

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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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.

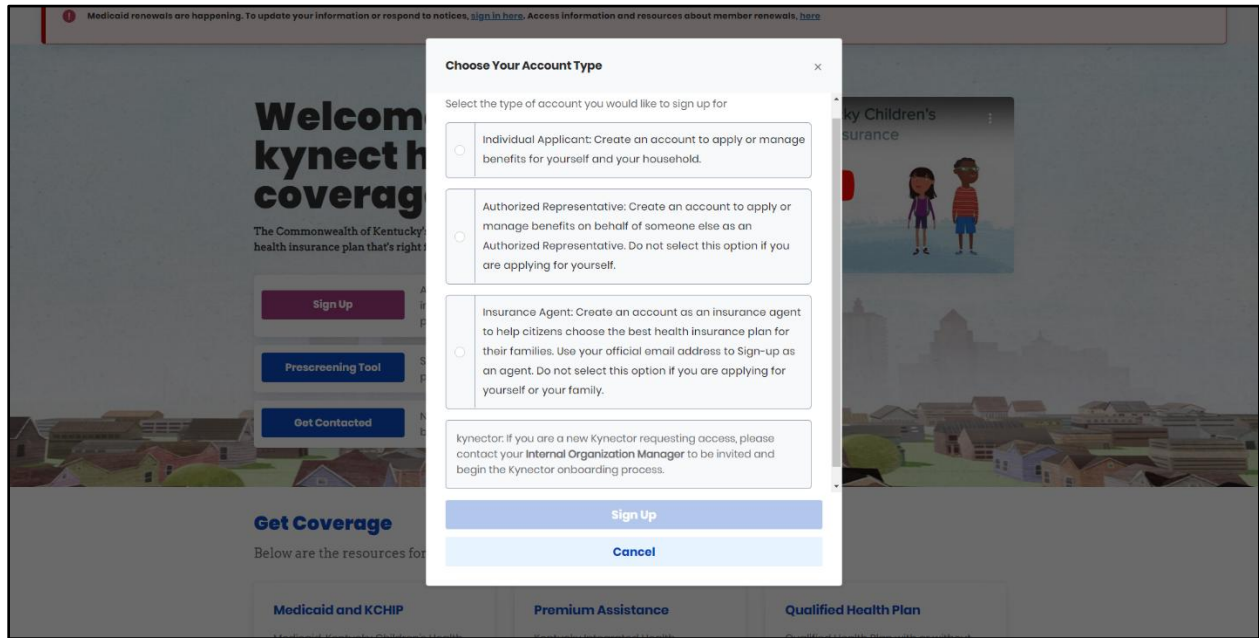
Steps to Start Applying for Benefits

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

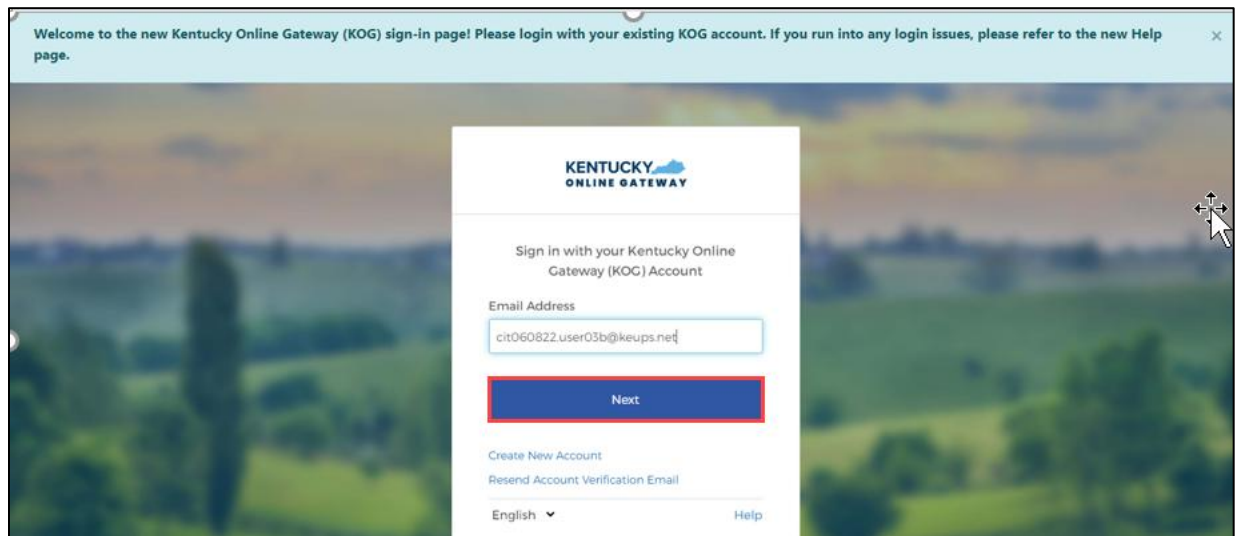
The screenshot shows the kynect benefits website. The header is blue with the kynect logo on the left and navigation links: Programs, Get Local Help, Child Care Provider Search, and Help & FAQs. On the right of the header are 'Sign In' and a user icon. Below the header, there's a language selector set to 'English (English)'. The main content area has a large 'Welcome to kynect benefits' heading, followed by the tagline 'The Commonwealth's space for you to connect with Kentucky benefits'. There are two main buttons: 'Sign Up' (purple) with the text 'Apply and manage your health, food, household expenses, and child care benefits online anywhere' and 'Prescreening Tool' (blue) with the text 'See if your household may be potentially eligible for benefits.' To the right is a video player showing a cityscape with a hot air balloon and the URL 'kynect.ky.gov/benefits'. Below this 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:'. There are three program cards: 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 select the **Sign Up** button on the home page to be taken through the steps to create a KOG account. After selecting **Sign Up** the user must select one of three account types: Resident, Authorized Representative, or Insurance Agent.

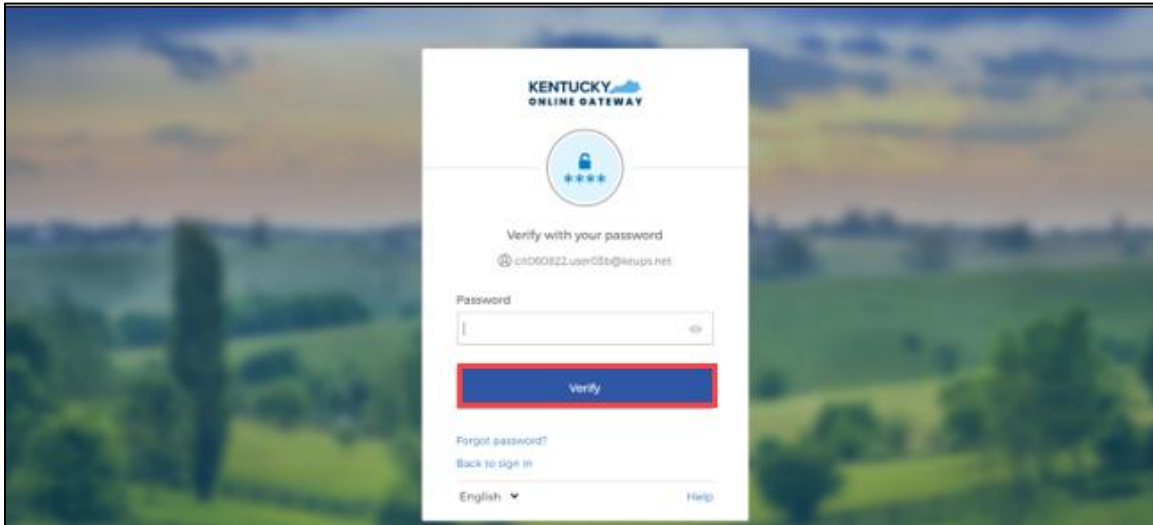


3. Enter your **Email Address** and select **Next**.

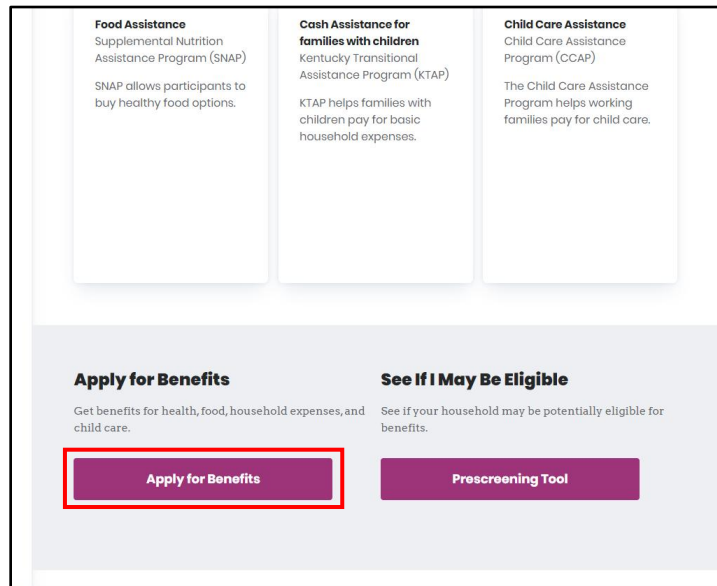




4. Then enter your password and select **Verify** to navigate to the Dashboard.



5. Select **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.



Please Note: The **Case Summary** link appears on the left side for active cases that currently or previously had Medicaid (MA) or Qualified Health Plan (QHP) present, where the individual is the Head of Household. If the case is not active, or the individual is not the Head of Household, the link is not available.



6. Read the **Get Started** screen. Select **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 select **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**.

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"/>	Child Care Assistance

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.

How are you meeting this applicant?

How would you like to verify this applicant's identity? ⓘ



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 selecting **Get Local Help**, which redirects users to the Get Local Help page.



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.

The Application Side Menu has taken place of the Application Summary screen. As Applicants progress through the application, they are automatically advanced to the next section once they enter all required information. The progress indicators are updated to show completion with a green circle indicating the section is complete, a yellow half-circle indicating the section is partially complete, and a red circle indicating the section needs review.

Steps to Complete an Application

1. Select **Start** to add the details for the Head of Household.

BENEFITS APPLICATION

< Application Summary

Household Members

Add all current household members, any household members who have passed away in the last 3 months, and tax dependents.
[Learn More](#)

Head of Household

Sunny Weather
40 years old

Start

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



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."



BENEFITS APPLICATION

Application #413000293
1 of 10 completed

- Program Selection
- Household Members**
- Contact Information
- Reps, kynectors, & Agents
- Relationship & Tax Filing
- Household Information
- Member Details
- Health Care Coverage
- Employer's Health Reimbursement Arrangement
- Review, Sign & Submit

Household Member Details

Complete the questions below about the household member. If this household member has a Social Security Card, enter the name as it appears on the card.

First Name: ANDY MI: K

Household member does not have a middle initial.

Last Name: WILSON Suffix: Select

Alias First Name:

Alias Last Name:

Sex: Male Date of Birth: 03/17/1971

Does this individual have a Social Security Number? Yes No

Why doesn't this individual have a SSN?
 Is not eligible to receive a SSN



Please Note: The sections that appear in the **left side application menu** depend on the programs that were selected. Select **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.



1. Select **Edit** to edit *Head of Household* information if necessary.
2. Select **Add Member** to add *Household Member(s)*.

The screenshot shows the 'Household Members' section of the kynect benefits application. On the left is a navigation menu with steps: Program Selection (completed), Household Members (active), Contact Information, Reps, kynectors, & Agents, Relationship & Tax Filing, Household Information, Member Details, Health Care Coverage, and Employer's Health Reimbursement Arrangement. The main content area has a title 'Household Members' and instructions: 'Add all current household members, any household members who have passed away in the last 3 months, and tax dependents.' Below this is a 'Head of Household' section with a table listing 'ANDY A APPLE, 38 years old' and an 'Edit' button. Below that is a 'Household Members' section with an 'Add Member' button. Red boxes highlight the 'Edit' and 'Add Member' buttons.



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.

3. 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.

4. Enter *Sex*.
5. Enter *Date of Birth*.
6. Select **Yes** or **No** for *Does this individual have a Social Security Number?*
7. Select **Yes** or **No** for *Is this individual a resident of the Commonwealth of Kentucky?*
8. Check the appropriate **box(es)** for *Select this individual's race(s)*.
9. Select a *Benefit Program*.



Please Note: If **American Indian or Alaskan Native** is selected for an Individual's race, the Resident must also select either **Indian/Urban Indian, California Indian** or **Other** from the additional question *Select this individual's Native American Category* drop-down. This additional question is only applicable to SNAP.

Household Member Details

Complete the questions below about the household member. If this household member has a Social Security Card, enter the name as it appears on the card.

First Name	M.I.
<input type="text" value="ANDY"/>	<input type="text" value="K"/>
<input type="checkbox"/> Household member does not have a middle initial.	
Last Name	Suffix
<input type="text" value="WILSON"/>	<input type="text" value="Select"/>
Sex	Date of Birth
<input type="text" value="Male"/>	<input type="text" value="03/17/1971"/>

Does this individual have a Social Security Number? ⓘ

Is this individual a resident of the Commonwealth of Kentucky? ⓘ

We have to ask for ethnicity and race to assure that program benefits are distributed without regard to race, color, or national origin, but you don't have to answer. Your answer won't affect how many benefits you get or how soon you get them.

Select this individual's race(s)

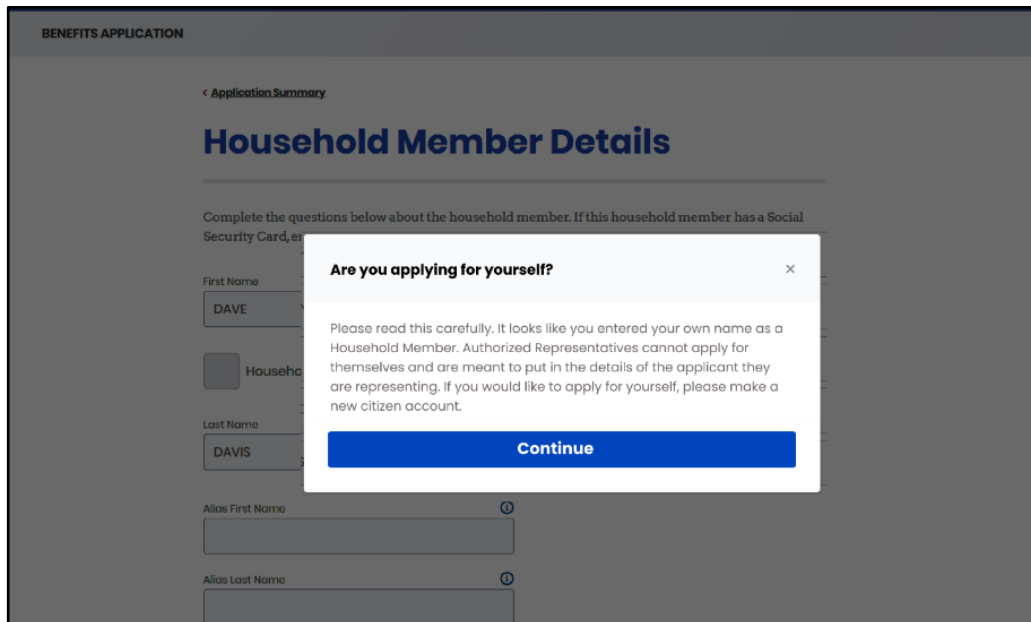
- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White
- Unknown



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 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.”

10. Select a *Benefit Program*.
11. Select **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)

12. After all Household Members are added in the *Household Members* section, Residents will be automatically prompted to enter their contact information for each member.



13. Enter the Household Member's *Email* and *Primary Phone Number*.
14. Select *Primary Phone Type*.
15. Select the Applicant's Text Message Alert Preferences.
16. Enter Secondary Phone Number.
17. Select Secondary phone type.
18. 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.

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



APPLICATION Language: English (En)

AARON K WILSON
Section 1 of 2

Contact Information ⊖

Complete the questions below about contact information.

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 these options.

Note: Emails and Text Messages will alert you when there is a new communication that can be viewed in your kynect Benefits account. You must have a KOG account to view kynect electronic communications. You can find information on how to set up a Kentucky Online Gateway (KOG) account in the [Quick Reference Guide](#).

Electronic - Email only
(Go Paperless)

Electronic - Email and Text Message
(Go Paperless)

Mail

Primary Phone Number: Ext.

Primary Phone Type

+ Add Secondary Phone Type

Preferred Spoken Language: Preferred Written Language:

Does everyone in AARON K WILSON's household have the same contact information?

Does applicant need assistance for effective communication?

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



AARON K WILSON
Section 2 of 2

Address Information

What is AARON K WILSON's physical address?

AARON K WILSON does not have a physical address

AARON K WILSON's mailing address is different from the provided physical address

What is AARON K WILSON's mailing address?

Mailing Address

Mailing Address Line 2
I.E. APT. #, SUITE, UNIT, BUILDING, FLOOR, P.O. B

City

State
Select

County
Select

Zip Code

Zip+4 Code

Does everyone in AARON K WILSON's household have the same address information?

26. Residents will be automatically advanced to the *Reps, kynectors, & Agents* section.

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



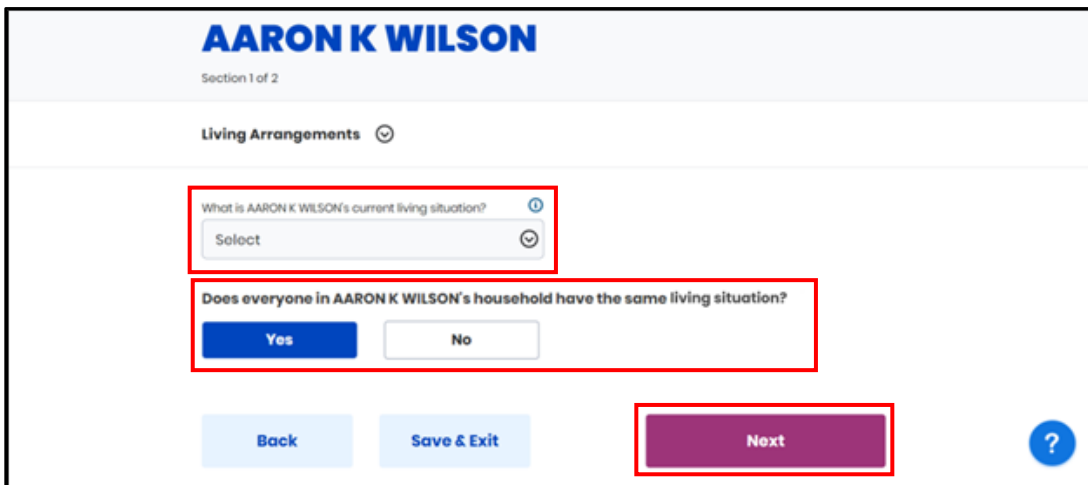
Please Note: For Residents that are approved for FAST, Residents may add an Authorized Representative to their case from their kynect benefits dashboard. Authorized Representatives for FAST cases have the ability to view their Residents' FAST benefits.

27. Select **Next** to advance to the *Relationship & Tax Filing* section.



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.

28. Select the Resident's **current living situation**.
29. Select type of **in-home assistance** the Resident receives.
30. Select **Yes** or **No** for *Does everyone in [Resident's name] household have the same living situation?*
31. Select **Next**.



The screenshot shows a web form for 'AARON K WILSON' under the heading 'Living Arrangements'. The form contains two questions: 'What is AARON K WILSON's current living situation?' with a dropdown menu, and 'Does everyone in AARON K WILSON's household have the same living situation?' with 'Yes' and 'No' buttons. At the bottom, there are 'Back', 'Save & Exit', and 'Next' buttons. A red box highlights the 'Next' button.



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 selecting the link, the Individual will see the *Submit Application Now?* early submission modal pop-up. If the Individual **selects Continue to Submit Early**, the Individual will be directed to the **Signature** page. This link will appear on every screen after the **Reps, kynectors, and Agents** screen of SNAP, KTAP, and CCAP intake applications and renewals.

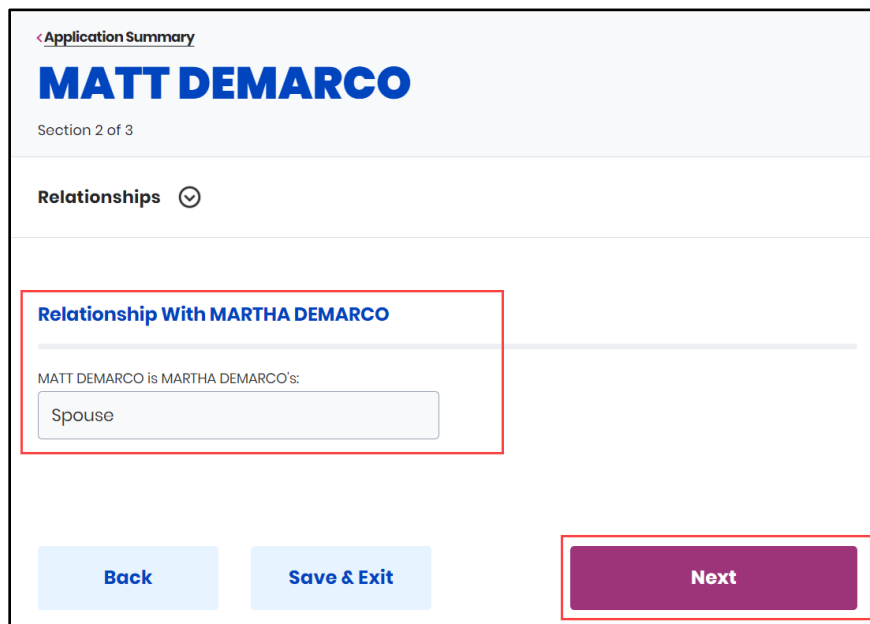


Please Note: The following selections on the **Living Arrangement** screen trigger the **Estate Recovery** screen in the *Household Information* section:

- 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

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

33. Select **Next**.



The screenshot shows the 'Relationships' section of the application for MATT DEMARCO. The page title is 'Application Summary' and the user name is 'MATT DEMARCO'. It is 'Section 2 of 3'. The 'Relationships' section is expanded, showing a dropdown menu for 'Relationship With MARTHA DEMARCO'. The selected option is 'Spouse'. At the bottom, there are three buttons: 'Back', 'Save & Exit', and '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.

34. Select the tax filing status for *How does [Applicant Name] intend to file taxes in tax year [current year]?*

35. Select *Who is the primary tax filer in tax year [current year]?*

MATT DEMARCO

Section 3 of 3

Tax Filing ⌵

How does MATT DEMARCO intend to file taxes in tax year 2026? ⓘ

Dependent of individual in the household

Dependent of individual not in the household

Married Filing Jointly

Married Filing Separately

I do not intend to file taxes

Who is the primary tax filer in tax year 2026?

MATT DEMARCO

MARTHA DEMARCO



Please Note: The question *Who is the primary tax filer in tax year [current year]?* only displays if the Individual's relationship is **Spouse** and tax status is **Married Filing Jointly**.



- 36. Select **Yes** or **No** to *Is [Applicant Name] claiming any household members as dependents?*
- 37. Select *Which household member(s) is [Applicant Name] claiming as a dependent?*
- 38. Select **Yes** or **No** to *Will [Applicant Name]'s tax filing status be the same as the previous year?*
- 39. Select **Yes** or **No** to *Did [Applicant Name] reconcile premium tax credits on his tax return for the last two consecutive tax years?*
- 40. Select **Next**.

Is MATT DEMARCO claiming any household members as dependents?

Yes No

Which household member(s) is MATT DEMARCO claiming as a dependent?

JANE DEMARCO

MARY H DEMARCO

Will MATT DEMARCO's tax filing status be the same previous year?

Yes No

Did MATT DEMARCO reconcile premium tax credits on his tax return for the last two consecutive tax years? Select 'Yes' below if: ⓘ

- You received payment assistance to help for coverage.
- You filed federal income tax returns for the last two consecutive years, and you used payment assistance. For example, in the year 2025 and 2024 you got help paying coverage and you also filed tax returns for both years.
- You submitted IRS Form 8962 with these tax returns.

Yes No



41. In the Household Information Screen, answer questions about the household's health, circumstances, income, expenses, and resources.

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.

42. Select Next.

43. 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 benefits, such as annuities, pensions, retirement, Black Lung, unemployment compensation, or VA pension?
- Is anyone in this household currently enrolled in school?
- Would anyone in your household like to take a needs assessment to connect you with local community support resources/services/programs, such as housing, utility, or transportation assistance?

Household Information

Section 2 of 4

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 eligible for entitled benefits, such as annuities, pensions, retirement, Black Lung, unemployment compensation, or VA pension?

Would anyone in your household like to take a needs assessment to connect you with local community support resources/services/programs, such as housing, utility, or transportation assistance?

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



44. Select **Next** to go to the Resources screen.

45. 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?
- Does this account earn interest?



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

46. 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?



47. Select **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?

Select applicable household member(s):

MATT DEMARCO

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?



48. Complete the **Income & Subsidies Selection** screen and select **Next** to go to the *Expenses* screen.

Income & Subsidies Selection

! Income information is used in determining if you are eligible for various benefit programs. Questions will show depending on what program(s) you are applying for. Reporting your income accurately is essential for determining the benefits for which you are eligible.

[Learn More](#)

Complete the questions below about the income and subsidies.

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 this household have job income from employer?

Examples:

- Wages
- Salary
- Tips

[\(view an example W-2 tax form\)](#)

Does anyone in this household have self-employment income?

Examples:

- Owning your own business
- Farming
- Short-term gig work like Uber driving or DoorDash delivery
- Freelancing

[\(view an example W-4 tax form\)](#)
[\(view an example Schedule C \(Form 1040\) tax form\)](#)
[\(view an example personal record\)](#)

Does anyone in this household receive Waiver income?

Does anyone in this household receive income from Social Security, retirement, or a pension?

Examples:

- Aged or disabled: SSI through Social Security ([view an example SSI award letter](#))
- Retirement: RSDI through Social Security Pensions ([view an example RSDI award letter](#))
- 401K fund



49. Complete the **Expenses** screen.

Expenses

Expense information is used in determining if you are eligible for various benefit programs. Questions will show depending on what program(s) you are applying for. Reporting your expenses accurately is essential for determining the benefits for which you are eligible.

[Learn More](#)
Complete the questions below about expenses.

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 this household need help paying unpaid or partially paid medical bills received in the last three months?

Does anyone in the household have deductible expenses?

Examples:

- Student loan interest
- Certain out-of-pocket medical expenses
- And real estate taxes

50. Select **Individual Information** to start **Member Details**.

51. Complete the **Education** screen by selecting **Start** next to the Resident's highest level of education, entering the education level, and selecting **Next**.

52. Select the Resident's preferred MCO plan from the **Preferred MCO Selection** screen and select **Next**.

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



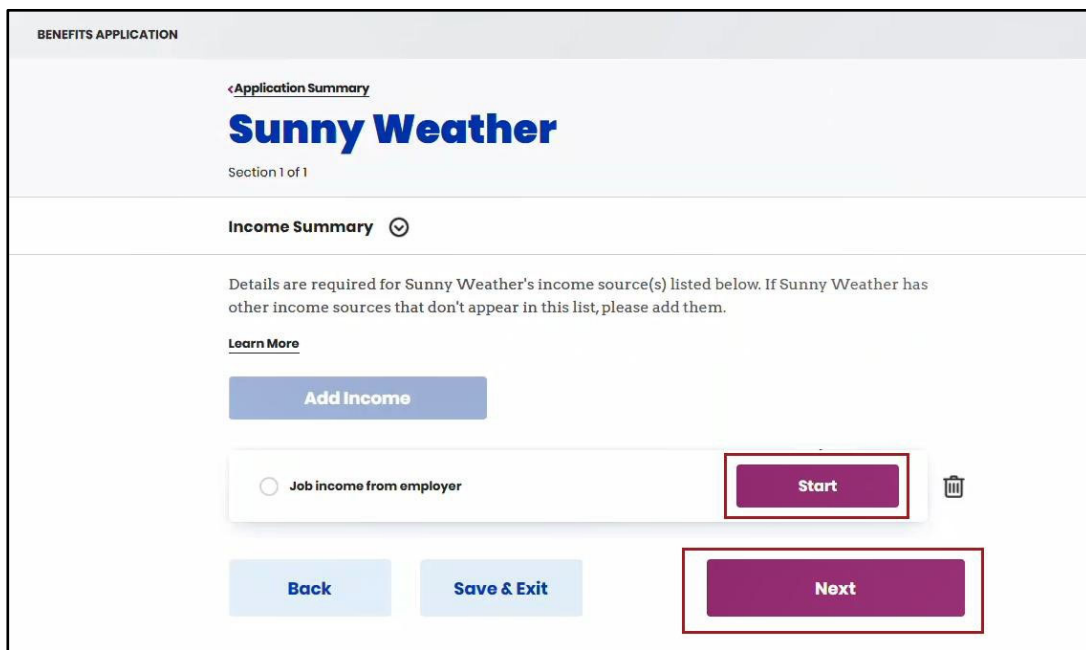
Please Note: The **Estate Recovery Summary** screen appears if one of the following options was selected from the **Living Arrangement** screen:

- 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 arrangement situation drop-down

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



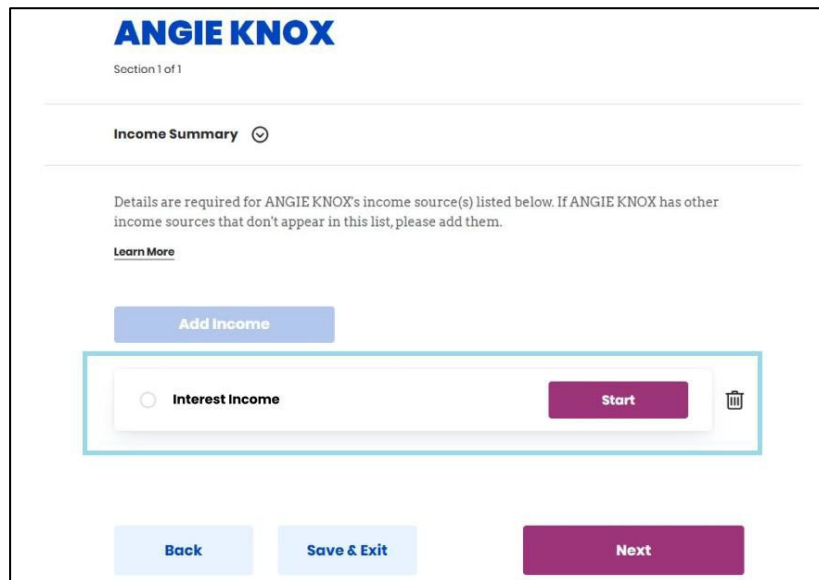
Please Note: The *Income & Subsidies Information* and *Expenses Information* subsection only appears under the *Member Details* section if the user indicated they have income and expenses. The Financial Wizard guides Residents through entering their income and expenses information.



The screenshot shows the 'BENEFITS APPLICATION' screen for 'Sunny Weather'. It is 'Section 1 of 1' and titled 'Income Summary'. A message states: 'Details are required for Sunny Weather's income source(s) listed below. If Sunny Weather has other income sources that don't appear in this list, please add them.' Below this is a link for 'Learn More' and an 'Add Income' button. A radio button is selected for 'Job income from employer', with a 'Start' button to its right. At the bottom, there are 'Back', 'Save & Exit', and 'Next' buttons. The 'Start' and 'Next' buttons are highlighted with red boxes in the original image.



Please Note: If a user indicated their ownership of an interest-earning liquid resource on the **Resource Details** screen, an **Interest Income** placeholder tile appears on the **Income Summary** screen. Users must complete the tile to proceed. If the tile is not completed, the error message, “*All income information needs to be added*” displays. If the tile is deleted, the answer to the interest question on the **Resource Details** screen automatically updates to **No**.




ANGIE KNOX
Section 1 of 1

Income Summary ⌵

Details are required for ANGIE KNOX's income source(s) listed below. If ANGIE KNOX has other income sources that don't appear in this list, please add them.

[Learn More](#)

Add Income

Interest Income **Start** 

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



55. If Residents are applying for Medicaid/KCHIP or KI-HIPP, the *Health Care Coverage* Section will automatically appear; Residents will be prompted to complete the section.

The screenshot shows the 'kynect benefits' dashboard. The main content area is titled 'Healthcare Coverage Selection'. On the left, a sidebar lists application steps: Program Selection, Household Members, Contact Information, Reps, kynectors, & Agents, Relationship & Tax Filing, Household Information, Member Details, **Health Care Coverage** (highlighted with a red box), Employer's Health Reimbursement Arrangement, and Review, Sign & Submit. The main area contains two questions with 'Yes' and 'No' buttons: 'Is anyone applying for benefits in your household enrolled in health care coverage?' and 'Does anyone in your household applying for benefits have an employer that offered health care coverage, but has not yet enrolled?'. At the bottom are 'Back', 'Save & Exit', and 'Next' buttons.

56. Select **Yes** or **No** for Are any household members currently enrolled in health care coverage?.

57. Select **Yes** or **No** for Does anyone in the household have any employer that offers health care coverage but has not enrolled?.

58. Complete the *Health Care Coverage Selection* by selecting **Next**.

This is a close-up of the 'Health Care Coverage Selection' form. It features two questions, each with 'Yes' and 'No' buttons. The first question is 'Is anyone applying for benefits in your household enrolled in health care coverage?'. The second question is 'Does anyone in your household applying for benefits have an employer that offered health care coverage, but has not yet enrolled?'. At the bottom, there are three buttons: 'Back', 'Save & Exit', and 'Next'. Red boxes highlight the question text and the 'Next' button.



59. 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? ⓘ

60. Select **Yes** or **No** for Is anyone in the household currently enrolled in an individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA)?.
61. 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?.
62. Select **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 will be prompted 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. Residents are prompted to review all previously completed sections.

BENEFITS APPLICATION

Application# 410009295

9 of 10 completed

- Program Selection
- Household Members
- Contact Information
- Reps, kynectors, & Agents
- Relationship & Tax Filing
- Household Information
- Member Details
- Health Care Coverage
- Employer's Health Reimbursement Arrangement
- Review, Sign & Submit**

Application Review

You can review your application and make changes before you sign and submit.

[Expand All](#) | [Collapse All](#)

Household Members

[JOHN A DOE \(Head of Household\)](#)

Date of Birth	09/09/1990
Is US Citizen	Yes
Program(s) Applied for	Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTIC) QHP (Medical and Dental insurance plans without payment assistance)
Is American Indian or Alaskan Native	No

Head of Household Contact Information

[JOHN A DOE](#)

Primary Phone Number	800-800-8000
Preferred method of getting notices	Mail
Preferred written language	English
Physical Address	1 East Main Street Downtown, Louisville, Jefferson, Kentucky, 40202
Mailing Address	Same as Physical Address

Reps, kynectors & Agents

[Reps, kynectors & Agents](#)

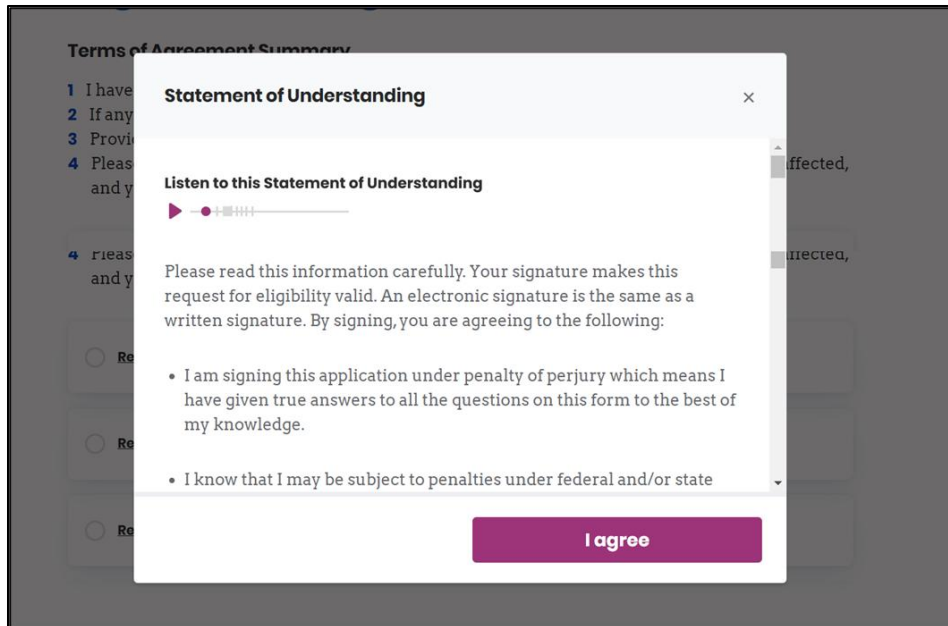
Authorized Representative	Not Selected
kynector	Harry Lloyd
Insurance Agent	Not Selected

Relationship & Tax-Filing

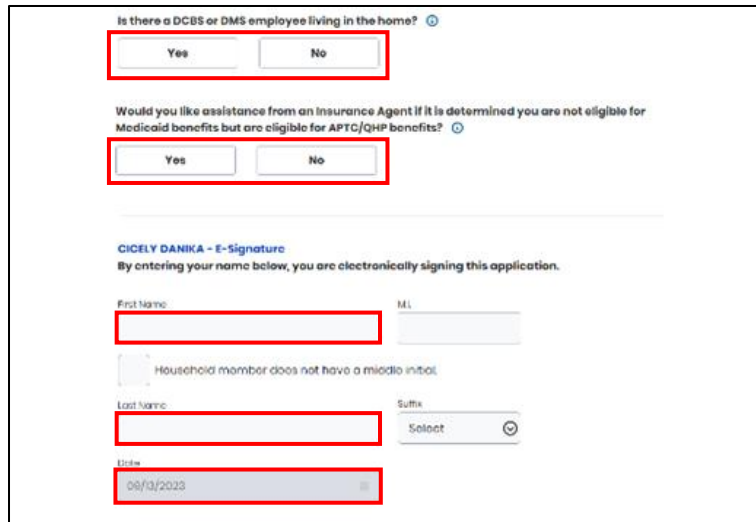
Individual relationship with Head of Household

[JOHN A DOE](#)

2. Read and agree to the *Terms of Agreement Summary* on the **Review, Sign, & Submit Screen**.
3. Residents are able to access recordings for each agreement policy.



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

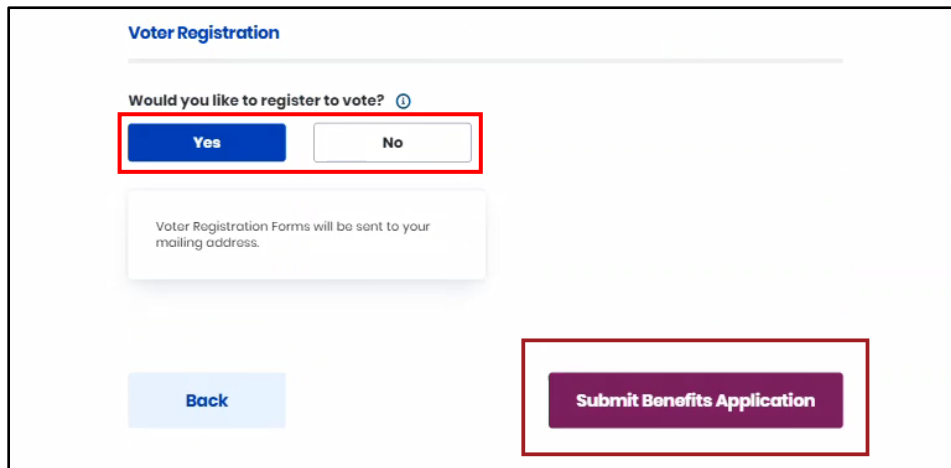


Please Note: The signature must match the Resident's name used on the kynect application or the Resident would not be able to submit the application.



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

6. Select **Yes** or **No** for Would you like to register to vote?
7. Select Submit Benefits Application.



The screenshot shows a web form titled "Voter Registration". The main question is "Would you like to register to vote?" with a help icon. Below the question are two buttons: "Yes" (blue) and "No" (white with a grey border). A red box highlights both buttons. Below the buttons is a grey box containing the text "Voter Registration Forms will be sent to your mailing address." At the bottom left is a light blue "Back" button. At the bottom right is a purple "Submit Benefits Application" button, which is highlighted with a red box.



If **Yes** is selected to the question **Would anyone in your household like to take a needs assessment to connect you with local community support resources/services/programs, such as housing, utility, or transportation assistance?** on the **Household Composition** screen, the **Residents Needs Assessment** screen displays at the end of the application. These are 18 assessment questions, with additional questions based on the Resident’s responses. All questions are optional.

- For each question, select the appropriate response.
- Select **Back** to be taken to the previous page of the assessment.
- Select **Skip** to skip the entire assessment.
- Select **Next** to move to the next page of the assessment. The **Next** button will be replaced with **Submit Assessment** on the last page of the assessment.

Residents Needs Assessment

Section 2 of 5

During your application, you indicated that someone in your household would like additional information to receive resources based on their needs. Completing this optional Residents Needs Assessment will allow kynect to find programs and services that could help you and your family. Please answer these questions honestly and to the best of your ability. Click "Skip" at the bottom of the screen if you would like to skip this assessment.

Which best describes your income situation?

- No income
- My income is irregular
- My income is not enough to meet my needs
- I can meet my basic needs with help from assistance programs
- I can meet my basic needs without assistance
- My income meets my needs, is well-managed, and I can save

Which best describes your food situation?

- I am unable to get food
- I can get food but do not have the space or time to prepare a meal
- My household receives help for food such as SNAP (food stamps) or other food assistance
- I can meet my basic food needs, but I require occasional assistance such as a food pantry
- I can meet my basic food needs without assistance
- I can choose to purchase any food my household desires

Which best describes your child care situation?

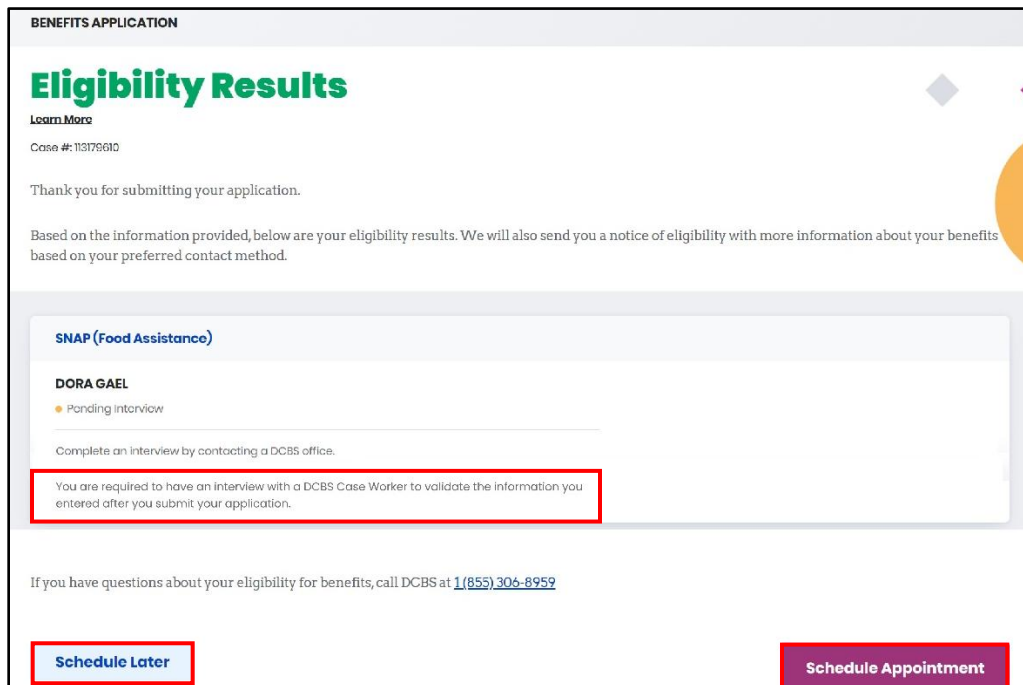
- I need child care, but I am not able to afford child care at this time
- I can afford child care, but the child care options are unreliable or inaccessible
- Child care is provided by a personal friend or family member
- I can select quality child care of my choice
- I do not need child care at this time

Back **Skip** **Next**



Please Note: If **Skip** is selected, a pop-up will display asking the Resident to verify that they would like to skip the entire assessment, without recording any of the answers provided so far.

8. 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.
 - Select **Schedule Appointment** to select a preferred appointment location.
 - Select **Schedule Later** to proceed to the **Next Steps** screen.



BENEFITS APPLICATION

Eligibility Results

[Learn More](#)

Case #: 113179610

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. Select here to view your Request for Information (RFI) notices for your household.” The RFI notice document opens in a new tab.



9. Select **Next Steps** to view the Next Steps for the application.

The screenshot displays the 'Eligibility Results' page for a benefits application. At the top, there is a navigation bar with 'kynect benefits', 'Dashboard', 'Programs', 'Child Care Provider Search', and 'Help & FAQs'. The user is identified as 'VICTOR'. The main heading is 'Eligibility Results' with a 'Learn More' link. Below this, a case number '113216224' is shown, followed by a thank-you message and an explanation of the results. The results are categorized into three sections: Medicaid/KCHIP, Qualified Health Plan, and SNAP (Food Assistance). In the Medicaid/KCHIP section, both Victor Susan and Elwin Deborah are listed as 'Pending Verification / Medicaid', with a note that additional verification is needed. 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.' In the Qualified Health Plan section, both are listed as 'Approved'. In the SNAP section, both are listed as 'Pending Interview', with a note to complete an interview by contacting a DCBS office. A red box highlights the 'Next Steps' button at the bottom right of the page.

10. 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

11. 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 # 81000447

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 Benefits section.

View Your Residents Needs Assessment Results

If you would like to learn more about the resources that are available to help you and your family based on your answers in the Resident Needs Assessment, click the button below to navigate to kynect resources.

View Potential Resources

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.	KI-HIPP The Kentucky Integrated Health Insurance Premium Payment Program helps pay for employer sponsored insurance (ESI) health premiums.
CCAP The Child Care Assistance Program helps working families pay for child care.	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.”



Please Note: If the Resident took the Resident Needs Assessment during the application, a link to the results will appear on the **Next Steps** screen. The Resident may also access the results by calling 2-1-1.