

The Commonwealth of Kentucky


kynect

Quick Reference Guide
Application Intake





This Quick Reference Guide is designed to help users complete the steps required to submit an application in kynect benefits.

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Please Note: Residents who still need help after referencing this Quick Reference Guide can call **(855) 459-6328** for additional assistance.



Application Overview

kynect benefits makes it easy for Residents, kynectors, and additional users to apply for benefit programs. Residents can apply for the following benefit programs with kynect:

- Food Assistance - Supplemental Nutrition Assistance Program (SNAP)
- Cash Assistance - Kentucky Transitional Assistance Program (KTAP)
- Health Coverage - Medicaid / Kentucky Children's Health Insurance Program (KCHIP) / Qualified Health Plans (QHP) Medical and Dental Insurance plans with or without Premium Assistance / Advanced Premium Tax Credits (APTC)
- Premium Assistance - Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) Program which helps pay for employer sponsored insurance (ESI) health premiums
- Child Care Assistance - Child Care Assistance Program (CCAP)



Please Note: Residents cannot start FAST applications from kynect benefits. To apply for FAST, Residents are required to contact their local DCBS office. After Residents are approved for FAST, they can view their FAST benefits from kynect benefits.

The Application Intake process can be defined by the two stages below:

- ✓ Application Intake
- ✓ Next Steps



Please Note: The Prescreening Tool can be used before an application is submitted to determine a household's potential eligibility. Reference the **Prescreening Tool** Quick Reference Guide for more details.

Users must have a Kentucky Online Gateway (KOG) account to access kynect.



Please Note: Reference the **Kentucky Online Gateway Account** Quick Reference Guide for step-by-step instructions to create an account.



Starting an Application

Residents access kynect through the Kentucky Online Gateway (KOG). Residents should log into the Kentucky Online Gateway each time they access kynect. This keeps the Kentucky Online Gateway dashboard up to date.

Below are the steps to apply for benefits in kynect.



Please Note: Conduent and OSA staff can initiate SNAP applications from kynect benefits.

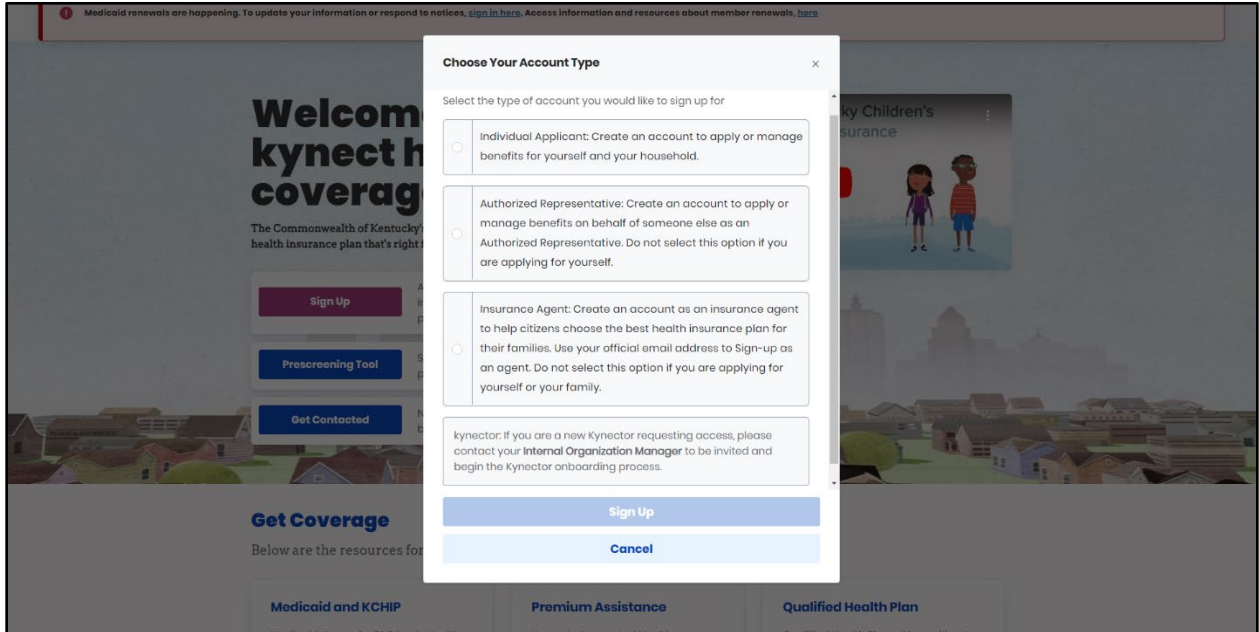
Steps to Start Applying for Benefits

1. Click **Sign In** on the **kynect benefits** home page.

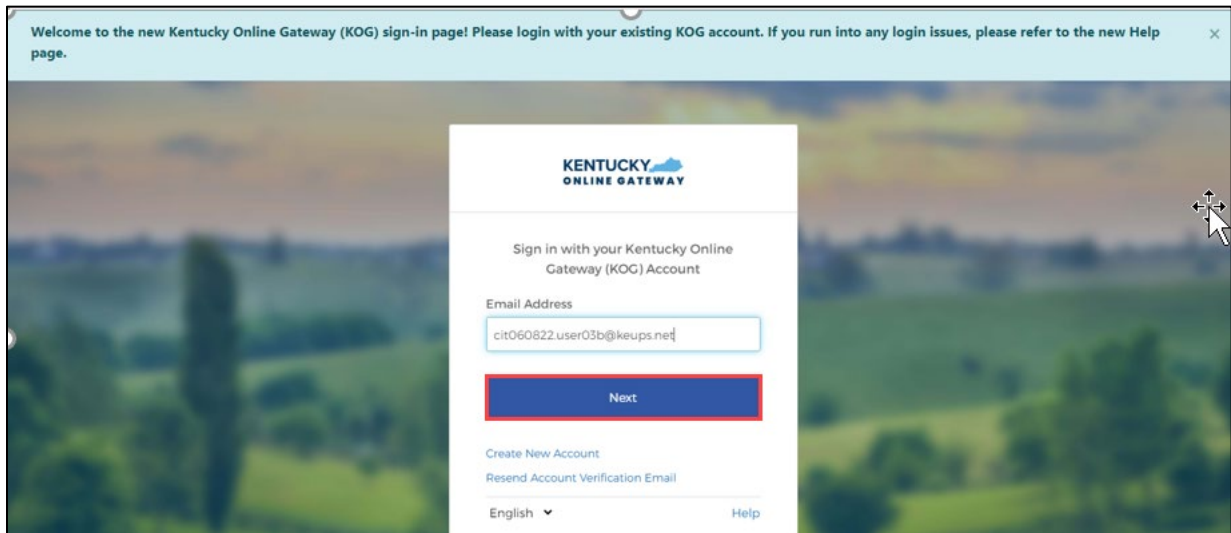
The screenshot shows the kynect benefits website. At the top, there is a navigation bar with the kynect logo, links for Programs, Get Local Help, Child Care Provider Search, and Help & FAQs, and a Sign In button with a user icon. A language dropdown menu is set to English (English). The main content area features a large 'Welcome to kynect benefits' heading, followed by the tagline 'The Commonwealth's space for you to connect with Kentucky benefits'. Below this are two primary action buttons: 'Sign Up' (with text: 'Apply and manage your health, food, household expenses, and child care benefits online anywhere') and 'Prescreening Tool' (with text: 'See if your household may be potentially eligible for benefits.'). To the right is a video player for 'kynect Benefits' with the URL 'kynect.ky.gov/benefits'. Below the main content is a 'Programs' section with the text: 'kynect offers Kentucky state benefits for qualified individuals and families. Below are the Kentucky assistance programs that you can apply for:'. Three program cards are displayed: 1. 'Medicaid and KCHIP' (Medicaid, Kentucky Children's Health Insurance Program (KCHIP) and Time limited Medicaid) with a note: 'These programs help cover medical and preventive health care costs.' 2. 'Premium Assistance' (Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)) with a note: 'The Kentucky Integrated Health Insurance Premium Payment Program helps pay for employer'. 3. 'Qualified Health Plan' (Qualified Health Plan with or without premium payment assistance (APTC) and Cost Sharing Reduction depending on eligibility) with a note: 'This program allows residents to buy a qualified health plan through the'.



2. If the Resident is new to **kynect**, they should click the **Sign Up** button on the home page to be taken through the steps to create a KOG account. After clicking **Sign Up** the user must select one of three account types: Resident, Authorized Representative, or Insurance Agent.

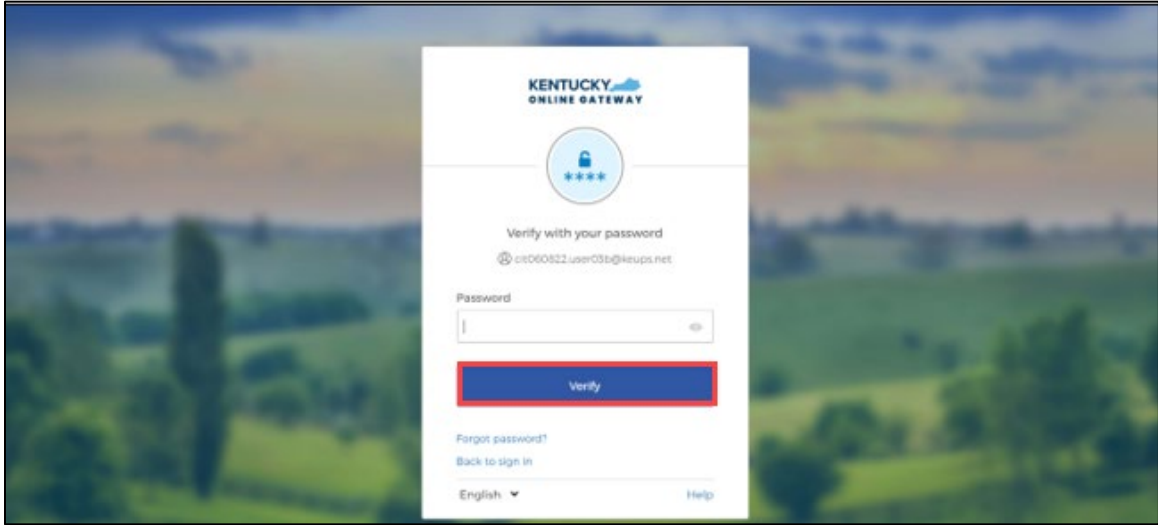


3. Enter your **Email Address** and click **Next**.

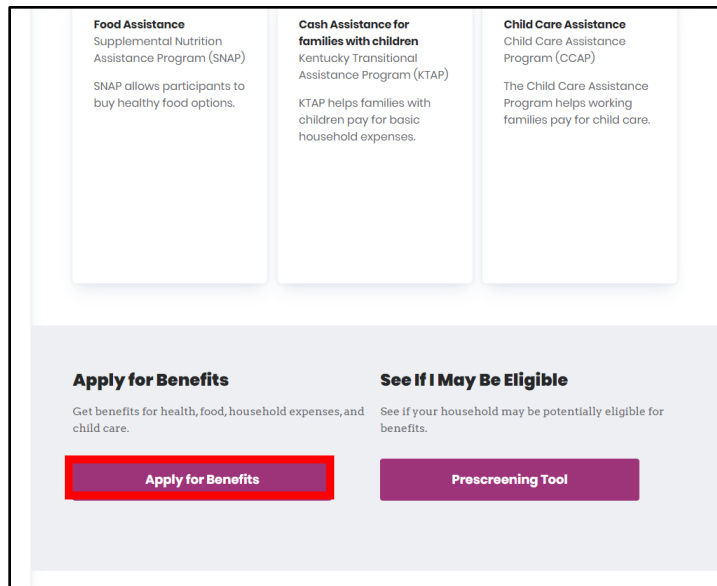




4. Then enter your password and click **Verify** to navigate to the Dashboard.



5. Click **Apply for Benefits** at the bottom of the Dashboard.



Please Note: The **Add Other Benefits** button appears near the top of the **Resident Dashboard** if the Resident has already submitted an application.



6. Read the **Get Started** screen. Click **Start Benefits Application**.

Need help?

We understand this can be a difficult application to do by yourself. You can get free help with your application. These options will remain open to you throughout your application.

Contact kynector

A kynector can help you with your benefits in the following ways:

- Apply for Medicaid or KI-HIPP
- Report changes in your information
- Recertify your Medicaid benefits
- Apply for APTC or QHP on HealthCare.gov
- Report changes on HealthCare.gov
- Recertify benefits on HealthCare.gov

Contact kynector

Call Department for Community Based Services (DCBS)

Ask a DCBS worker any questions you have about the application process.

1-855-306-8959

Exit **Start Benefits Application**

7. Read the **Information for All Who Apply** pop-up and click **I Agree**.

Information for All Who Apply ×

If you are applying for healthcare coverage we need your permission to check your information with state and federal databases. On the signature page, please check the box that gives us access to your information. To learn more about this, you can click on our [Full Privacy Statement](#).

Please note that CHFS will access your personal information stored on the state and federal databases.

Ready to get started? Click the I Agree button. By clicking on the Accept button, you are providing your consent that you have read and agreed to all of the above statements on this page. Remember: just use the buttons on the bottom of each page. Do not use the Forward, Back, or Stop button on your computer's browser.

I Disagree **I Agree**



8. Select a Benefit Program.
9. Click **Next** to go to the **Application Summary** screen.

BENEFITS APPLICATION

Program Selection

[Learn More](#)

For SNAP, KTAP, and CCAP applications, you will be able to submit your application before completing every section. If your benefits are approved, they will begin from the submission date of your application.

If you choose to do this, it may take longer to process your application. You will still have to provide the rest of the information needed during your interview.

We recommend you fill out the entirety of your application. Your application will likely process faster if you finish all required sections.

Select the programs the household would like to apply for.

<input checked="" type="checkbox"/>	Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)
<input checked="" type="checkbox"/>	QHP (Medical and Dental Insurance plans without payment assistance)
<input type="checkbox"/>	KI-HIPP (Health Insurance Premium Payments)
<input type="checkbox"/>	SNAP (Food Assistance)
<input type="checkbox"/>	KTAP (Cash Assistance)
<input type="checkbox"/>	Child Care Assistance
<input type="checkbox"/>	State Supplementation

You have selected to apply for Medicaid/KCHIP/APTC, QHP, SNAP and/or CCAP. If you would like assistance with your application, help is available to you by clicking [Get Local Help](#). For SNAP/CCAP benefits, please note that kynectors can only provide limited assistance and Insurance Agents cannot provide assistance.

[Back](#) [Save & Exit](#) [Next](#)



Please Note: kynect allows the user to select more than one program at a time. Residents are encouraged to contact a kynector if they need help with the Medicaid/KCHIP, QHP, KI-HIPP, SNAP, or CCAP application. Refer to the **Adding and Removing kynectors and Insurance Agents Quick Reference Guide** for more details. **Please Note:** If a user selects Medicaid/KCHIP/Qualified Health Plan (APTC), QHP, SNAP and/or CCAP, they see a message below the checkboxes, informing them that help is available by clicking **Get Local Help**, which redirects users to the Get Local Help page.



Please Note: If the Individual's information included in their application matches multiple Individuals, they are unable to proceed until resolved by a caseworker. Once resolved, a notification is sent to them through their preferred communication method and the SSP Message Center with the following message displayed: "For Application <Application #>, the Partial Match has been resolved. You will now be able to continue with the next steps. Questions? Call 1-855-459-6328 or 1-855-306-8959 Monday through Friday, from 8:00am to 5:00pm ET"



Completing an Application

The application is divided into sections. When filling out an application, Residents should enter all information if they have it. If a Resident does not fill out a field that is mandatory, the system does not let the Resident move forward to the next page of the application.

kynect returns the user back to the **Application Summary** screen after each section of the application is completed. The **Application Summary** screen includes the Progress Bar that updates automatically after each section is completed.

BENEFITS APPLICATION

Application Summary

Application# 60000584

Complete the sections below to submit the application.

0 of 9 completed

- Program Selection Start
- Household Members Start
- Contact Information
- Reps, kynectors, & Agents Start



Please Note: The sections that appear in the **Application Summary** screen depend on the programs that were selected. Click **Edit** on a section to edit the information before the application is submitted. Residents must complete the *Report a Change* process to submit a change after the application is submitted.



Below are the steps to complete an application from the **Application Summary** screen.

Steps to Complete an Application

1. Click **Start** on the Household Members tile.
2. Click **Start** to add the details for the Head of Household.

A screenshot of a web application interface titled "BENEFITS APPLICATION". At the top left, there is a breadcrumb link "< Application Summary". The main heading is "Household Members" in a large, bold, blue font. Below this heading, there is a horizontal line and a paragraph of text: "Add all current household members, any household members who have passed away in the last 3 months, and tax dependents." Below the text is a link "Learn More". Underneath, there is another heading "Head of Household" in blue. Below this heading, there is a white card with a green checkmark icon and the text "Sunny Weather" and "40 years old". To the right of this card is a purple button labeled "Start", which is highlighted with a red rectangular border. At the bottom of the screen, there are three buttons: "Back" (light blue), "Save & Exit" (light blue), and "Next" (purple).



3. Click **Edit** to edit *Head of Household* information if necessary.
4. Click **Add Member** to add *Household Member(s)*.

A screenshot of a web application interface titled "BENEFITS APPLICATION". The page is for "Application Summary" and is titled "Household Members". It includes instructions: "Add all current household members, any household members who have passed away in the last 3 months, and tax dependents." and a "Learn More" link. Under the "Head of Household" section, there is a card for "Sunny Weather, 40 years old" with a green checkmark icon and an "Edit" button. Below this is the "Household Members" section with an "Add Member" button. At the bottom, there are three buttons: "Back", "Save & Exit", and "Next".

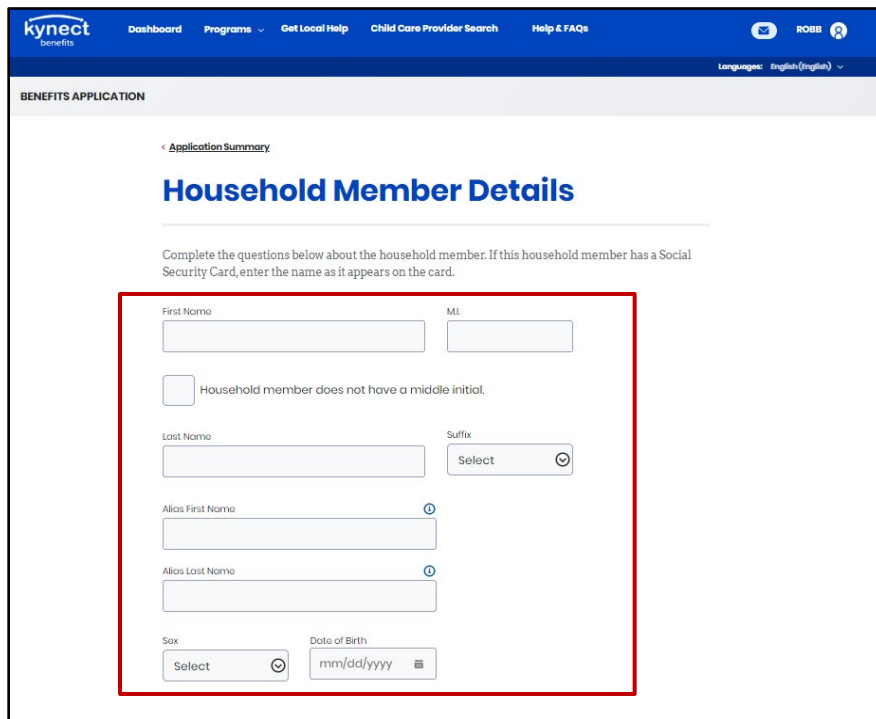
Please Note: Generally, a Household Member is someone who has the same address as the Head of Household. The exact definition of Household Member may vary according to the benefit program.

5. Enter the Household Member's *First Name* and *Last Name*.



Please Note: It is required that Residents either enter in a middle initial or check the box saying they do not have a middle initial.

6. Enter *Sex*.
7. Enter *Date of Birth*.
8. Enter and select the additional required personal and demographic information.



The screenshot shows the 'BENEFITS APPLICATION' page for 'Household Member Details'. The form includes fields for First Name, MI, Last Name, Suffix, Alias First Name, Alias Last Name, Sex, and Date of Birth. A checkbox is present for 'Household member does not have a middle initial'. The form is highlighted with a red border.



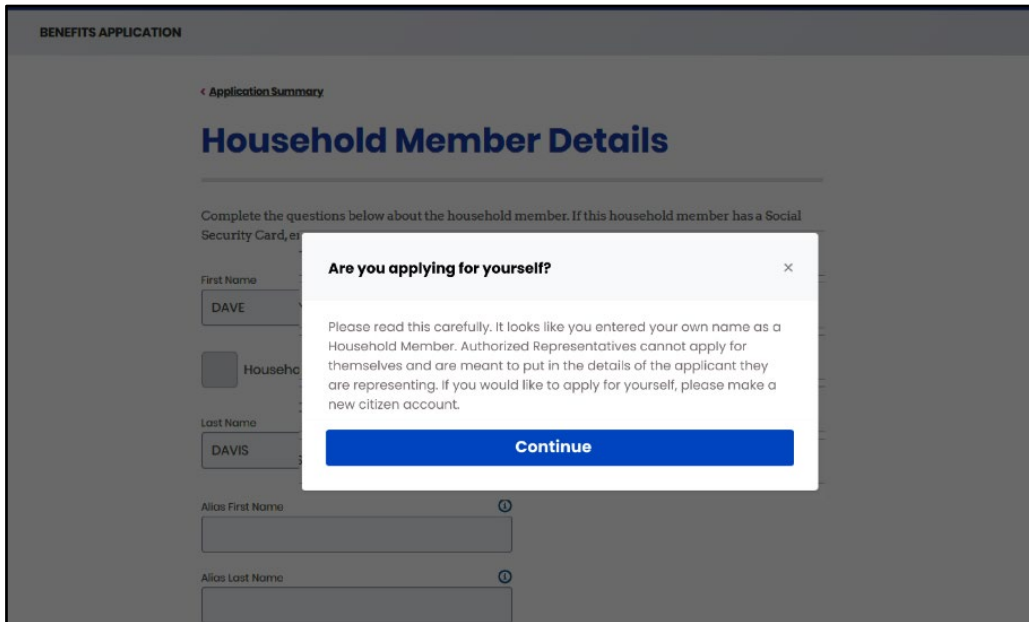
Please Note: If the Household Member's full name, date of birth, and sex match an existing Household Member or Head of Household's information from an Active, Pending, or Unsubmitted application or case, including the current application, then a full member match occurs. Unless the user removes the repeated Household Member from the current application, they are restricted from continuing.

The following pop-up message is displayed: "Existing Case Found" message displayed: "We found MEMBER NAME's records in our system on another case/application with similar identifying information. To make sure information on this application does not affect other benefits, you cannot continue with this application."

If you believe this to be an error, please contact the DCBS line at 1-855-306-8959 to review your information and any potential existing cases."



Please Note: If an Authorized Representative enters in their own name as a *Household Member*, they receive the following pop-up:



Please Note: If the Individual's information included in their application matches multiple Individuals, a notification is sent to them through their preferred communication method and the SSP Message Center with the following message displayed: "The application you have submitted for <Name> with <ApplicationID> has resulted in a Partial Match and require additional verification from our end. Our team has begun investigating the Partial Match Task and is working to find a solution. We'll keep you updated on the outcome of the Partial Match Task within 2-3 business days. We appreciate your patience while we wait, and we advise against submitting multiple applications. If you have any inquiries regarding this, please contact the professional services line at 1-855-326-4650."



9. Select a *Benefit Program*.
10. Click **Save**. These steps should be completed for each Household Member that is added.

This household member passed away in the last three months.

Program Selection

Note: The household applied for the following programs:

- KI-HIPP (Health Insurance Premium Payments)

This is household program. Therefore, this individual is automatically added to the application for this program.

What programs would this individual like to apply for? ⓘ

- Medicaid/kCHIP
- KI-HIPP (Health Insurance Premium Payments)

[Cancel](#) [Save](#)

11. Click **Start** on the *Contact Information* section. This section needs to be completed for each Household Member.

BENEFITS APPLICATION

Application Summary

Application# 600000584

Complete the sections below to submit the application.

2 of 9 completed

- Program Selection** [Edit](#)
- Household Members** [Edit](#)
- Contact Information**

Sunny Weather [Edit](#)

Stormy Weather [Start](#)



12. Enter the Household Member's *Email* and *Primary Phone Number*.
13. Select *Primary Phone Type*.
14. Select the Applicant's *Text Message Alert Preferences*.
15. Enter *Secondary Phone Number*.
16. Select *Secondary phone type*.
17. Select the Applicant's *Preferred Contact Method*.



Please Note: If a user selects that they prefer to receive electronic communications (either Email only or Email and Text Message), they will also see the option to opt out of detailed case updates via email and text. If they check the box, they will still receive general notifications and digital correspondences related to their case.

18. Select the *Preferred Spoken* and *Written Languages*.
19. Select **Yes** or **No** for *Does applicant need assistance for effective communication?*
20. Click **Next**.



[Application Summary](#)

NYDIA LEWIS

Section 1 of 2

Contact Information

Complete the questions below about contact information.

Email

Primary Phone Number Ext.

Primary Phone Type

Click here to allow kynect and your health insurance carriers, or Medicaid Managed Care Organization, to send text message alerts to your phone number (Standard data rates may apply).

Secondary Phone Number Ext.

Secondary phone type

Select your preferred contact method for items such as messages and tax related forms. We encourage you to select "Electronic- Email and Text Message" for best communication. You must click "Yes" in agreement to being sent text messages above to select this option. You must have a Kentucky Online Gateway (KOG) Account to view kynect electronic communications. [Learn More](#)

Electronic - Email only
(Go Paperless)

Electronic - Email and Text Message
(Go Paperless)

Mail

I would like to opt out of detailed case updates via email and text. Examples of these messages include benefits application updates, recurring renewal reminders, and document upload reminders.

Note: if you check this box, you will still receive general notifications and digital correspondences related to your case.

Preferred spoken language Preferred Written Language

Does applicant need assistance for effective communication?



21. Select **Yes** or **No** for *Does the Resident have a physical address*. Enter an address, if applicable.
22. Select **Yes** or **No** for *Does the Resident have a different mailing address?*. Enter the address, if applicable.
23. Select **Yes** or **No** to *Does everyone in the household have the same information?*
24. Click **Next**.

The screenshot shows a web form titled "BENEFITS APPLICATION" with a sub-header "Application Summary" and "Sunny Weather". It is "Section 2 of 2". The form is titled "Address Information" and contains three questions with radio button options:

- "Does Sunny Weather have a physical address?" with "Yes" selected.
- "Does Sunny Weather have a different mailing address?" with "No" selected.
- "Does everyone in Sunny Weather's household have the same address information?" with "Yes" selected.

There are two text input fields for "Address" and "Address Line 2" (with a note "i.e. apt. #, suite, unit, building, floor, P.O. box"). At the bottom, there are three buttons: "Back", "Save & Exit", and "Next" (which is highlighted with a red box).

25. Click **Start** on the *Reps, kynectors, & Agents* section.

The screenshot shows the "Application Summary" page for "Sunny Weather" with Application# 60000071. It indicates "3 of 9 completed" with a progress bar. The page lists several sections:

- Program Selection (checked, Edit button)
- Household Members (checked, Edit button)
- Contact Information (checked, Edit button)
- Reps, kynectors, & Agents (unchecked, Start button)

The "Start" button for the "Reps, kynectors, & Agents" section is highlighted with a red box.



26. From the *Reps, kynectors, & Agents* section, Residents can:

- Search for and designate Authorized Representatives
- Search for and add kynectors (program specific)
- Search for and add Insurance Agents (program specific)

Authorized Representative

An Authorized Representative can apply for and manage your benefits on your behalf. You can give them permission to do any of the following activities on your behalf:

- Apply for benefits
- Report Changes in your information
- Recertify your benefits
- Receive a copy of notices (Medicaid)
- Use EBT card (SNAP and KTAP)

An Authorized Representative can be a family member, friend, provider, or attorney.

Is an Authorized Representative assisting you or would you like to add an Authorized Representative?

[Add Authorized Representative](#)

kynector

A kynector can help you with your benefits in the following ways:

- Apply for Medicaid or KI-HIPP
- Apply for APTC or QHP
- Apply for SNAP or CCAP
- Report Changes in your information
- Recertify your benefits

Is a kynector assisting you or would you like a kynector to assist you?

[Add kynector](#)

Insurance Agent

An Insurance Agent can help you with your benefits in the following ways:

- Apply for APTC or QHP
- Apply for Medicaid
- Report Changes in your information
- Recertify your benefits

Is an Insurance Agent assisting you or would you like an Insurance Agent to assist you?

[Add Agent](#)



Please Note: For Residents that are approved for FAST, Residents may add an Authorized Representative to their case from their kynect benefits dashboard. Authorized Representatives for FAST cases have the ability to view their Residents' FAST benefits.



27. Click **Next** to return to the **Application** screen.



Please Note: Reference the **Adding and Removing kynectors and Insurance Agents** and the **Add, Edit, and Remove an Individual Authorized Representative** Quick Reference Guides for more details.



Please Note: The remaining tiles and screens in the *Application Summary* are program specific. For example, the Health Care Coverage section only appears if the user is applying for Medicaid/KCHIP. Additionally, some application questions may vary based on the answers provided.

28. Click **Start** by a Resident in the *Relationship & Tax Filing* section. This section is completed for each Household Member.

Complete the sections below to submit the application.

4 of 9 completed

<input checked="" type="checkbox"/> Program Selection	Edit
<input checked="" type="checkbox"/> Household Members	Edit
<input checked="" type="checkbox"/> Contact Information	
Sunny Weather	Edit →
Stormy Weather	Edit →
<input checked="" type="checkbox"/> Reps, kynectors, & Agents	Edit
<input type="checkbox"/> Relationship & Tax Filing	
Sunny Weather	Start →
Stormy Weather	



29. Select the Resident's current living situation.

30. Select type of in-home assistance the Resident receives and click **Next**.

< Application Summary

ANNIE K ANDERSON

Section 1 of 3

Living Arrangements

Each Household member's living situation (or arrangement) can impact what benefits they may be eligible for. Select the living situation from the dropdown that accurately reflects the Household member's current arrangement.

What is ANNIE's current living situation?

In a residence owned/rented by you/hou

You've selected In a residence owned/rented by you/household members as this individual's Living Arrangement, which means this individual lives in a house, apartment, room, or mobile home owned or rented by them, their spouse/partner, or their family.
Please update their Living Arrangement if this is incorrect.

What type of in-home assistance does ANNIE receive?

Select

[Back](#) [Save & Exit](#) [Next](#)

[Submit Application Early](#)



Please Note: The **Submit Application Early** link allows the user to navigate to the *Sign and Submit* section to submit the application as-is. After clicking the link, the Individual will see the *Submit Application Now?* early submission modal pop-up. If the Individual **clicks Continue to Submit Early**, the Individual will be directed to the **Signature** page. This link will be hidden if all the sections in the application summary are completed. This link will appear on every screen after the **Reps, kynectors, and Agents** screen of SNAP, KTAP, and CCAP intake applications and renewals.

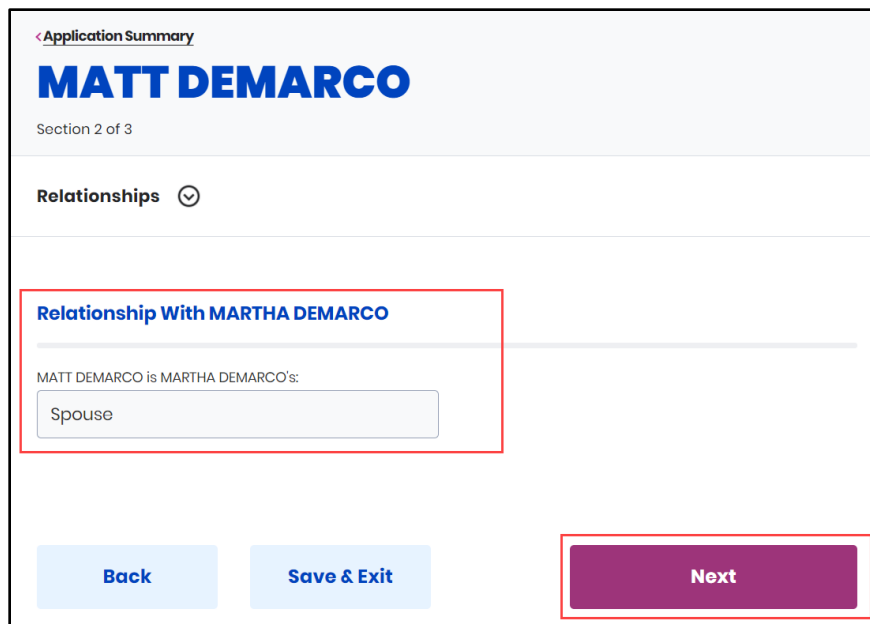


Please Note: The following selections on the **Living Arrangement** screen trigger the **Estate Recovery** screen in the *Household Information* section:

- Selecting **In a residence owned/rented by you/ household members** for the current living situation drop-down AND **Waiver or Non-institutionalized Hospice** from in-home assistance drop-down
- Selecting **Long Term Care Facility** from the current living situation drop-down

31. Select an option from the *Relationships* drop-down to identify the relationship of the new Household Member to the Resident.

32. Click **Next**.



Please Note: If at least one Individual in the relationship pair selected "No Response" for their Sex then the *Relationships* screen will load the following gender-neutral options: Child, Child-in-law, Grandchild (Including Great), Grand Parent (Including Great), Nibling (Including Great), Parent, Parent-in-law, Pibling (Including Great), Sibling, Sibling-in-law, Step Grand Parent (Including Great), Step Grandchild (Including Great), Stepchild, and Stepparent. These values are only applicable to Child Care cases.



Please Note: When applying for CCAP if "Unrelated/Other" is indicated as the Relationship Type for an Individual who is > 17 years old to an individual under 13 years old or 13 years to 19 years with special needs, additional Child Care Relationship questions are displayed on screen.



- 33. Select *Tax Filing* (only required for certain benefits programs).
- 34. Click **Next** to return to the **Application Summary** screen.

<Application Summary

MATT DEMARCO

Section 3 of 3

Tax Filing

How does MATT DEMARCO intend to file taxes this year?

- Married Filing Jointly
- Married Filing Separately
- I do not intend to file taxes

Back Save & Exit **Next**

- 35. Click **Start** in the *Household Information* section to answer questions about the household’s health, circumstances, income, expenses, and resources.

5 of 9 completed

- Program Selection [Edit](#)
- Household Members [Edit](#)
- Contact Information
 - Sunny Weather [Edit](#) →
 - Stormy Weather [Edit](#) →
- Reps, kynectors, & Agents [Edit](#)
- Relationship & Tax Filing
 - Sunny Weather [Edit](#) →
 - Stormy Weather [Edit](#) →
- Household Information **Start**



36. Enter the Health Information. Health Information questions may include:

- Is anyone in this household blind?
- Does anyone in this household have a disability?
- Is anyone in this household pregnant or was pregnant in the last three months?



Please Note: Additional questions may appear based on the answers that are selected.

37. Click **Next**.

38. Enter Household Circumstances. Household Circumstances may include:

- Is anyone in this household waiting for Supplemental Security Income (SSI) benefits?
- Is anyone in this household eligible for entitled income, such as Social Security Income, unemployment income, Black Lung, or VA pension?
- Is anyone in this household currently enrolled in school?



Household Information

Section 2 of 8

Household Circumstances

Learn More
Complete the questions below about other scenarios which may affect your benefits.
Note: Not all household members may appear for each item. This is because it either does not apply to them or we do not need more information about them.

Is anyone in this household waiting for Supplemental Security Income (SSI) benefits?

Is anyone in this household eligible for entitled income, such as Social Security Income, unemployment income, Black Lung, or VA pension?

Is anyone in this household currently enrolled in school?



Please Note: Additional questions may appear based on the answers that are selected.



39. Click **Next** to go to the **Resources** screen.

40. Enter Resources. Resources questions may include:

- Does anyone in this household have a checking account, savings account, certificate of deposit, individual retirement account (IRA) or nursing facility resident account?
- Does anyone in this household have investments such as stocks or bonds?
- Does anyone in this household have other liquid/spendable resources such as cash, direct express card, or reloadable money card?



Please Note: Additional questions may appear based on the answers that are selected.

41. Complete the **Estate Recovery** screen. The following selections on the **Living Arrangement** screen trigger the **Estate Recovery** screen in the *Household Information* section:

- Selecting **In a residence owned/ rented by you/ household members** for the current living situation drop-down AND **Waiver** or **Non-institutionalized Hospice** from in-home assistance drop-down
- Selecting **Long Term Care Facility** from the current living situation drop-down

Estate Recovery questions include:

- Does anyone in the household have a will?
- Does anyone in the household have a spouse?
- Does anyone in the household have a minor dependent child?
- Does anyone in the household have a blind/disabled child?



42. Click **Next** to go to the **Income & Subsidies Selection** screen.

Estate Recovery

Note: Not all household members may appear for each item. This is because it either does not apply to them or we do not need more information about them.

Does anyone in the household have a will?

Yes No

Select applicable household member(s):

MATT DEMARCO

Does anyone in the household have a spouse?

Yes No

Does anyone in the household have a minor dependent child?

Yes No

Does anyone in the household have a blind/disabled child?

Yes No

- 43. Complete the **Income & Subsidies Selection** Screen and click **Next** to go to the **Expenses** screen.
- 44. Complete the **Expenses** screen and click **Next** to return to the **Application Summary**.
- 45. Click **Individual Information** to start **Member Details**.
- 46. Complete the **Education** screen by clicking **Start** next to the Resident's highest level of education, entering the education level, and clicking **Next**.
- 47. Select the Resident's preferred MCO plan from the **Preferred MCO Selection** screen and click **Next**.



48. Complete the **Estate Recovery Summary** screen by clicking **Start**, entering the contact's information, and clicking **Next**.



Please Note: The **Estate Recovery Summary** screen appears if one of the following options was selected from the **Living Arrangement** screen:

- Selecting **In a residence owned/ rented by you/ household members** from the current living situation drop-down and **Waiver or Non-institutionalized Hospice** from the in-home assistance drop-down
- Selecting **Long Term Care Facility** from the current living

49. The Financial Wizard guides the Resident through answering the Income and Expense questions.



Please Note: The *Income & Subsidies Information* and *Expenses Information* subsection only appears under the *Member Details* section if the user indicated they have income and expenses. The Financial Wizard guides Residents through entering their income and expenses information.

The screenshot shows a web interface for a 'BENEFITS APPLICATION'. At the top, it says 'BENEFITS APPLICATION' and '<Application Summary'. The main heading is 'Sunny Weather' in large blue font, with 'Section 1 of 1' below it. Underneath is 'Income Summary' with a dropdown arrow. A paragraph of text explains that details are required for the listed income source(s) and that other sources should be added if present. There is a 'Learn More' link. Below this is a blue 'Add Income' button. A form field contains a radio button next to 'Job income from employer'. To the right of this field is a purple 'Start' button. At the bottom, there are three buttons: a light blue 'Back' button, a light blue 'Save & Exit' button, and a purple 'Next' button. Red boxes highlight the 'Start' and 'Next' buttons in the original image.



50. The *Health Care Coverage* section only appears if Residents are applying for Medicaid/KCHIP or KI-HIPP. Click **Start** to begin the section.

COLE DINGLE [Edit](#)

Individual Information Completed → Income & Subsidies Information Completed → Annual Income Information Completed →

Health Care Coverage **Start**

Employer's Health Reimbursement Arrangement **Start**

Sign & Submit **Start**

Save & Exit

- 51. Select **Yes** or **No** for *Are any household members currently enrolled in health care coverage?*
- 52. Select **Yes** or **No** for *Does anyone in the household have any employer that offers health care coverage but has not enrolled?*
- 53. Complete the *Health Care Coverage Selection* by clicking **Next**.

Health Care Coverage Selection

[Learn More](#)

Is anyone applying for benefits in your household enrolled in health care coverage?

Does anyone in your household applying for benefits have an employer that offered health care coverage, but has not yet enrolled?

Back **Save & Exit** **Next**



54. The *Employer's Health Reimbursement Arrangement* section appears when information on the household's Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA) if needed.

< Application Summary

Employer's Health Reimbursement Arrangement Selection

Complete the sections below to submit the application.

[Learn More](#)

Is anyone in the household currently enrolled in an Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA)? ⓘ

Does anyone in this household have an offer in an Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA), and not yet enrolled? ⓘ

55. Select **Yes** or **No** for *Is anyone in the household currently enrolled in an individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA)?*.
56. Select **Yes** or **No** for *Does anyone in this household have an offer in an Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA), and not yet enrolled?*.
57. Click **Next** to proceed to the *Sign and Submit* section.



Submitting the Application and Next Steps

Once each section of the application has been completed, the Resident can proceed to sign and submit.

Below are steps to submit an application that has each section completed.

Steps to Submit the Application and Next Steps

1. Click **Start** to *Sign & Submit*.

The screenshot shows a progress bar with two items. The first item, 'Employer's Health Reimbursement Arrangement', is marked as complete with a green checkmark and has an 'Edit' button. The second item, 'Sign & Submit', is marked as incomplete with a radio button and has a 'Start' button highlighted with a red border. Below the progress bar is a 'Save & Exit' button.

2. Read and agree to the *Terms of Agreement Summary* on the **Signature Page**.

The screenshot shows the 'Signature Page' with the title 'Walk Me Through Signature Page'. Below the title is the 'Terms of Agreement Summary' section, which contains four numbered points: 1. I have answered all questions truthfully and to the best of my ability. 2. If any changes occur to my situation, I am responsible for reporting them. 3. Providing false information may result in penalties. 4. Please read and agree to each of the terms. If you do not agree, your application may be affected, and you may be ineligible to receive benefits. Below the terms are two checkboxes, both of which are checked: 'Read and agree to Application Statement of Understanding' and 'Read and agree to SNAP Rights & Responsibilities'.



3. Answer the final application questions.
4. Enter *First Name*, *Last Name*, and *Date* to sign the application.

Is there a DCBS or DMS employee living in the home?

Would you like assistance from an insurance Agent if it is determined you are not eligible for Medicaid benefits but are eligible for APTC/QHP benefits?

CICELY DANIKA - E-Signature
By entering your name below, you are electronically signing this application.

First Name: ML:

Household member does not have a middle initial.

Last Name: Suffix:

Title:



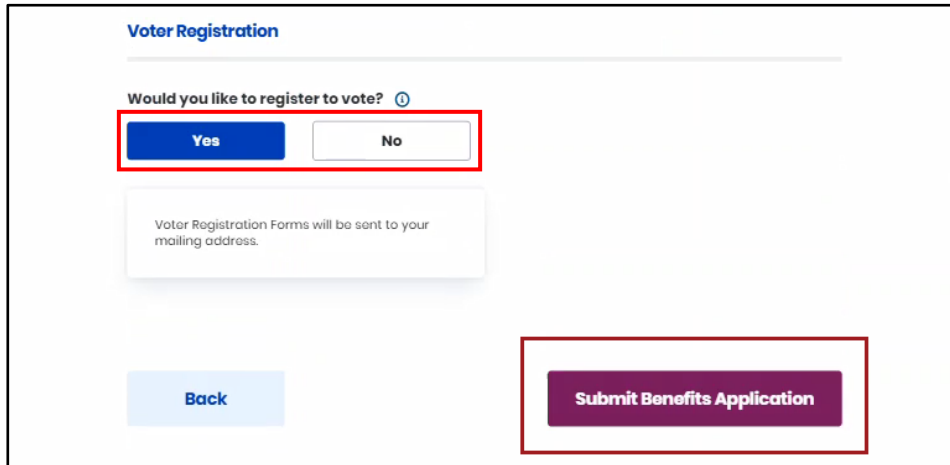
Please Note: The signature must match the Resident's name used on the kynect application or the Resident would not be able to submit the application.



Please Note: When completing an application on behalf of a Resident, Authorized Representatives are expected to provide their own signature before submitting.

5. Select **Yes** or **No** for *Would you like to register to vote?*

6. Click **Submit Benefits Application**.



Voter Registration

Would you like to register to vote? ⓘ

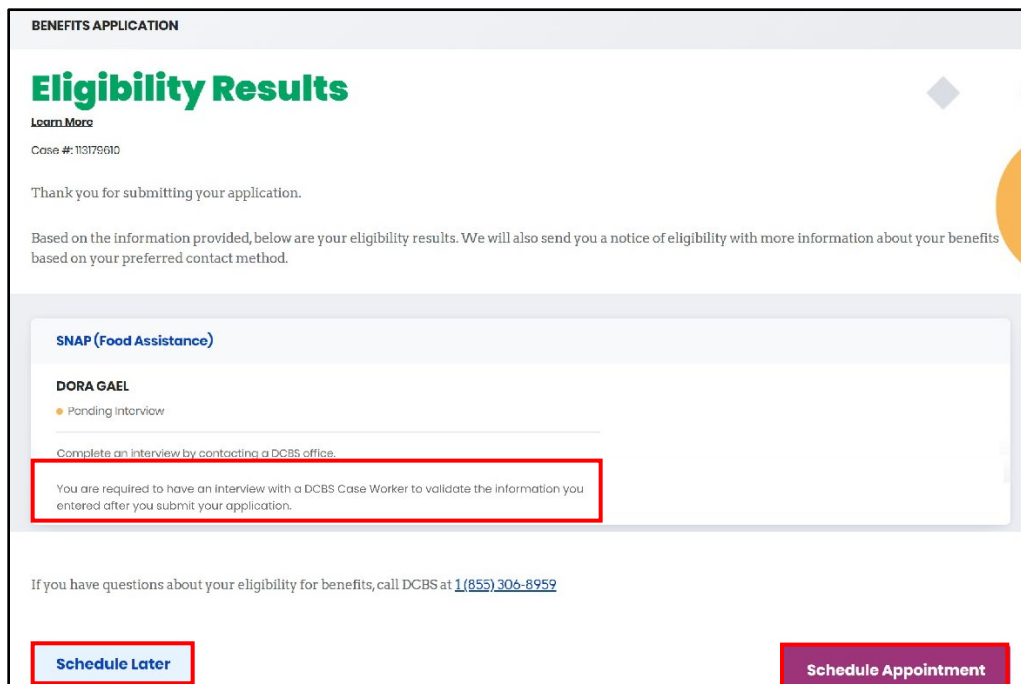
Yes **No**

Voter Registration Forms will be sent to your mailing address.

Back **Submit Benefits Application**

7. View the eligibility results from the **Eligibility Results** screen. Two buttons appear on the **Eligibility Results** screen for Food Assistance, Cash Assistance, and Child Care Assistance applications—**Schedule Later** and **Schedule Appointment**. For other application types, see Step 8.

- Click **Schedule Appointment** to select a preferred appointment location.
- Click **Schedule Later** to proceed to the **Next Steps** screen.



BENEFITS APPLICATION

Eligibility Results

[Learn More](#)

Case #: 113175610

Thank you for submitting your application.

Based on the information provided, below are your eligibility results. We will also send you a notice of eligibility with more information about your benefits based on your preferred contact method.

SNAP (Food Assistance)

DORA GAEL

● Pending interview

Complete an interview by contacting a DCBS office.

You are required to have an interview with a DCBS Case Worker to validate the information you entered after you submit your application.

If you have questions about your eligibility for benefits, call DCBS at [1\(855\) 306-8959](tel:18553068959)

Schedule Later **Schedule Appointment**



Please Note: Individuals are required to have an interview with a DCBS Case Worker to validate the information that was entered after application submission.



Please Note: If the Individual's information included in their application potentially matches with an existing Individual on kynect, a notification is displayed on the Eligibility Results screen with the following message:

Medicaid/QHP Partial Match- “Unfortunately, we are unable to give you the results of your application due to additional verification needed. We will review this and resolve it in the next 3 business days. Once resolved, you can come back and continue with next steps. Please do not submit multiple applications for the same members while you wait.

If you are an Insurance Agent or kynector, then you will receive a notification in your Message Center and to your preferred electronic contact method once this has been resolved.

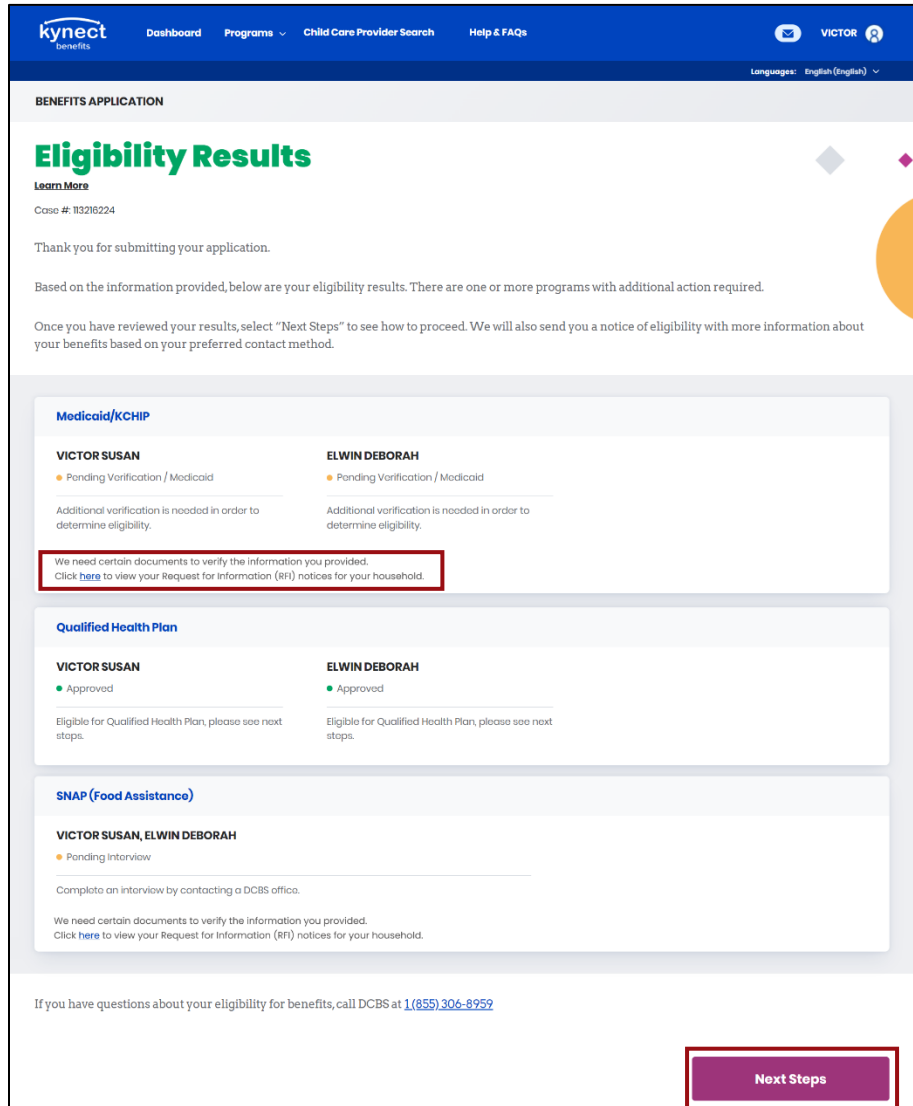
If you are a Citizen, then you will receive a notification in your Message Center and/or a paper notification based on your preferred contact method once this has been resolved.”

Non Medicaid/QHP Partial Match- “Unfortunately, we are unable to give you the results of your application. We will review your application and you will receive a notification in the next 30 days.”



Please Note: If there is a Request for Information for a specific program, a hyperlink for the RFI is generated and noted for that program. The user sees, “We need certain documents to verify the information you provided. Click here to view your Request for Information (RFI) notices for your household.” The RFI notice document opens in a new tab.

8. Click **Next Steps** to view the Next Steps for the application.



The screenshot shows the 'Eligibility Results' page for a benefits application. The page is titled 'Eligibility Results' and includes a 'Learn More' link. The case number is 113218224. The page is divided into three main sections: Medicaid/KCHIP, Qualified Health Plan, and SNAP (Food Assistance). Each section provides status updates for Victor Susan and Elwin Deborah. A red box highlights a message: 'We need certain documents to verify the information you provided. Click here to view your Request for information (RFI) notices for your household.' A 'Next Steps' button is located at the bottom right of the page.

Medicaid/KCHIP

NAME	STATUS
VICTOR SUSAN	Pending Verification / Medicaid
ELWIN DEBORAH	Pending Verification / Medicaid

Qualified Health Plan

NAME	STATUS
VICTOR SUSAN	Approved
ELWIN DEBORAH	Approved

SNAP (Food Assistance)

NAME	STATUS
VICTOR SUSAN, ELWIN DEBORAH	Pending Interview

Next Steps



9. View the **Next Steps** to complete the application process. Next Steps give directions to Residents on the necessary actions to complete their application. The Next Steps vary depending on what is needed from the user. Some next steps may include:
 - Upload Verification Documents
 - Complete an Interview
 - Connect with an Insurance Agent
 - Apply for a Medicaid Waiver
10. A link to **Go to Document Center** appears if there is a request for information that requires the Resident to upload a form of proof.

Next Steps

Learn More

Case # 15205447

Upload Verification Documentation

We need certain documents to verify the information you provided. Visit the document center to view what is required and to upload relevant documents.

Learn More

Go to Document Center

Expand All | Collapse All

Medicaid (MCO) Plan

- CICELY DANIKA 23F** To shop for a plan or change your existing plan, please visit Enrollment Manager Module. If you are not yet enrolled and do not choose a plan, kynect will automatically enroll you or your household member in the best available MCO plan.

Qualified Health Plan

- CICELY DANIKA 23F** To shop for a plan or change your existing plan, please visit Enrollment Manager Module.

Generally, your coverage will start the 1st of next month, but it may differ based on the special enrollment reason you may choose while enrolling in a plan. Refer to [Special Enrollment rules](#) for more information on the coverage dates.

Individuals can shop for a vision plan at any time. For more information visit [here](#).

Apply for a Medicaid Waiver

If any of your household members are approved for Medicaid, they may be eligible for the Medicaid Waiver Program. Apply for Waiver under your Resident's section.

Download a Copy of Your Application

You can download a copy of your application by clicking the button below.

Download Application Copy

Get Contacted by an Insurance Agent

Use Kynect On Demand to get contacted by an Insurance Agent by entering your contact information.

Get Contacted

You May Be Eligible For Other Programs

KTAP
The Kentucky Transitional Assistance Program helps families with children pay for basic household expenses.

CCAP
The Child Care Assistance Program helps working families pay for child care.

KI-HIPP
The Kentucky Integrated Health Insurance Premium Payment Program helps pay for employer sponsored insurance (ESI) health premiums.

SNAP
The Supplemental Nutrition Assistance Program allows participants to buy healthy Kentucky food options.

Apply for Benefits

Go to Dashboard **Go to Enrollment Manager**



Please Note: Based on the eligibility results and statuses of the programs applied for, members approved for APTC benefits within a Tax Household group will see verbiage that states, “Your maximum amount of Payment Assistance will be applicable only if all the members in the Tax household choose to enroll in a Medical Plan.”