

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Are you paid hourly or do you have a set salary?*	X				Hourly, Salary	
What is your gross pay amount (before deductions) for each check?*	X			If 'Salary' is selected		
How much do you make an hour? (Include any shift differential or other increase to the base rate)*	X			If 'Hourly' is selected		
How many hours do you work per week?*	X					
Do you work overtime?			X			*Assume No if left blank*
How many hours of overtime do you work per week?		*Maybe*		If 'Yes' to "Do you work overtime?"		*Would be needed for a valid self-attestation in order to do a reasonable compatibility test. Income will be verified, may not require an answer to this specific question.*
How much do you make an hour for overtime?		*Maybe*		If 'Yes' to "Do you work overtime?"		*Would be needed for a valid self-attestation in order to do a reasonable compatibility test. Income will be verified, may not require an answer to this specific question.*
Do you get tips?			X			*Assume No if left blank*
How much do you usually make in tips in each week?*	X			If 'Yes' to "Do you get tips?"		
Do you get commissions?			X			*Assume No if left blank*

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
How much do you make in commissions in an average month?*	X			If 'Yes' to "Do you get commissions?"		
Do you get bonuses?			X			*Assume No if left blank*
How much do you make in bonuses in an average year?*	X			If 'Yes' to "Do you get bonuses?"		
Do you have predictable income increases or decreases during a normal year because your income is from seasonal work such as working for a school system, tax preparation, roofing, construction or farming?			X			*Assume No if left blank*
What was your income last year?			X	If 'Yes' to "Do you have predictable income increases or decreases during a normal year because your income is from seasonal work such as working for a school system, tax preparation, roofing, construction or farming?"		*Income will be verified. May not require an answer for this specific question.*
What do you expect your income from this job to be for the next 12 months?			X	If 'Yes' to "Do you have predictable income increases or decreases during a normal year because your income is from seasonal work such as working for a school system, tax preparation, roofing, construction or farming?"		*Income will be verified. May not require an answer for this specific question.*

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Do you have any expenses from your disability that allow you to work?			X	Condition: if "Disability that will last at least 12 months or result in death" was selected		*Assume no if left blank*
Self-Employed				Condition: if 'Yes' to "Is anyone self-employed?"		
Select a person		*Required*			Drop-down list of household members age 14 and older	
What type of business is it?			X		Sole Ownership, Partnership, Corporation, S Corporation, Rental	*Not required because will be known once verified*
When did business start?*	X					
Were taxes filed on this income last year?			X			*Not required because will be known once verified*
What IRS form of schedule did you file to report this income?				If 'Yes' to "Were taxes filed on this income last year?"	Schedule C, Schedule D, Schedule E, Schedule F, 4797, 1065, 1120S, Schedule K, Other	*Not required because will be known once verified*
Reported Annual Gross Income*	X			If 'Yes' to "Were taxes filed on this income last year?"		
Reported Annual Gross Expenses*	X			If 'Yes' to "Were taxes filed on this income last year?"		
Is income expected to be the same this year?			X	If 'No' to "Were taxes filed on this income last year?"		*Not required because will be known once verified. If answering No, the KC5150 form is required.*
Expected Annual Gross Income*	X			If 'No' to "Is income expected to be the same this year?"		
Expected Annual Gross Expenses*	X			If 'No' to "Is income expected to be the same this year?"		

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Over the course of this year, what is your average monthly income? (Income may include gross receipts, sales of livestock, and crop insurance proceeds.)***	*X*			If 'No' to "Were taxes filed on this income last year?"		
Over the course of this year, what are your average monthly expenses? (Expenses may include car and truck expenses, chemicals and feed, commissions and fees, depreciation, insurance, mortgage, repairs and maintenance.)***	*X*			If 'No' to "Were taxes filed on this income last year?"		
Unemployment Benefits				If 'Yes' to "Is anyone getting unemployment benefits?"		
Select a person					Drop-down list of household members age 14 and older	
What is the weekly benefit amount?***	*X*					
What state is your unemployment claim with?***	*X*					

Other Income: This section is for unearned income.

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Leading Questions						
Is anyone getting Social Security income?*	X					
Is anyone getting money from family, friends or others?*	X			If 'Yes' to "Do any of the following apply to this person? (This person is age 65 or older, or will turn 65 in the next 2 months; This person has a disability that will last at least 12 months or result in death; This person needs help with nursing home care, home health care, institutional care or other long term care)"		

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Is anyone getting or going to get money from any of these?*	*X*				•Annuities, Trusts •Contract sales •Interest, Dividends, Investments •Native American Per Capita Payments or Tribal Payments •Oil Royalties/Mineral Rights •Railroad Benefits •Spousal Support •Pensions/Other Retirements (i.e. KPERS) •~Cash Assistance (TANF), Foster Care Payments, or Adoption Assistance •~Child Support •~Educational Income/Scholarships/Loans •~Legal or Insurance Settlements or Court Actions •~Reimbursements, Refunds •Veterans Administration Payments •~Veterans Administration(VA) Payments •~Work Program Training •~Worker's Compensation, Disability Income types marked with this symbol (~) are not counted for MAGI programs.	
Does anyone get other income that is not listed above?*	*X*					
Social Security Income				If 'Yes' to "Is anyone getting Social Security income?"		
Select a person*	*X*				Drop-down list of all household members	

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
What is the amount of the monthly Social Security?		Required				*Verified through Interfaces*
Social Security Claim Number			X			
Is this person getting Supplemental Security Income (SSI)?		Required				*Verified through Interfaces*
What is the amount of the monthly Supplemental Security Income benefit?		Required		If 'Yes' to "Do any of the following apply to this person? (This person is age 65 or older, or will turn 65 in the next 2 months; This person has a disability that will last at least 12 months or result in death; This person needs help with nursing home care, home health care, institutional care or other long term care)" and 'Yes' to "Is this person getting Supplemental Security Income (SSI)?"		*Verified through Interfaces*
Money from Family, Friends, or Others				Condition: if 'Yes' to "Is anyone getting money from family, friends or others?"		
Select a person*	X				Drop-down list of all household members	
How much?*	X					
How often?*	X				One time only, Every week, Every two weeks, Twice a Month, Once a month, Quarterly, Every year	
From whom?		Required				
Are you expected to pay this money back?*	X					
Income from Other Sources				If 'Yes' to "Is anyone getting or going to get money from any of these?"		

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Select a person*	X				Drop-down list of all household members	
Income Category*	X				•Cash Assistance (TANF), Foster Care Payments, or Adoption assistance •Annuities, Trusts •Contract sales •Worker's Compensation, short-term Disability •Educational Income/Scholarships/Loans •Legal or Insurance Settlements or Court Actions •Interest, Dividends, Investments •Native American Per Capita Payments or Tribal Payments •Oil Royalties/Mineral Rights •Railroad Benefits •Reimbursements, Refunds •Veterans Administration (VA) Payments •Pensions/Other Retirements (i.e. KPERS) •Work Program Training •Child Support •Spousal Support	
How often?*	X				One time only, Every week, Every two weeks, Twice a Month, Once a month, Quarterly, Every year	
How much?*	X					

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Type of Cash Assistance (TANF), Foster Care Payments, or Adoption assistance		*Maybe*		If 'Cash Assistance (TANF), Foster Care Payments, or Adoption assistance' is selected for "Income Category"	Adoption Assistance Subsidy, Cash Assistance, Disaster/Emergency Assistance, Executive Volunteer Programs-SCORE and ACE, Foster Care and Permanent Custodianship, Foster Grandparents/Senior Volunteers, HUD Payments, Independent Living, Older American Act Payments, Refugee Resettlement Funds, Senior Health Aides/Companions, Tax Refunds/Rebates/Credits(EITC)	*Depends on the rules of the program being determined.*
Type of Annuities, Trusts			X	If 'Annuities, Trusts' is selected for "Income Category"	Annuity, Trust	*Not required because will be known once verified*
What is the address of the property?			X	If 'Contract sales' is selected for "Income Category"		
Type of Workers Compensation, Short-term Disability				If 'Worker's Compensation, short-term Disability' is selected for "Income Category"	Worker's Comp, Short-term Disability	
Name of employer and/or law firm			X	If 'Worker's Compensation, short-term Disability' is selected for "Income Category"		
Is this person expecting to return to work?*	X			If 'Worker's Compensation, short-term Disability' is selected for "Income Category"		

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Did this disability cause reduced earnings?		*Maybe*		If 'Short-term Disability' is selected for "Type of Workers Compensation, Short-term Disability"		*Depends on the rules of the program being determined.*
What was this person's income last year?		*Maybe*		If 'Yes' to "Did this disability cause reduced earnings?"		*Depends on the rules of the program being determined.*
What does this person expect to make in the next 12 months?		*Maybe*		If 'Yes' to "Did this disability cause reduced earnings?"		*Depends on the rules of the program being determined.*
Type of Legal or Insurance Settlements or Court Actions		*Maybe*		If 'Legal or Insurance Settlements or Court Actions' is selected for "Income Category"	Life Insurance and Burial Proceeds, Death Benefits, Other Recurring Insurance Payments, non-exempt, Payments for Repair or Replacement of Property, Other Recurring Insurance Payments	*Depends on the rules of the program being determined.*
What is the source?		*Maybe*		If 'Legal or Insurance Settlements or Court Actions' is selected for "Income Category"		*Depends on the rules of the program being determined.*
Type of Interest, Dividends, Investments		*Maybe*		If 'Interest, Dividends, Investments' is selected for "Income Category"	Dividends, Interest, Interest on Burial Fund, Life Insurance Dividends	*Depends on the rules of the program being determined.*
What is the source?		*Maybe*		If 'Interest, Dividends, Investments' is selected for "Income Category"		*Depends on the rules of the program being determined.*

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Type of Native American Per Capita Payments or Tribal Payments			X	If 'Native American Per Capita Payments or Tribal Payments' is selected for "Income Category"	Native American Tribal Disbursements (includes casino profits), Bureau Indian Affairs Income, Indian Claims/Resettlement, Native American – Payment's from Leases or Trusts of Individually or Tribal Owned Land	*Not required because will be known once verified*
Railroad claim number			X	If 'Railroad Benefits' is selected for "Income Category"		
Type of Veterans Administration Payments			X	If 'Veterans Administration (VA) Payments' is selected for "Income Category"	Aid and Attendance, Unusual Medical Expenses (UME), Veterans Pension, VA Compensated Work Therapy, VA Monthly Housing Allowance, Veterans Disability	*Not required because will be known once verified*
VA Claim Number			X	If 'Veterans Administration (VA) Payments' is selected for "Income Category"		
Type of Pensions/Other Retirements (i.e. KPERS)			X	If 'Pensions/Other Retirements (i.e. KPERS)' is selected for "Income Category"	Retirement/Pension Benefit, KPERS	*Not required because will be known once verified*
Type of Work Program Training			X	If 'Work Program Training' is selected for "Income Category"	AmeriCorps/VISTA, College Work Study, Job Corps, VR Training Allowance/Incentive/Maintenance, WIA – Earned, WIA – Incentive or Training Allowance, Work Employment Program Payments	*Not required because will be known once verified*
Other Income				If 'Yes' to "Does anyone get other income that is not listed above?"		
Select a person*	X				Drop-down list of all household members	

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
What Type?*	X				Blood/Plasma, Lottery/Gambling Winnings, Strike Pay, Military Allotments, Other	
How much?			X			*Not required because will be known once verified* *Depends on the rules of the program being determined.*
How often?			X		One time only, Every week, Every two weeks, Twice a Month, Once a month, Quarterly, Every year	*Not required because will be known once verified* *Depends on the rules of the program being determined.*
Source of Income?*	X			If 'Other' is selected for "What Type?"		

Expenses:

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Expenses Tab				If 'Yes' to "Do any of the following apply to this person? (This person is age 65 or older, or will turn 65 in the next 2 months; This person has a disability that will last at least 12 months or result in death; This person needs help with nursing home care, home health care, institutional care or other long term care)"		
Leading Questions						
Does anyone in your home pay for any of the following?			X		•Rent •Lot rent •House Payment (Mortgage) •Property taxes (if not included in house payment) •Homeowner's insurance (if not included in house payment) •Other housing costs	*Assume No if left blank*
Does anyone in your home pay for Medical expenses?			X			*Assume No if left blank*
Does anyone in your home pay for Medicare coverage?			X			*Assume No if left blank*
Does anyone in your home pay for Other health insurance?			X			*Assume No if left blank*
Housing Costs				If 'Yes' to "Does anyone in your home pay for any of the following?"		
Select a person*	X				Drop-down list of household members age 14 and older	

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Housing Expense Type*	X				Rent, Lot rent, House payment (Mortgage), Property taxes (if not in house payment), Homeowners insurance (if not in house payment), Other housing costs (such as Homeowner's association fees)	
How much does the household pay for this expense?*	X					
How often?*	X				Weekly, Every Other Week, Twice a Month, Monthly, Semi-Annually, Annually, One-Time Payment	
Medical Expense				If 'Yes' to "Does anyone in your home pay for Medical expenses?"		
Select a person*	X				Drop-down list of all household members	
Medical Expense Type			X		Unpaid medical bills still owed, Expense for household member not receiving assistance, Private pay nursing home expense, Non-covered medical expense, Durable Medical Equipment/Supplies, Medical Transportation, Prescriptions	*Not required to determine eligibility, but is required to determine if an allowable expense.*
How much is the expense?			X			*Not required to determine eligibility, but is required to determine if an allowable expense.*
How often?*	X				Weekly, Every Other Week, Twice a Month, Monthly, Semi-Annually, Annually, One-Time Payment	
Who is it for?			X			*Not required to determine eligibility, but is required to determine if an allowable expense.*
Describe the expense			X			*Not required to determine eligibility, but is required to determine if an allowable expense.*

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Medicare Coverage				If 'Yes' to "Does anyone in your home pay for Medicare coverage?"		
Select a person*	X				Drop-down list of all household members	
Medicare Claim Number*	X					
Medicare Part A, B, or D*	X				Part A, Part B, Part D	
Part A Start Date*	X			If 'Part A' is selected for "Medicare Part A, B, or D"		
Part B Start Date*	X			If 'Part B' is selected for "Medicare Part A, B, or D"		
Part B Premium Amount			X	If 'Part B' is selected for "Medicare Part A, B, or D"		*Not required to determine eligibility, but is required to determine if an allowable expense.*
Part D Start Date*	X			If 'Part D' is selected for "Medicare Part A, B, or D"		
Part D Premium Amount			X	If 'Part D' is selected for "Medicare Part A, B, or D"		*Not required to determine eligibility, but is required to determine if an allowable expense.*
Is this person only interested in the Medicare Savings Plan?			X			
Health Insurance Premiums				If 'Yes' to "Does anyone in your home pay for Other health insurance?"		
Select a person*	X				Drop-down list of all household members	

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
What type of health insurance premiums does this person pay?			X		Blue Cross Blue Shield of Kansas health insurance premium, Medicare Supplement health insurance premium, Long Term Care Insurance health insurance premium, Other health insurance premiums (Do not include Medicare)	*Not required to determine eligibility, but is required to determine if an allowable expense.*
How much?			X			*Not required to determine eligibility, but is required to determine if an allowable expense.*
How often?			X		Values: Weekly, Every Other Week, Twice a Month, Monthly, Semi-Annually, Annually, One-Time Payment	*Not required to determine eligibility, but is required to determine if an allowable expense.*
Begin Date			X			*Not required to determine eligibility, but is required to determine if an allowable expense.*
Is any of this expense paid by others?			X			*Not required to determine eligibility, but is required to determine if an allowable expense.*
How much is paid by others?			X			*Not required to determine eligibility, but is required to determine if an allowable expense.*

Resources: This section includes information about the Household's resources.

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Resources Tab				Condition: if 'Yes' to "Do any of the following apply to this person? (This person is age 65 or older, or will turn 65 in the next 2 months; This person has a disability that will last at least 12 months or result in death; This person needs help with nursing home care, home health care, institutional care or other long term care)"		
Leading Questions						
Has anyone sold, traded, given away or changed ownership of any property such as a house or money, or any other property in the last 5 years?	*Maybe*					*If asking for LTC, is required.*
Does anyone own a home? Is anyone buying a home or other property such as land, buildings, or mobile homes?			X			*Assume No, if left blank.*
Does anyone own one or more of the motor vehicles listed below?			X		Car, Truck, RV, Boat, Off-road vehicle, Mobile home, Camper, Trailer	
Does anyone have any cash, stocks, bonds, or bank accounts?			X		Cash, Checking, Savings, or Credit Union account, Certificate of Deposit (CD), Money Market Stocks/Bonds, Other Accounts	

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Does anyone have any retirement plans?			X		IRA, Keogh, or 401(k), Deferred Compensation Plan, Annuity, Other Retirement Plan	
Does anyone have any of these types of resources?			X		Life Insurance, Life Estate, Burial/Funeral Plan, Oil/Mineral Rights, Trust Fund, Promissory Note/Contract Sales/Loans, Reverse mortgage, Business Property, Other resources	
Retirement Plans				If 'Yes' to Does anyone have any retirement plans?		
Select a person*	X				Drop-down list of all household members	
Type of Retirement Plan*	X				Retirement plans (i.e. Pension); IRA, Keogh, or 401(k); Deferred compensation plan; Annuity; Other retirement plan	
Current Value of Retirement Plans (i.e. Pension)		Required		If 'Retirement plans (i.e. Pension)' is selected for "Type of Retirement Plan"		
Name of Bank or Company		Required		If 'Retirement plans (i.e. Pension)' is selected for "Type of Retirement Plan		
Account/Policy Number		Required		If 'Retirement plans (i.e. Pension)' is selected for "Type of Retirement Plan"		
Address of Bank or Company		Required		If 'Retirement plans (i.e. Pension)' is selected for "Type of Retirement Plan"		
Current value of IRA or Keogh or 401(k)		Required		If 'IRA, Keogh, or 401(k)' is selected for "Type of Retirement Plan"		
Name of Bank or Financial Institution		Required		If 'IRA, Keogh, or 401(k)' is selected for "Type of Retirement Plan"		

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Account/Policy Number		*Required*		If 'IRA, Keogh, or 401(k)' is selected for "Type of Retirement Plan"		
Address of Bank or Financial Institution		*Required*		If 'IRA, Keogh, or 401(k)' is selected for "Type of Retirement Plan"		
Current value of deferred compensation plan		*Required*		If 'Deferred compensation plan' is selected for "Type of Retirement Plan"		
Name of Bank or Financial Institution		*Required*		If 'Deferred compensation plan' is selected for "Type of Retirement Plan"		
Account/Policy number		*Required*		If 'Deferred compensation plan' is selected for "Type of Retirement Plan"		
Address of Bank or Financial Institution		*Required*		If 'Deferred compensation plan' is selected for "Type of Retirement Plan"		
Current value of Annuity		*Required*		If 'Annuity' is selected for "Type of Retirement Plan"		
Date Annuity purchased		*Required*		If 'Annuity' is selected for "Type of Retirement Plan"		
Account/Policy Number		*Required*		If 'Annuity' is selected for "Type of Retirement Plan"		
Address of Bank or Annuity Company		*Required*		If 'Annuity' is selected for "Type of Retirement Plan"		
Current value of other Retirement plan		*Required*		If 'Other retirement plan' is selected for "Type of Retirement Plan"		
Name of Bank or Financial Institution		*Required*		If 'Other retirement plan' is selected for "Type of Retirement Plan"		

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Account/Policy number		*Required*		If 'Other retirement plan' is selected for "Type of Retirement Plan"		
Address of Bank or Financial Institution		*Required*		If 'Other retirement plan' is selected for "Type of Retirement Plan"		
Other Resources		*Required*		If 'Yes' to "Does anyone have any of these types of resources?"		
Select a person*	X				Drop-down list of all household members	
Type of Resource*	X				Life Insurance; Life Estate interest in any property; Burial/funeral arrangements, burial trusts, plots, or burial space; Contract for Care; Oil, mining, or mineral rights; Trust Fund; Reverse Mortgage; Promissory Note/Contract Sales/Loans; Business Property; Other Resources	
Face value of life insurance		*Required*		If 'Life Insurance' is selected for "Type of Resource"		
Cash surrender value		*Required*		If 'Life Insurance' is selected for "Type of Resource"		
Name of Insurance Company		*Required*		If 'Life Insurance' is selected for "Type of Resource"		
Account/Policy Number		*Required*		If 'Life Insurance' is selected for "Type of Resource"		
Address of Insurance Company		*Required*		If 'Life Insurance' is selected for "Type of Resource"		
Property value of Life Estate interest in any property		*Required*		If 'Life Estate interest in any property' is selected for "Type of Resource"		
Date Life Estate Created		*Required*		If 'Life Estate interest in any property' is selected for "Type of Resource"		

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Name of Property owner		*Required*		If 'Life Estate interest in any property' is selected for "Type of Resource"		
Address of Property		*Required*		If 'Life Estate interest in any property' is selected for "Type of Resource"		
Current value of burial/funeral arrangements, burial trusts, plots, or burial space		*Required*		If 'Burial/funeral arrangements, burial trusts, plots, or burial space' is selected for "Type of Resource"		
Name of Funeral Home or Bank		*Required*		If 'Burial/funeral arrangements, burial trusts, plots, or burial space' is selected for "Type of Resource"		
Address of Funeral Home or Bank		*Required*		If 'Burial/funeral arrangements, burial trusts, plots, or burial space' is selected for "Type of Resource"		
Current value of Contract for Care		*Required*		If 'Contract for Care' is selected for "Type of Resource"		
Current value of oil, mining, or mineral rights		*Required*		If 'Oil, mining, or mineral rights' is selected for "Type of Resource"		
Location of property		*Required*		If 'Oil, mining, or mineral rights' is selected for "Type of Resource"		
Current value of Trust Fund		*Required*		If 'Trust Fund' is selected for "Type of Resource"		
Account/Policy number		*Required*		If 'Trust Fund' is selected for "Type of Resource"		
Name of Bank or Financial Institution		*Required*		If 'Trust Fund' is selected for "Type of Resource"		

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Address of Bank or Financial Institution		*Required*		If 'Trust Fund' is selected for "Type of Resource"		
Amount of Reverse Mortgage		*Required*		If 'Reverse Mortgage' is selected for "Type of Resource"		
Date Received		*Required*		If 'Reverse Mortgage' is selected for "Type of Resource"		
Do payments continue or are they one-time only?		*Required*		If 'Reverse Mortgage' is selected for "Type of Resource"		
Amount of Promissory Note/Contract Sales/Loans		*Required*		If 'Promissory Note/Contract Sales/Loans' is selected for "Type of Resource"		
Borrower's Name		*Required*		If 'Promissory Note/Contract Sales/Loans' is selected for "Type of Resource"		
Amount repaid to date		*Required*		If 'Promissory Note/Contract Sales/Loans' is selected for "Type of Resource"		
Current Value of Business Property		*Required*		If 'Business Property' is selected for "Type of Resource"		
Name of Business Property		*Required*		If 'Business Property' is selected for "Type of Resource"		
Address of Business Property		*Required*		If 'Business Property' is selected for "Type of Resource"		
Current value of Other Resources		*Required*		If 'Business Property' is selected for "Type of Resource"		

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Name of Resource		Required		If 'Business Property' is selected for "Type of Resource"		
Address of Resource		Required		If 'Business Property' is selected for "Type of Resource"		
Sold, Spent, or Given Away Property				If 'Yes' to "Has anyone sold, traded, given away or changed ownership of any property such as a house or money, or any other property in the last 5 years?"		
Select a person*	X				Drop-down list of all household members	
What property?		Required				*If asking for LTC, is required.*
Date ownership changed?*	X					
Value?*	X					
Given/Sold to?		Required				*If asking for LTC, is required.*
Own Property				If 'Yes' to "Does anyone own a home? Is anyone buying a home or other property such as land, buildings, or mobile homes?"		
Select a person*	X				Drop-down list of all household members	
Is the property used as your home?		Required				
If absent, do you intend to return to your home?		Required				
Date expected to return to property		Required				
Is this property used as rental or income producing property?		Required				

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Property Type*	X				Buildings, Land, Life Estate, Residential Property	
Value		*Required*				
Amount Owed		*Required*				
Is this property listed for sale?		*Required*				
Name(s) of Property Owner(s)		*Required*				
What is the address of the property?		*Required*				
Motor Vehicle				If 'Yes' to "Does anyone own one or more of the motor vehicles listed below?"		
Select a person*	X				Drop-down list of all household members	
Motor Vehicle Type*	X				Car; Truck; Motorcycle; RV; Boat, Off-road vehicle, Mobile homes, Campers, Trailers	
Year		*Required*				
Make		*Required*				
Model		*Required*				
License Number		*Required*				
Estimated Value*	X					
Balance Owed		*Required*				
Registered in Kansas?		*Required*				

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
How do you use the vehicle?		*Required*			Home; Personal; Self Employment/Business/Self-sufficient; Transport Disabled Person; Transport Fuel/Water; Work, Seeking Employment, Training	
Cash, Stocks, Bonds, or Bank Accounts				Condition: if 'Yes' to "Does anyone have any cash, stocks, bonds, or bank accounts?"		
Select a person*	X				Drop-down list of all household members	
Type of Resource*	X				Cash and/or un-cashed checks, Checking Account, Business Checking Account, Savings Account, Electronic Debit Account, Care Home Resident Account, Individual Development Account (IDA), Learning Quest/529 ED ACCTS, Certificates of Deposit, Money Market Account, Stocks, Bonds, Other account	
Total value of cash and/or uncashed checks		*Required*		If 'Cash and/or un-cashed checks' is selected for "Type of Resource"		
Current value of Checking Account		*Required*		If 'Checking Account' is selected for "Type of Resource"		
Name of Bank		*Required*		If 'Checking Account' is selected for "Type of Resource"		
Account/Policy Number		*Required*		If 'Checking Account' is selected for "Type of Resource"		
Address of Bank		*Required*		If 'Checking Account' is selected for "Type of Resource"		
Is this a joint bank account?		*Required*		If 'Checking Account' is selected for "Type of Resource"		

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
What are the names on the account?		*Required*		If 'Checking Account' is selected for "Type of Resource"		
Current value of Savings Account		*Required*		If 'Savings Account' is selected for "Type of Resource"		
Name of Bank		*Required*		If 'Savings Account'' is selected for "Type of Resource"		
Account/Policy Number		*Required*		If 'Savings Account'' is selected for "Type of Resource"		
Address of Bank		*Required*		If 'Savings Account'' is selected for "Type of Resource"		
Is this a joint bank account?		*Required*		If 'Savings Account'' is selected for "Type of Resource"		
What are the names on the account?		*Required*		If 'Savings Account'' is selected for "Type of Resource"		
Current value of Business Checking Account		*Required*		If 'Business Checking Account' is selected for "Type of Resource"		
Name of Bank		*Required*		If 'Business Checking Account' is selected for "Type of Resource"		
Account/Policy Number		*Required*		If 'Business Checking Account' is selected for "Type of Resource"		
Address of Bank		*Required*		If 'Business Checking Account' is selected for "Type of Resource"		
Is this a joint bank account?		*Required*		If 'Business Checking Account' is selected for "Type of Resource"		
What are the names on the account?		*Required*		If 'Business Checking Account' is selected for "Type of Resource"		

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Current value of Electronic Debit Account		*Required*		If 'Electronic Debit Account' is selected for "Type of Resource"		
Name of Bank		*Required*		If 'Electronic Debit Account' is selected for "Type of Resource"		
Account/Policy Number		*Required*		If 'Electronic Debit Account' is selected for "Type of Resource"		
Address of Bank		*Required*		If 'Electronic Debit Account' is selected for "Type of Resource"		
Is this a joint bank account?		*Required*		If 'Electronic Debit Account' is selected for "Type of Resource"		
What are the names on the account?		*Required*		If 'Electronic Debit Account' is selected for "Type of Resource"		
Current value of Care Home Resident Account		*Required*		If 'Care Home Resident Account' is selected for "Type of Resource"		
Name of Bank		*Required*		If 'Care Home Resident Account' is selected for "Type of Resource"		
Account/Policy Number		*Required*		If 'Care Home Resident Account' is selected for "Type of Resource"		
Address of Bank		*Required*		If 'Care Home Resident Account' is selected for "Type of Resource"		
Is this a joint bank account?		*Required*		If 'Care Home Resident Account' is selected for "Type of Resource"		
What are the names on the account?		*Required*		If 'Care Home Resident Account' is selected for "Type of Resource"		
Current value of Individual Development Account (IDA)		*Required*		If 'Individual Development Account (IDA)' is selected for "Type of Resource"		

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Name of Bank		*Required*		If 'Individual Development Account (IDA)' is selected for "Type of Resource"		
Account/Policy Number		*Required*		If 'Individual Development Account (IDA)' is selected for "Type of Resource"		
Address of Bank		*Required*		If 'Individual Development Account (IDA)' is selected for "Type of Resource"		
Is this a joint bank account?		*Required*		If 'Individual Development Account (IDA)' is selected for "Type of Resource"		
What are the names on the account?		*Required*		If 'Individual Development Account (IDA)' is selected for "Type of Resource"		
Current value of Learning Quest/529 ED ACCTS		*Required*		If 'Learning Quest/529 ED ACCTS' is selected for "Type of Resource"		
Name of Bank		*Required*		If 'Learning Quest/529 ED ACCTS' is selected for "Type of Resource"		
Account/Policy Number		*Required*		If 'Learning Quest/529 ED ACCTS' is selected for "Type of Resource"		
Address of Bank		*Required*		If 'Learning Quest/529 ED ACCTS' is selected for "Type of Resource"		
Is this a joint bank account?		*Required*		If 'Learning Quest/529 ED ACCTS' is selected for "Type of Resource"		
What are the names on the account?		*Required*		If 'Learning Quest/529 ED ACCTS' is selected for "Type of Resource"		
Current value of Certificates of Deposit		*Required*		If 'Certificates of Deposit' is selected for "Type of Resource"		
Name of Bank		*Required*		If 'Certificates of Deposit' is selected for "Type of Resource"		
Account/Policy Number		*Required*		If 'Certificates of Deposit' is selected for "Type of Resource"		

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Address of Bank		*Required*		If 'Certificates of Deposit' is selected for "Type of Resource"		
Current value of Money Market Account		*Required*		If 'Money Market Account' is selected for "Type of Resource"		
Name of Bank		*Required*		If 'Money Market Account' is selected for "Type of Resource"		
Account/Policy Number		*Required*		If 'Money Market Account' is selected for "Type of Resource"		
Address of Bank		*Required*		If 'Money Market Account' is selected for "Type of Resource"		
Current value of Stocks		*Required*		If 'Stocks' is selected for "Type of Resource"		
Name of Stock		*Required*		If 'Stocks' is selected for "Type of Resource"		
Number of shares		*Required*		If 'Stocks' is selected for "Type of Resource"		
Current value of Bonds		*Required*		If 'Bonds' is selected for "Type of Resource"		
Name of Bonds		*Required*		If 'Bonds' is selected for "Type of Resource"		
Current value of other account		*Required*		If 'Other account' is selected for "Type of Resource"		
Name of Institution		*Required*		If 'Other account' is selected for "Type of Resource"		
Account/Policy Number		*Required*		If 'Other account' is selected for "Type of Resource"		
Address of Institution		*Required*		If 'Other account' is selected for "Type of Resource"		

Other:

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Leading Questions						
Does everyone live in Kansas?			X			*Assume Kansas residence based on Kansas address provided*
Does anyone get public assistance from the State of Kansas?			X			*Assume No if left blank*
Have you, or any member of your household, served in the military?			X			*Assume No if left blank*
Is there anyone in the home that currently has other health insurance?			X			*Assume No if left blank*
Is there anyone in the home that has health insurance that ended in the past 3 months?			X			*Assume No if left blank*
Is there anyone in your home who has been in a hospital or nursing facility for more than 30 days in a row?			X			*Assume No if left blank*
Prior Medical Expenses				If 'Yes' to "Do you need help paying medical bills for the past 3 months?"		
Select a person*					Drop-down list of all household members	

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Has there been a change in your household income over the past 3 months?*						
Has there been a change in your household members over the past 3 months?*						
Has there been a change in your household resources over the past 3 months?*				Condition: if 'Yes' to "Do any of the following apply to this person? (This person is age 65 or older, or will turn 65 in the next 2 months; This person has a disability that will last at least 12 months or result in death; This person needs help with nursing home care, home health care, institutional care or other long term care)"		
Has everyone in the household lived in Kansas over the past 3 months?*						
Military Service				If 'Yes' to "Have you, or any member of your household, served in the military?"		
Select a person*					Drop-down list of all household members	
Are you the spouse or widow of someone who served in the military?						
Do you have a VA file number?						

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
What is your VA file number?				If 'Yes' to "Do you have a VA file number?"		
Other Health Insurance				If 'Yes' to "Is there anyone in the home that currently has other health insurance?" or 'Yes' to "Is there anyone in the home that has health insurance that ended in the past 3 months?"		
Policyholder's Name			X			
Policyholder's Social Security Number			X			
Who is covered?			X			
Insurance Company Name			X			
Policy #			X			
Group #			X			
Monthly Premium Amount			X			
Address Line 1			X			
Address Line 2			X			
City			X			
State			X			
ZIP Code			X			
Date Began			X			
Date Ended			X			
Type of Coverage Check all that apply		*Maybe*			Dental, Doctor, Hospital, Long Term Care, Medicare Supplement, Prescription, Vision, Other	*Type of coverage is required to determine CHIP eligibility*
If your insurance ended, please tell us why		*Maybe*				*Reason for insurance ending is required to determine CHIP Crowdout and potential penalty*

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Hospital or Nursing Facility History				If 'Yes' to "Is there anyone in your home who has been in a hospital or nursing facility for more than 30 days in a row?"		
Select a person*	*X*				Drop-down list of household members age 14 and older	
Begin date in Hospital or Nursing Facility		*Required*				
End date in Hospital or Nursing Facility:		*Required*				
Work Expenses for Disability				If 'Yes' to "Do you have any expenses from your disability that allow you to work?"		
Select a person*					Drop-down list of household members age 14 and older	
List any expenses related to your disability which allows you to work			*X*			*Not required to determine eligibility, but is required to determine if an allowable expense.*
Type of Expense			*X*			*Not required to determine eligibility, but is required to determine if an allowable expense.*
Monthly Amount			*X*			*Not required to determine eligibility, but is required to determine if an allowable expense.*
Information for HealthCare.gov						
Can anyone in your household get health coverage from a job?	*X*		*X*		Yes, No	

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Information for HealthCare.gov (Continued)				If this application fails the federal poverty level (FPL) assessment and "Can anyone in your household get health coverage from a job" is answered "Yes," the *Information for HealthCare.Gov (Continued)* screen will be displayed.		
Select the person who can get coverage	*X*		*X*	If this application fails the federal poverty level (FPL) assessment and 'Yes' to "Can anyone in your household get health coverage from a job?"	All individuals in the household are displayed.	
Employee First Name			*X*	If this application fails the federal poverty level (FPL) assessment and 'Yes' to "Can anyone in your household get health coverage from a job?"		
Employee Last Name			*X*	If this application fails the federal poverty level (FPL) assessment and 'Yes' to "Can anyone in your household get health coverage from a job?"		
Employee SSN			*X*	If this application fails the federal poverty level (FPL) assessment and 'Yes' to "Can anyone in your household get health coverage from a job?"		

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Employer Name			X	If this application fails the federal poverty level (FPL) assessment and 'Yes' to "Can anyone in your household get health coverage from a job?"		
Employer Identification Number (EIN)			X	If this application fails the federal poverty level (FPL) assessment and 'Yes' to "Can anyone in your household get health coverage from a job?"		
Address Line 1			X	If this application fails the federal poverty level (FPL) assessment and 'Yes' to "Can anyone in your household get health coverage from a job?"		
Address Line 2			X	If this application fails the federal poverty level (FPL) assessment and 'Yes' to "Can anyone in your household get health coverage from a job?"		

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
City			X	If this application fails the federal poverty level (FPL) assessment and 'Yes' to "Can anyone in your household get health coverage from a job?"		
State			X	If this application fails the federal poverty level (FPL) assessment and 'Yes' to "Can anyone in your household get health coverage from a job?"		
ZIP Code			X	If this application fails the federal poverty level (FPL) assessment and 'Yes' to "Can anyone in your household get health coverage from a job?"		
Who can we contact about employee health coverage at this job?			X	If this application fails the federal poverty level (FPL) assessment and 'Yes' to "Can anyone in your household get health coverage from a job?"		
Phone Number			X	If this application fails the federal poverty level (FPL) assessment and 'Yes' to "Can anyone in your household get health coverage from a job?"		

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Email Address			X	If this application fails the federal poverty level (FPL) assessment and 'Yes' to "Can anyone in your household get health coverage from a job?"		
Are you currently eligible for coverage offered by this employer, or will you become eligible in the next 3 months?			X	If this application fails the federal poverty level (FPL) assessment and 'Yes' to "Can anyone in your household get health coverage from a job?"	Yes, No	
If you're in a waiting period or probationary period, when can you enroll in coverage?			X	If 'Yes' to "Are you currently eligible for coverage offered by this employer, or will you become eligible in the next 3 months?"		
Does the employer offer a health plan that meets the minimum value standard?			X	If 'Yes' to "Are you currently eligible for coverage offered by this employer, or will you become eligible in the next 3 months?"	Yes, No, I don't know	
How much would the employee have to pay in premiums for this plan?			X	If 'Yes' to "Are you currently eligible for coverage offered by this employer, or will you become eligible in the next 3 months?"		
How often would this premium have to be paid?			X	If 'Yes' to "Are you currently eligible for coverage offered by this employer, or will you become eligible in the next 3 months?"	Weekly, Every 2 weeks, Twice a month, Monthly, Quarterly, Yearly	

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
What changes will the employer make for the new year?			X	If 'Yes' to "Are you currently eligible for coverage offered by this employer, or will you become eligible in the next 3 months?"	Employer won't offer health coverage, Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard, I don't know	
How much will the employee have to pay in premiums for that plan?			X	If 'Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard' to "What changes will the employer make for the new year?"		
How often?			X	If 'Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard' to "What changes will the employer make for the new year?"	Weekly, Every 2 weeks, Twice a month, Monthly, Quarterly, Yearly	
Date of Change			X	If 'Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard' to "What changes will the employer make for the new year?"		

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
American Indian or Alaska Native Information						
Are you or any of your family members American Indian or Alaska Native?			X			
Select a person*	X			If 'Yes' to "Are you or any of your family members American Indian or Alaska Native?"	Drop-down list of all household members (does not include those permanently out-of-the home)	
Is this person a member of a federally recognized tribe?			X	If 'Yes' to "Are you or any of your family members American Indian or Alaska Native?"		
What is the name of the tribe?			X	If 'Yes' to "Is this person a member of a federally recognized tribe?"		
Has this person ever gotten a service from the Indian Health Service, a tribal health program or urban Indian health program or through a referral from one of these programs?			X			
Is this person eligible to get services from the Indian Health Service, tribal health programs, or urban Indian health programs or through a referral from one of these programs?			X	If 'No' to "Has this person ever gotten a service from the Indian Health Service, a tribal health program or urban Indian health program or through a referral from one of these programs?"		

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Certain money received may not be counted for Medicaid or CHIP. Did you include any income on your application that is from these sources?			X	If 'Yes' to "Are you or any of your family members American Indian or Alaska Native?"		
Per capita payments from a tribe that come from natural resources, usage rights, leases or royalties			X	If 'Yes' to "Are you or any of your family members American Indian or Alaska Native?"		
How much?			X	If 'Yes' to "Per capita payments from a tribe that come from natural resources, usage rights, leases or royalties"		
How often?			X	If 'Yes' to "Per capita payments from a tribe that come from natural resources, usage rights, leases or royalties"	Weekly, Every 2 weeks, Twice a month, Monthly, Quarterly, Yearly	
Payments from natural resources, farming, ranching, fishing, leases or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations)			X	If 'Yes' to "Are you or any of your family members American Indian or Alaska Native?"		

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
How much?			X	If 'Yes' to "Payments from natural resources, farming, ranching, fishing, leases or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations)"		
How often?			X	If 'Yes' to "Payments from natural resources, farming, ranching, fishing, leases or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations)"	Weekly, Every 2 weeks, Twice a month, Monthly, Quarterly, Yearly	
Money from selling things that have cultural significance			X	If 'Yes' to "Are you or any of your family members American Indian or Alaska Native?"		
How much?			X	If 'Yes' to "Money from selling things that have cultural significance"		
How often?			X	If 'Yes' to "Money from selling things that have cultural significance"	Weekly, Every 2 weeks, Twice a month, Monthly, Quarterly, Yearly	

Submit Application:

Application Question	SSP Mandatory Field	Required to determine eligibility	Not Required to determine eligibility	Conditions	Values	Comments
Organization Help						
Did anyone from an organization help you complete this application?			X			

Name of Organization*	*X*				
Organization Type			*X*		
Name of Person*	*X*				
Phone Number			*X*		
Email			*X*		
Address Line 1*	*X*				
Address Line 2			*X*		
City*	*X*				
State*			*X*		Drop-down list of US states and territories
ZIP Code*	*X*				
Verification Documents			*X*		Allows user to upload documents using "browse" button
Health Plan Choice					Displays radio button for the three KanCare plans
E-Signature					
Check to Sign*	*X*				
Name*	*X*				
Choose one of the options below*	*X*			I am signing this application on behalf of myself and/or my dependents; I am a legal representative (power of attorney, legal guardian) of the person seeking coverage; I am applying on behalf of someone for whom I have no legal relationship	

As of July 1, 2015, the questions below are no longer on the SSP

Application Question	Eligibility Action
Has anyone had a job end in the last 6 months?	May require clarification depending on what information is found in other available resources, such as BASI. May use the information provided to confirm that a job found on BASI has ended.
Is anyone working or planning to work in the next 2 months?	Assume no, if left blank. If answered Yes, then staff will review Follow-Up questions to determine whether the customer is indicating current employment or a job starting in the future. *Note:* Future employment income is not used when determining current medical eligibility. After income begins, the customer is required to report the change.
Job Ended: Name of the Company	Use this information as confirmation of end of employment. No need to further inquire with the employer or customer.
Job Ended: Last Paycheck Received Date	Use this information to determine if wage verification is needed to determine prior medical eligibility
Start Date	Critical answer as this will determine whether the customer is reporting a current job, or one that is expected to start in the next two months. The actual start date is not a requirement for eligibility, but based on the wording of the question on the online application, eligibility staff must ensure that they only use income from current employment.
Self-employment: How many hours do you work in an average week?	If the self-employment is rental income, contact the applicant to obtain the number of hours worked per week.

Application Question	Eligibility Action
Does everyone plan to stay in Kansas permanently?	Assume yes, if left blank

Document Change Log

Author	Date
KDHE Policy	September 29, 2015