

Kansas Department for Children and Families

Grandparents as Caregivers Cash Assistance Application

Follow These Steps to Apply

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

Agency Use Only

_____ Initial _____ Review
 Date Received: _____
 Worker: _____
 Date Registered: _____
 Case No(s): _____
 Interview Date: _____

Information Needed to Process Your Application

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

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

If you would like to apply for food assistance, medical or child care assistance, a different application is required. The DCF web site at www.dcf.ks.gov has information on program benefits and the various ways to apply. You can also contact your local DCF office for more information

Acknowledgement of TANF Suspicion-based Drug Testing Policy

Suspicion-based drug testing is required for Temporary Assistance for Needy Families (TANF) applicants, recipients and payees when there appears to be unlawful use of a controlled substance or a controlled substance analog. I understand that I, or other adults in my household, are required to submit to drug testing if a suspicion of illegal substance use is identified

 Signature Date

Tell Us About Yourself

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

Applicant Name: _____ Daytime Phone: _____ Message Phone: _____
 Home Address: _____ City: _____ Zip: _____
 Mailing Address (if different): _____ City: _____ Zip: _____

