

Information Needed to Process Your Application

We may ask you to provide some or all of the following items. Please be ready to provide this information.

- Proof of where you live.
- Proof of age and identity.
- Proof of citizenship for those who want to receive benefits.
- Proof of non-citizen status for those who want to receive benefits.
- Child care bills and receipts.
- Proof of income (pay stubs, earning statements, rental property/sales contracts, government payments, Workers Compensation, pensions, and other).
- If self-employed, federal income tax returns, bookkeeping records, sales, and expenditure records.

If you would like to apply for food assistance, medical or child care assistance, a different application is required. The SRS web site at <http://www.srskansas.org/> has information on program benefits and the various ways to apply. You can also contact your local SRS office for more information.

Follow These Steps To Apply

- Complete this form or go online to www.srskansas.org to apply. If you need help or have questions call 1-888-369-4777.
- Read the questions carefully and answer honestly.
- Be sure to sign and date this form. Your application is not complete until it is signed.
- Return this form as soon as possible. If you are eligible, benefits start from the date a signed application is received in our office.
- Mail, fax or bring this form to your local SRS office. It may take 30 to 45 days before your application is processed.

Interview

For cash assistance, we require an interview as part of the application process.

- Your interview has been scheduled at: _____.
- Your interview date and time is: Date _____ Time:_____.
- Please call for an interview appointment: _____.
- Other: _____

Grandparents As Caregivers



Cash Assistance Application


KANSAS
DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES
Economic and Employment Support

10. Penalties

Any member of your household who intentionally breaks the following rules may not get cash assistance for one year for the first offense, two years for the second offense, and permanently for the third offense.

- Do not lie or hide information to get benefits that your household should not get.
- Do not use, or have in your possession, Vision Cards that are not yours. Do not trade or sell Vision Cards, or use someone else's card.

If you make false or misleading statements about where you live to get duplicate cash benefits, you may not be able to get cash benefits for 10 years.

11. Please Read this Information Before Signing

Changes You Must Report

- I agree to report changes such as changes in my address, income changes, and changes in individuals who live in my home.
- I will let my worker know of changes that might affect my eligibility or benefit level.

Rights, Responsibilities, and Penalties

- A copy of my rights and responsibilities will be provided upon request.
- I understand the questions on this application form.
- I understand the penalties for hiding information. I understand the penalties for giving false information.
- I agree that SRS may provide my name, address and telephone number to telephone companies participating in auto enrollment in the Lifeline Program. The Lifeline Program provides basic telephone service at a reduced rate. I understand that my information is confidential and will only be used for enrollment in the Lifeline Program. I understand that this program is not mandatory, and that I may decline this service by contacting my local telephone company.

We Will Verify the Information You Give Us

- I understand you will verify the information I provide on this application form.
- I understand you may contact other agencies such as federal, state, local officials, employers, medical providers, businesses, and financial organizations, to verify information.
- I understand you will use the information you verify and that it could affect my eligibility or benefit level.
- I understand that I have to provide or apply for a Social Security Number for people in my household who are asking for assistance.
- I understand SRS use Social Security Numbers to operate. The numbers are used for computer matches with the Social Security Administration, banks, the Internal Revenue Service, and other organizations and agencies.

12. Information About Child Support Enforcement

I agree to help Child Support Enforcement (CSE) go after support for the children for whom I am applying.

I will help CSE establish and enforce orders for the children.

I agree to give all child support to SRS for each person in my home receiving cash assistance.

7. Tell Us About Earned Income

Are any children currently working and not in school full time? No Yes

If yes, complete the following: **Proof of income for the minor child(ren) is required.**

Name of Child	Employer Name and Phone Number	Salary / Hourly Wage	Hours Worked Per Week	How Often Paid	Date of Next Paycheck

8. Tell Us About Other Income

Does the child(ren) have, or do you receive on their behalf, any other income, such as child support, Social Security, SSI, VA, workers compensation, unemployment, money from others, trust funds or any other income? No Yes

If yes, complete the following: **Proof of income for the minor child(ren) is required.**

Name of Household Member	Type of Other Income	Amount	How Often Received

9. Signature

This application must be signed and dated in order to be considered a complete application.

<p>I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge.</p> <p>_____</p> <p>Signature of Applicant Date</p> <p>_____</p> <p>Signature of Spouse or other Adult Date</p>	<p>My signature on this application signifies that I have read and understood the conditions above. It also authorizes employers, medical providers, financial institutions, insurance providers, and other persons or agencies with knowledge of my circumstances to release to Kansas Department of Social and Rehabilitation Services any information, including confidential information, necessary to establish my eligibility. All information provided on this application is protected by state and federal confidentiality laws. A copy of this authorization is as valid as the original.</p>
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5. Tell Us About Parents Not Living in the Home

Please list each child's name and fill out the information for the absent parent in the columns below if known. If you need more room, please add an additional piece of paper. If there are any existing support orders, Child Support Enforcement (CSE) may need copies of each.

Child's Name:				
	Absent Mother	Absent Father	Absent Mother	Absent Father
Absent Parent Name:				
Address:				
SSN:				
Date of Birth:				
Reason Not in Home:				
Will you help CSE begin/enforce support order for each child?	<input type="checkbox"/> Yes <input type="checkbox"/> No -Tell us why below	<input type="checkbox"/> Yes <input type="checkbox"/> No -Tell us why below	<input type="checkbox"/> Yes <input type="checkbox"/> No -Tell us why below	<input type="checkbox"/> Yes <input type="checkbox"/> No -Tell us why below

If you answered no to the last question, tell us why: _____

To get cash assistance, you must cooperate with Child Support Enforcement. If this would put you or the child(ren) in danger of abuse, or you have other good reasons why you cannot cooperate, please tell us.

6. Tell Us About Resources

We need to know about resources to decide if you can get benefits. Does the child(ren) have a Trust Fund? No Yes
 If yes, we may contact you for more information.

Does the child(ren) in your household own or have their name on any resources? For example: cash, checking/savings/credit union accounts, certificates of deposit (CD's), stocks, bonds, IRA's, property or any other resources? No Yes

If yes, please complete the following:

Type of Resource	Name(s) on Resources	Where is the Resource Held? (Name of Bank, Credit Union or Company)	Amount or Value

3. Tell Us How You Want Us to Communicate With You

We provide interpreter and translation services. Complete this section to help us meet your needs.

Does anyone in your household prefer to speak or read a language other than English? No Yes

If yes, write in the names of spoken and/or written language preferred below. Also include other communication needs such as Braille, relay, signed English, TDD, TTY, large print, Voice Synthesizer Program, etc.

Name	Spoken Language	Written Language	Other Needs

4. Tell Us About Students in the Home

Special rules apply to students. Complete this information to help us decide if these rules apply to your household.

Is anyone in your home a student in high school, college, or vocational-technical school? No Yes

If yes, complete the following:

Student Name	Grade	Name of School	Full Time - FT or Part Time - PT?

Grandparents as Caregivers Cash Assistance Application

Agency Use Only:	<input type="checkbox"/> Initial	<input type="checkbox"/> Review
Date received in agency:	_____	
Worker:	_____	Date Registered: _____
Case No(s):	_____	
Interview Date:	_____	

1. Tell Us About Yourself

The applicant is the grandparent or other relative with whom the child resides.

Applicant Name: _____ Daytime Phone: _____ Message Phone: _____

Home Address: _____ City: _____ Zip Code: _____

Mailing Address (if different): _____ City: _____ Zip Code: _____

2. Tell Us About Yourself and the People in Your Home

Include everyone living in your home, even if you are not applying for them. **Proof of relationship for the minor child(ren) is required.**

First Name	MI	Last Name	Relation to You	Sex	Date of Birth	Social Security Number	U.S. Citizen? Yes / No	Race/Ethnic Group (optional) Use Codes Below		Spoken Language	Written Language	Does This Person Receive Any SRS benefits? Yes / No
								Race	Ethnicity			
			SELF									

Race/Ethnicity Codes: The following codes are for federal reporting purposes and will not affect your benefits.

Race (choose as many as apply):

A = American Indian/Alaskan Native
P = Native Hawaiian/Pacific Islander

B = Black/African American
S = Asian

W = White

Ethnicity (choose only one):

H = Hispanic or Latino

N = Not Hispanic/Latino