

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

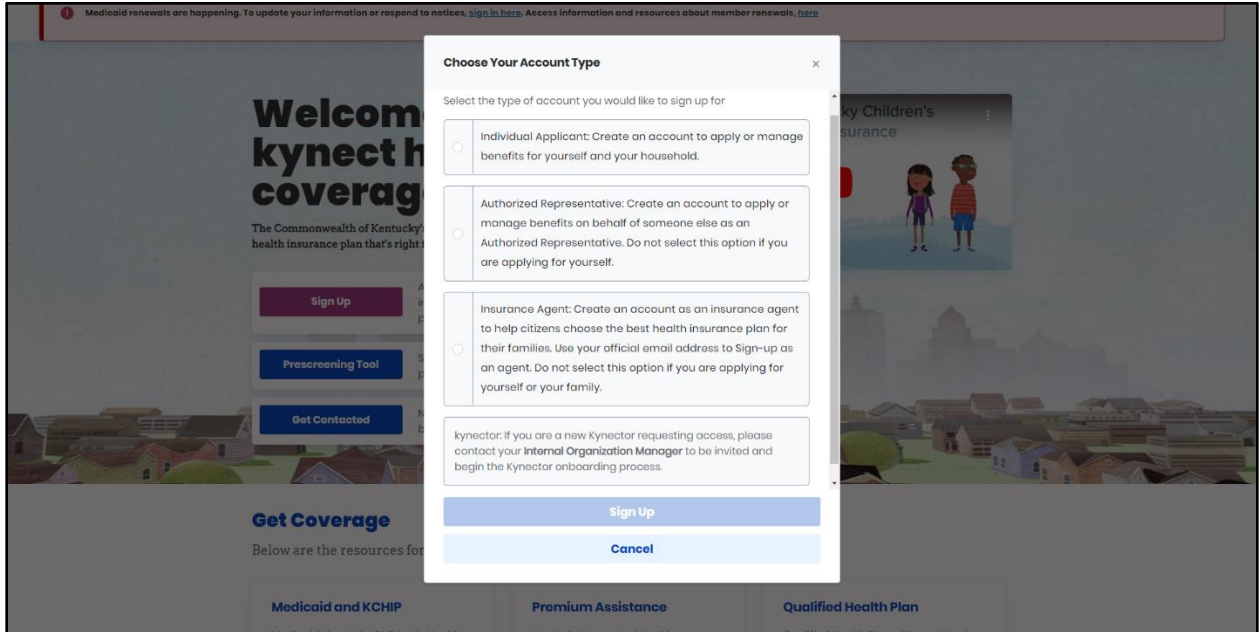
1. Click **Sign In** on the **kynect benefits** home page.

The screenshot shows the kynect benefits website. At the top, there is a blue navigation bar with the kynect logo on the left and links for Programs, Get Local Help, Child Care Provider Search, and Help & FAQs on the right. A 'Sign In' button with a user icon is also present. Below the navigation bar, the main content area features a large 'Welcome to kynect benefits' heading. Underneath, it says 'The Commonwealth's space for you to connect with Kentucky benefits'. There are two prominent buttons: a purple 'Sign Up' button and a blue 'Prescreening Tool' button. To the right of these buttons is a video player for 'kynect Benefits' with the URL 'kynect.ky.gov/benefits'. Below the video player, there 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:'. This section contains three columns of information:

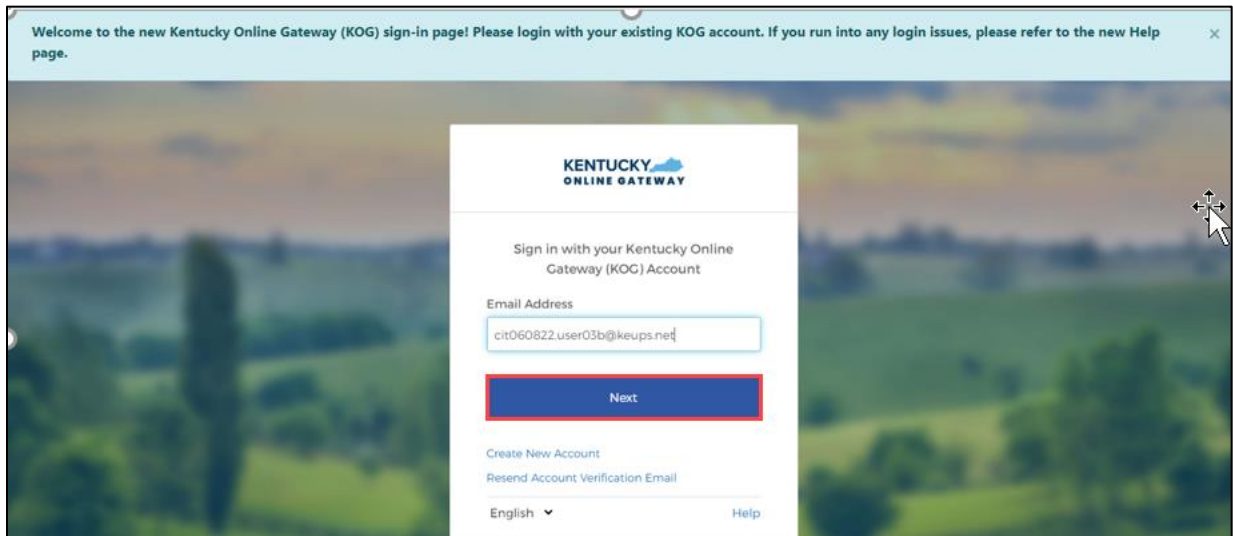
Medicaid and KCHIP	Premium Assistance	Qualified Health Plan
Medicaid, Kentucky Children's Health Insurance Program (KCHIP) and Time limited Medicaid	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)	Qualified Health Plan with or without premium payment assistance (APTC) and Cost Sharing Reduction depending on eligibility
These programs help cover medical and preventive health care costs.	The Kentucky Integrated Health Insurance Premium Payment Program helps pay for employer	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.

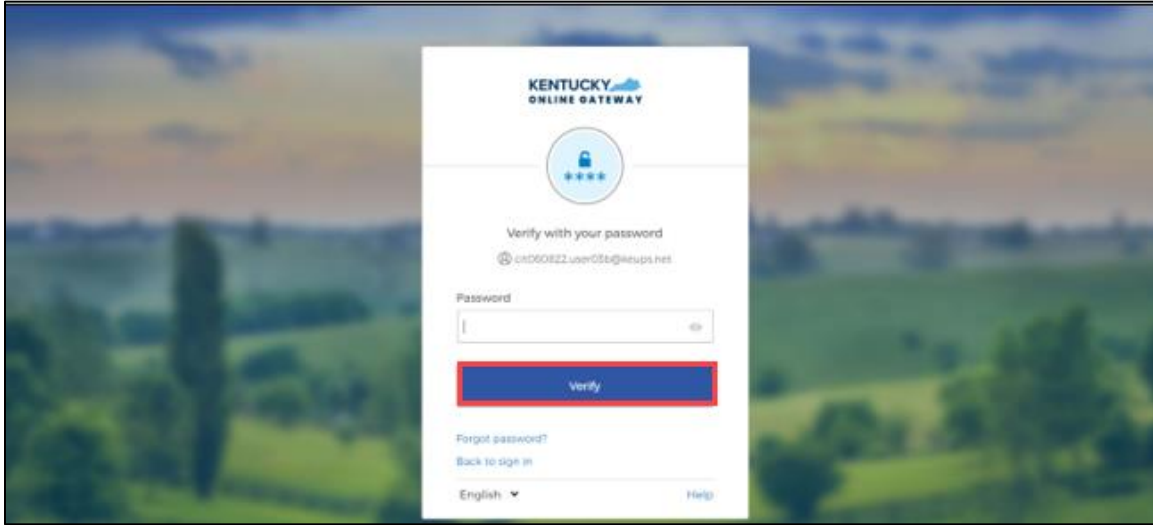


3. Enter your **Email Address** and click **Next**.

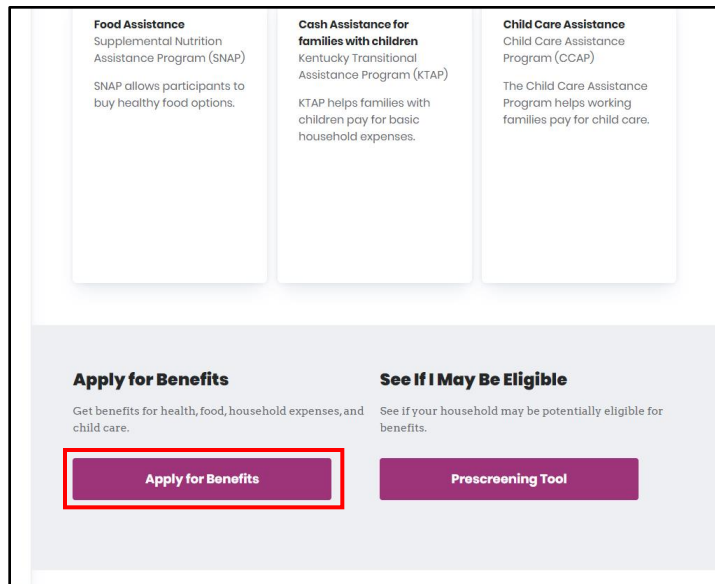




4. Then enter your password and click **Verify** to navigate to the Dashboard.



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**.

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 clicking **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. Click **Start** to add the details for the Head of Household.

The screenshot shows a web interface for a 'BENEFITS APPLICATION'. At the top, there is a navigation link for 'Application Summary'. The main heading is 'Household Members'. Below this, there is a sub-heading 'Head of Household' and a list of household members. One member, 'Sunny Weather', is listed as '40 years old' and has a green checkmark icon next to their name. A red box highlights the 'Start' button next to this member. At the bottom of the screen, there are three buttons: 'Back', 'Save & Exit', and '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."



kynect Dashboard Programs Get Local Help Child Care Provider Search Help & FAQs Languages: English (English)

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? No

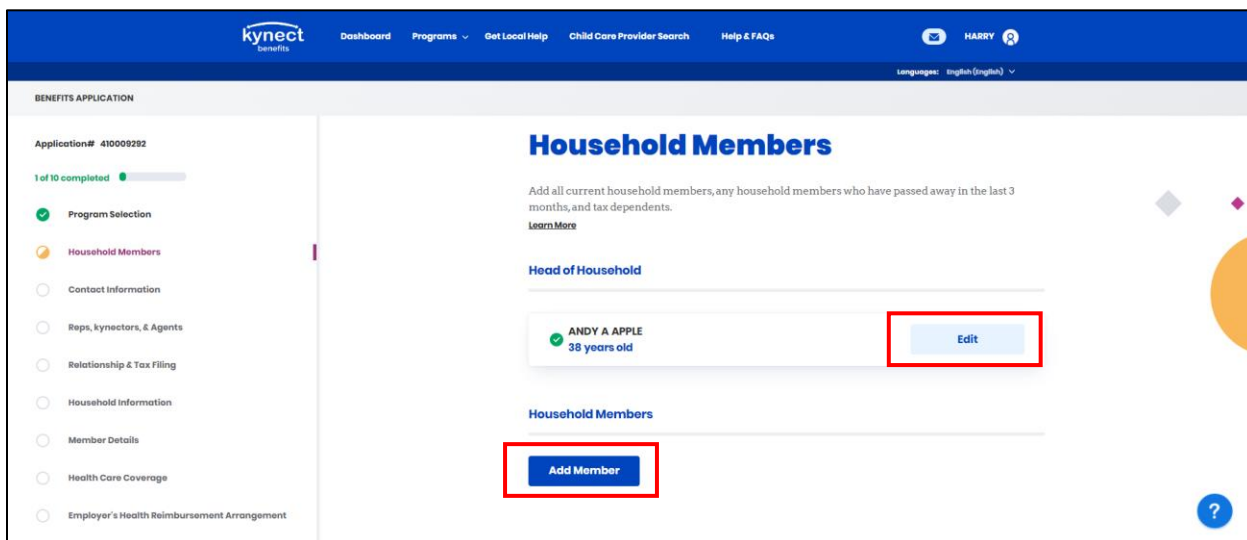
Why doesn't this individual have a SSN?
 Is not eligible to receive a SSN



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



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



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.

4. 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.

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



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.

Household member does not have a middle initial.

Last Name Suffix

Sex Date of Birth

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

The screenshot shows a web form titled "Household Member Details" under the heading "BENEFITS APPLICATION". The form includes fields for "First Name" (filled with "DAVE"), "Household" (a dropdown menu), "Last Name" (filled with "DAVIS"), "Alias First Name", and "Alias Last Name". A pop-up window titled "Are you applying for yourself?" is overlaid on the form. The pop-up contains the following text: "Please read this carefully. It looks like you entered your own name as a Household Member. Authorized Representatives cannot apply for themselves and are meant to put in the details of the applicant they are representing. If you would like to apply for yourself, please make a new citizen account." Below the text is a blue "Continue" button.



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."



8. Select a *Benefit Program*.
9. 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)

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

kynect Dashboard Programs Get Local Help Child Care Provider Search Help & FAQs HARRY

LANGUAGES: English (English)

BENEFITS APPLICATION

Application# 41009292

2 of 10 completed

- Program Selection
- Household Members
- Contact Information**
- Reps, kynectors, & Agents
- Relationship & Tax Filing
- Household Information
- Member Details
- Health Care Coverage

ANDY A APPLE

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)

?



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

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

The screenshot shows a web application interface for 'AARON K WILSON', Section 1 of 2. The page is titled 'Contact Information' and contains the following elements:

- Section Header:** AARON K WILSON, Section 1 of 2
- Section Title:** Contact Information
- Instructions:** 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](#).
- Radio Buttons:** Three options for preferred contact method: "Electronic - Email only (Go Paperless)", "Electronic - Email and Text Message (Go Paperless)", and "Mail".
- Phone Number Fields:** Primary Phone Number (with a mask) and Ext. (with a mask).
- Primary Phone Type:** Two buttons: "Landline" and "Cell".
- Secondary Phone Type:** A plus icon and the text "Add Secondary Phone Type".
- Language Selection:** Two dropdown menus for "Preferred Spoken Language" and "Preferred Written Language", both set to "English".
- Agreement Questions:** Two questions with "Yes" and "No" radio buttons: "Does everyone in AARON K WILSON's household have the same contact information?" (Yes selected) and "Does applicant need assistance for effective communication?" (No selected).
- Navigation Buttons:** "Back", "Save & Exit", and "Next".



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

City

State

County

Zip Code

Zip+4 Code

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



24. 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.

25. Click **Next** to advance to the *Relationship & Tax Filing* section.



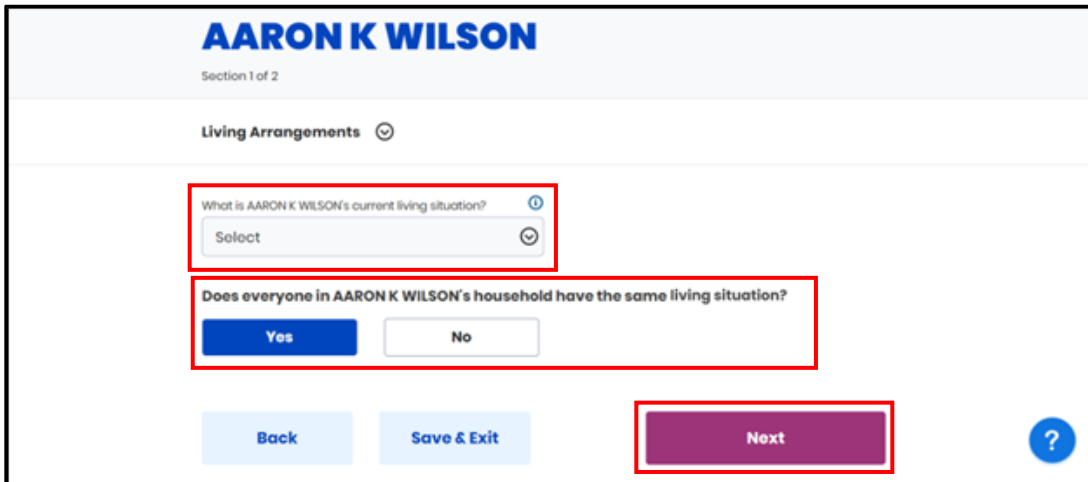
Please Note: Reference the **Adding and Removing kynectors and Insurance Agents** and the **Add, Edit, and Remove an Individual Authorized Representative** Quick Reference Guides for more details.

26. Select the Resident's **current living situation**.

27. Select type of **in-home assistance** the Resident receives.

28. Click **Yes** or **No** for *Does everyone in [Resident's name] household have the same living situation?*

29. Click **Next**.



The screenshot shows the 'Living Arrangements' section for Aaron K Wilson. The form includes the following elements:

- Section title: **AARON K WILSON**, Section 1 of 2
- Section title: **Living Arrangements**
- Question: **What is AARON K WILSON's current living situation?** (with a help icon)
- Input field: **Select** (with a dropdown arrow)
- Question: **Does everyone in AARON K WILSON's household have the same living situation?**
- Buttons: **Yes** (blue) and **No** (white)
- Navigation buttons: **Back** (light blue), **Save & Exit** (light blue), **Next** (purple, highlighted with a red box), and a **?** help icon (blue circle).



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 appear on every screen after the **Reps, kynectors, and Agents** screen of SNAP, KTAP, and CCAP intake applications and renewals.

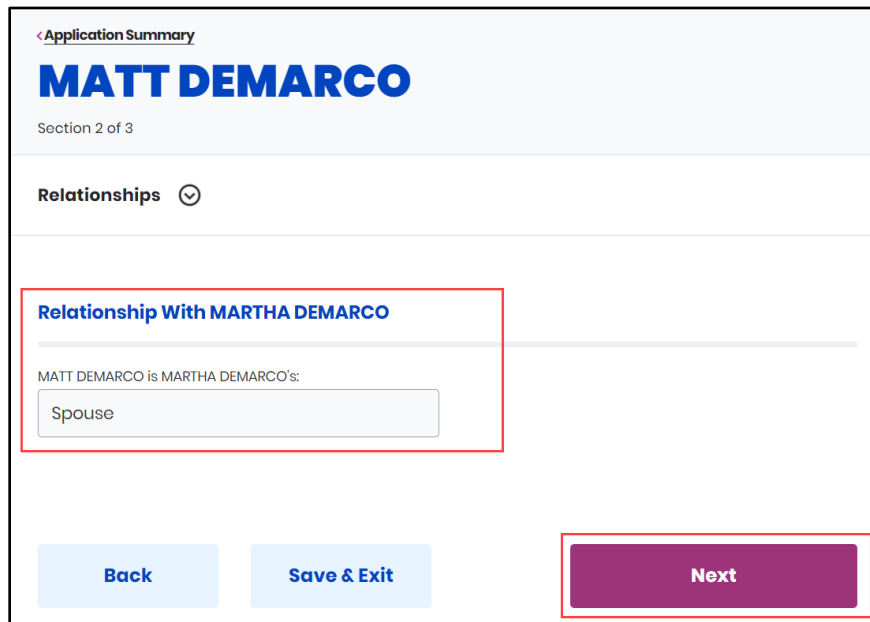


Please Note: The following selections on the **Living Arrangement** screen trigger the **Estate Recovery** screen in the *Household Information* section:

- 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

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


31. Click **Next**.



< Application Summary

MATT DEMARCO

Section 2 of 3

Relationships 

Relationship With MARTHA DEMARCO

MATT DEMARCO is MARTHA DEMARCO's:

Spouse

Back Save & Exit **Next**



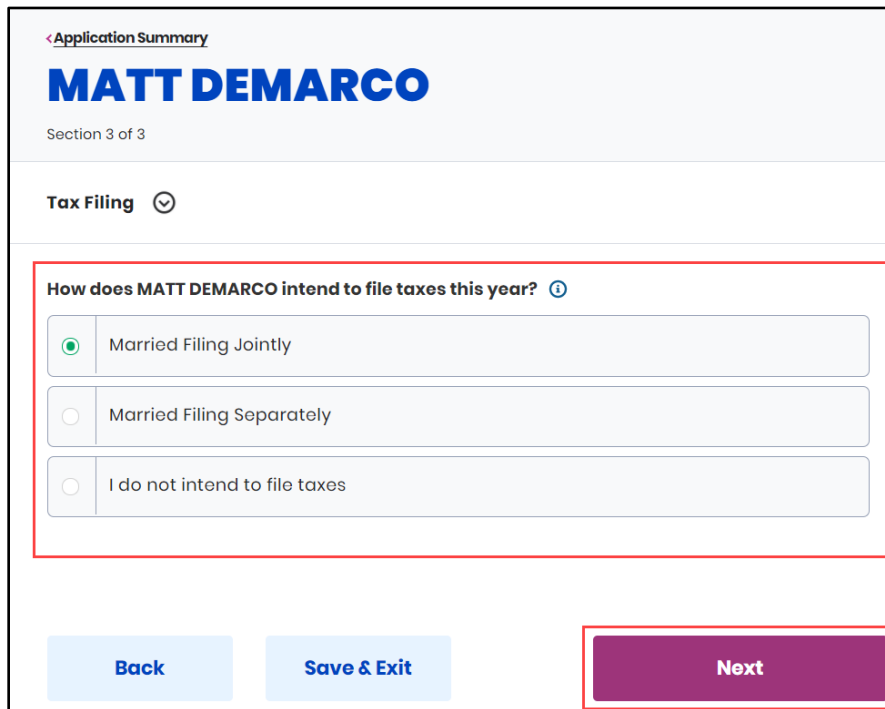
Please Note: If at least one Individual in the relationship pair selected "No Response" for their Sex then the *Relationships* screen will load the following gender-neutral options: Child, Child-in-law, Grandchild (Including Great), Grand Parent (Including Great), Nibling (Including Great), Parent, Parent-in-law, 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 the **Tax Filing Status**.

34. Click **Next**.



< 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. 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.

36. Click **Next**.

37. 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.



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

39. 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.

40. 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?



41. 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?

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?

42. Complete the **Income & Subsidies Selection** Screen and click **Next** to go to the **Expenses** screen.

43. Complete the **Expenses** screen.

44. Click **Individual Information** to start **Member Details**.

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

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

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



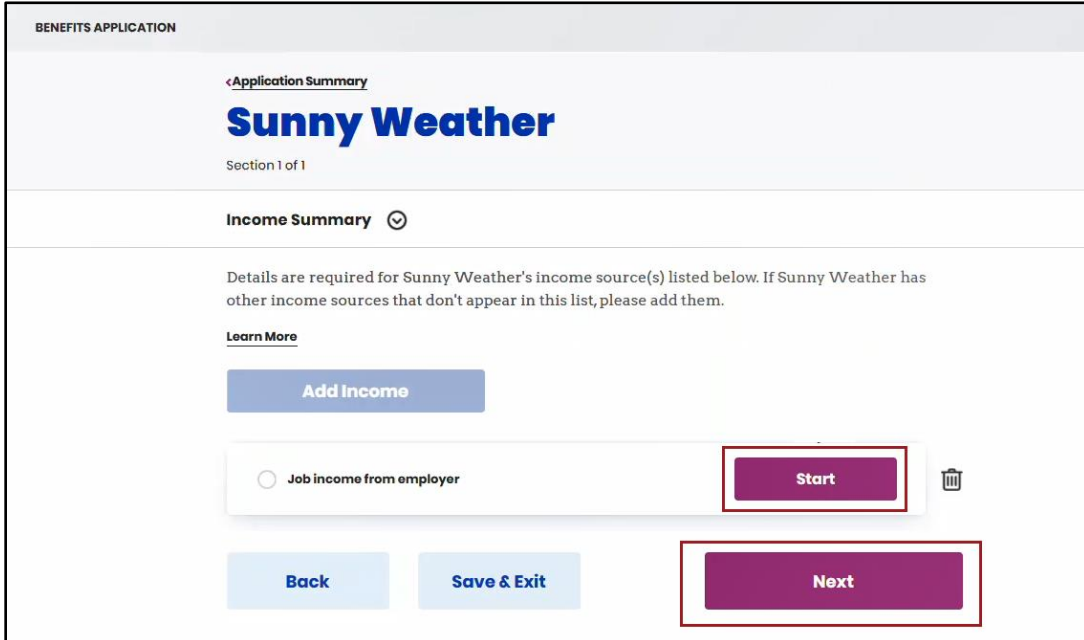
Please Note: The **Estate Recovery Summary** screen appears if one of the following options was selected from the **Living Arrangement** screen:

- 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

48. 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.



BENEFITS APPLICATION

<Application Summary

Sunny Weather


Section 1 of 1

Income Summary

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.

[Learn More](#)

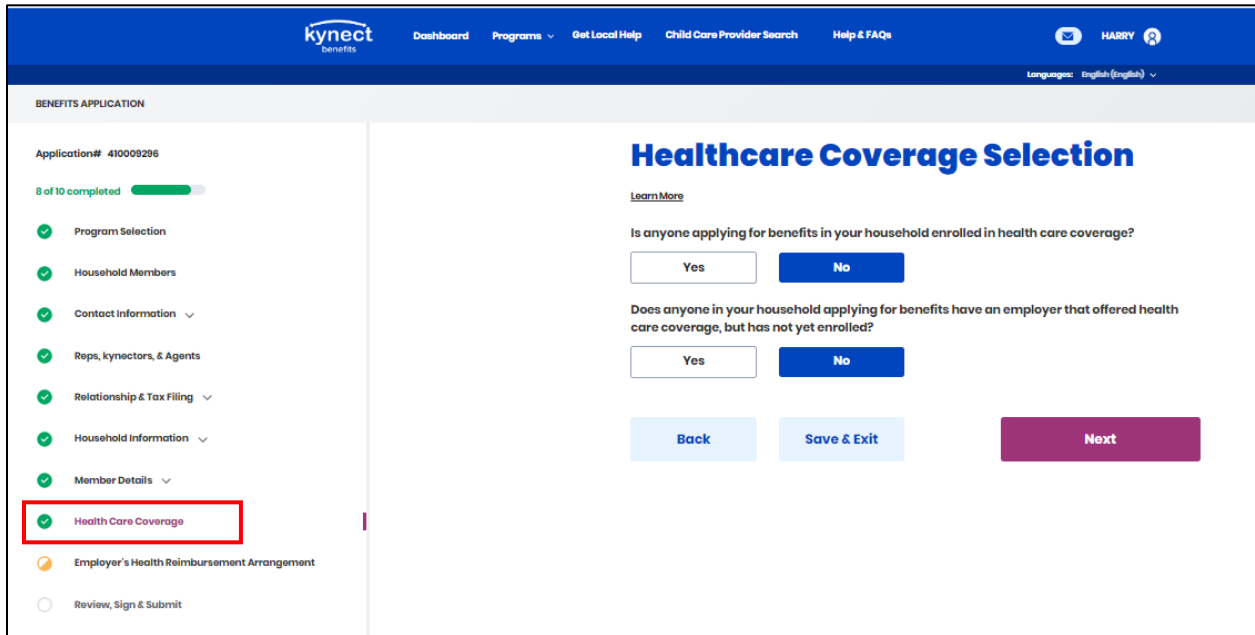
[Add Income](#)

Job income from employer [Start](#) 

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



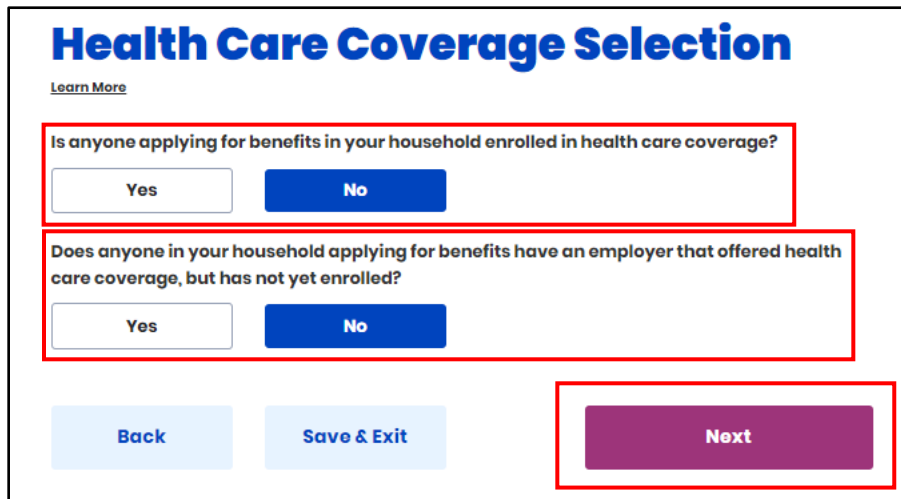
49. If Residents are applying for Medicaid/KCHIP or KI-HIPP, the *Health Care Coverage* Section will automatically appear; Residents will be prompted to complete the section.



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

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

52. Complete the *Health Care Coverage Selection* by clicking **Next**.





53. 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)? ⓘ

Yes No

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

Yes No

Back Save & Exit Next

54. Select **Yes** or **No** for *Is anyone in the household currently enrolled in an individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA)?*.
55. 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?*.
56. Click **Next** to proceed to the *Sign and Submit* section.

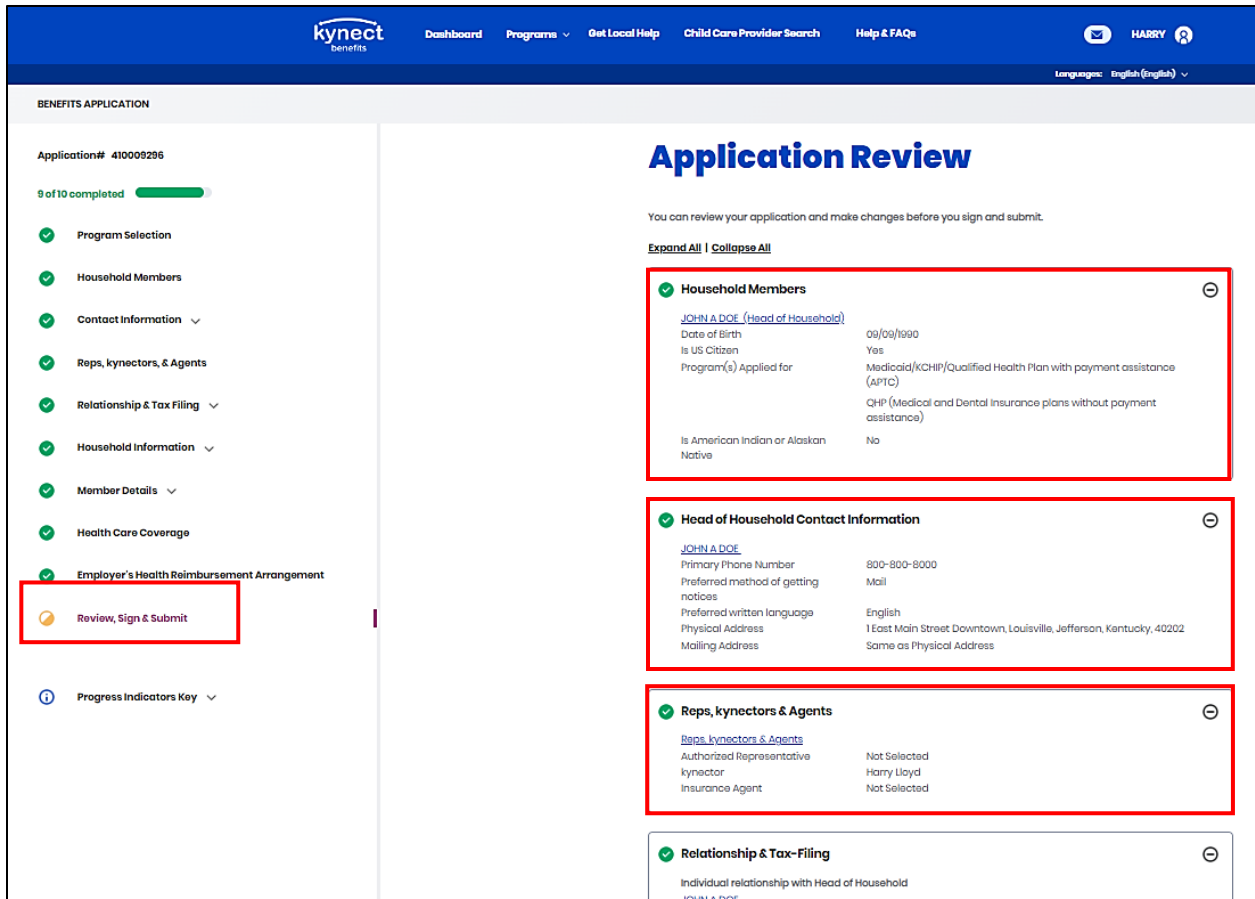
Submitting the Application and Next Steps

Once each section of the application has been completed, the Resident will be prompted to sign and submit.

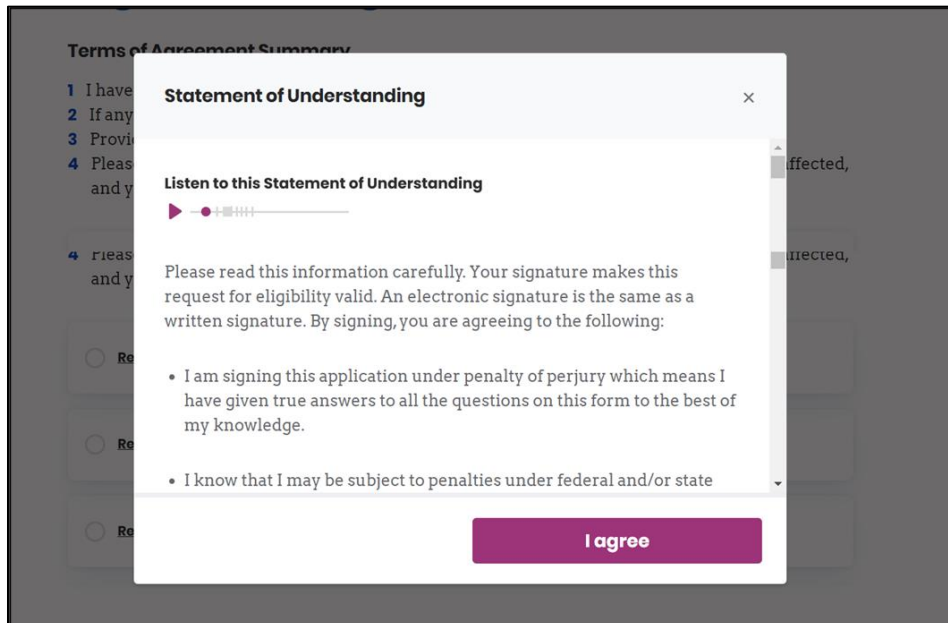
Below are steps to submit an application that has each section completed.

Steps to Submit the Application and Next Steps

1. Residents are prompted to review all previously completed sections.



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.

Is there a DCBS or DMS employee living in the home? Yes No

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? Yes No

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

First Name: MI:

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.

6. Select **Yes** or **No** for *Would you like to register to vote?*
7. 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](#)



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.
- Click **Back** to be taken to the previous page of the assessment.
- Click **Skip** to skip the entire assessment.
- Click **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?

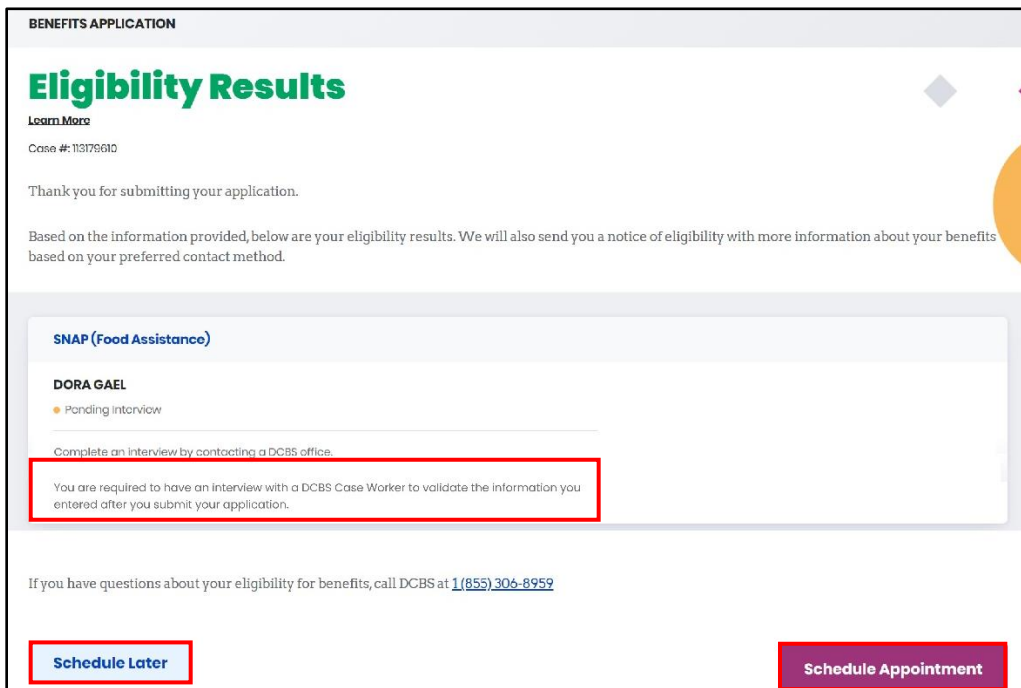
- I need child care, but I am not able to afford child care at this time
- I can afford child care, but the child care options are unreliable or inaccessible
- Child care is provided by a personal friend or family member
- I can select quality child care of my choice
- I do not need child care at this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



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

The screenshot shows the 'BENEFITS APPLICATION' page on the kynect website. The main heading is 'Eligibility Results'. Below this, there is a 'Learn More' link and a case number '113218224'. A message states: 'Thank you for submitting your application. Based on the information provided, below are your eligibility results. There are one or more programs with additional action required. Once you have reviewed your results, select "Next Steps" to see how to proceed. We will also send you a notice of eligibility with more information about your benefits based on your preferred contact method.'

The results are categorized into three sections:

- Medicaid/KCHIP:** Lists 'VICTOR SUSAN' and 'ELWIN DEBORAH', both with a status of 'Pending Verification / Medicaid'. 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.'
- Qualified Health Plan:** Lists 'VICTOR SUSAN' and 'ELWIN DEBORAH', both with a status of 'Approved'. A message states: 'Eligible for Qualified Health Plan, please see next steps.'
- SNAP (Food Assistance):** Lists 'VICTOR SUSAN, ELWIN DEBORAH' with a status of 'Pending Interview'. A message states: 'Complete an interview by contacting a DCBS office. We need certain documents to verify the information you provided. Click [here](#) to view your Request for Information (RFI) notices for your household.'

At the bottom of the page, there is a purple button labeled 'Next Steps' which is highlighted with a red box. A footer message says: 'If you have questions about your eligibility for benefits, call DCBS at [1\(855\)306-8959](tel:18553068959)'.

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 # 8320443

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 section.

View Your Resident's 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.