



LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP)

Keep this page for your information

ES-3500
10-20

The completed application must be received in a DCF office by the close of business on March 31st.

WHEN AND HOW CAN I APPLY FOR LIEAP?

You can apply online starting the first business day of January through March 31st, or you can submit this application to your local DCF office.

Apply online at www.lieap.dcf.ks.gov

- Click on “Apply for Services”
- Click on “Energy Assistance”
- Questions, call 1-800-432-0043

Submit an application

- Mail to your local DCF office
- Fax
- E-mail

To find your local DCF office, visit:

<http://www.dcf.ks.gov/services/Pages/DCFOfficeLocatorMap.aspx>

KANSAS VOTER REGISTRATION INFORMATION

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

Yes No (If you do not check either box, you will be considered to have decided not to register to vote at this time.)

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help in filing out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. You may also elect to apply online. Please be aware that to register to vote online, you must have a valid Kansas driver's license or non-driver's identification card. If you do not have either of these documents, you may register to vote using the paper form provided in this mailing or you can download one at:

<https://www.kssos.org/forms/elections/voterregistration.pdf>. . If you want to apply online go to:
<https://www.kdor.ks.gov/apps/voterreg/default.aspx>.

You must re-register each time you change your name, address, or party affiliation for voting.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Kansas Secretary of State's Elections Division by calling 1-800-262-VOTE (8683) or by emailing to election@ks.gov.

LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP) FREQUENTLY ASKED QUESTIONS

Keep this page for your information

1. **Question:** Who qualifies for LIEAP?

Answer: Qualifying households must:

- Not exceed the income limits in the chart displayed to the right
- Be personally responsible for the heating fuel costs payable either to the landlord, utility company or fuel vendor
- Have made recent payments of at least \$80 toward their costs

2. **Question:** Is my benefit based on what I owe the utility company?

Answer: No. The benefit amount is based on federal funding received, anticipated number of applicants, type of dwelling, type of primary heating fuel, number of household members (citizens) and household income.

3. **Question:** Can I qualify for LIEAP if my name is not on my utility bill?

Answer: The applicant/person signing the application must be the person whose name appears on the primary heating source energy bill. If you pay the landlord for fuel costs included in the rent, or owed in addition to the rent, you may also qualify and should apply for LIEAP under your name.

4. **Question:** Can I split my benefit if my name is on one utility bill and someone else's name is on the other bill?

Answer: No, you cannot split your benefit between two vendors if the applicant's name is not on both utility bills.

5. **Question:** How many payments will I get?

Answer: LIEAP pays only one benefit per year.

6. **Question:** How will I know if I'm eligible for a benefit?

Answer: You will receive written notification by mail once a decision is made.

7. **Question:** I received my LIEAP benefit, but I still need help. What else can I do?

Answer: Contact your local Salvation Army, Red Cross, United Way or other local helping agency, along with your utility company for other available options. You can also call "211" to identify resources in your county.

8. **Question:** What is the **Cold Weather Rule**?

Answer: The Cold Weather Rule applies only to residential customers of electric and natural gas utility companies under the Kansas Corporation Commission's jurisdiction. For more information about the Cold Weather Rule, please go to the KCC at http://kcc.ks.gov/pi/cwr_english.htm or contact them at 785-271-3000.

9. **To avoid delays in processing your application, be sure to provide the following:**

- Answer all questions on the LIEAP application
- Signatures of all adults living in the residence
- Copies of all items needed
- Proof of Income (earned and unearned) for anyone living in the residence
- If applicable, provide VA award letter, SSA/SSI award letter or award letter for your pension
- If claiming self-employment, provide complete copy of most recent tax return
- Copy of all fuel bills (gas, electric, propane, etc.)
- Proof of child support payments received or the court order
- If in subsidized housing, provide a copy of your rental agreement

(Always send copies; do not send originals, they will not be returned.)

KANSAS LOW INCOME ENERGY ASSISTANCE APPLICATION

For questions, call toll-free: 800-432-0043 or
go to www.lieap.dcf.ks.gov.



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close of business on March 31st.

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1. HOUSEHOLD INFORMATION

On line 1, list the person whose name is on the heating utility bill if the individual resides in your household. Otherwise, list yourself on line 1, followed by **all** other persons who are currently residing at the address where you live.

Attach additional sheets as needed. (Race Codes: A=Asian, B=Black, H=Hispanic, N=Native American, W=White, O=Other)

Name (Last, First, MI)	Social Security Number	Date of Birth	Sex M or F	Race - List All That Apply (optional)	Citizen or Legal Resident	Disabled
1)					Yes / No	Yes / No
2)					Yes / No	Yes / No
3)					Yes / No	Yes / No
4)					Yes / No	Yes / No
5)					Yes / No	Yes / No
6)					Yes / No	Yes / No
7)					Yes / No	Yes / No
8)					Yes / No	Yes / No
9)					Yes / No	Yes / No
10)					Yes / No	Yes / No

Does anyone in the household receive food assistance? Yes No

Did you apply for LIEAP last year? Yes No

Preferred language, if other than English:

Written: _____ Spoken: _____ Sign Language? Yes No

STREET ADDRESS WHERE YOU LIVE NOW:

Street Address _____ City _____ State _____ Zip _____ County _____

MAILING ADDRESS IF DIFFERENT FROM YOUR STREET ADDRESS:

Name _____ Street Address _____ City _____ State _____ Zip _____ County _____

Please check the correct box. Is this your: Guardian Conservator SI payee Other:

CONTACT INFORMATION:

Daytime Telephone: _____ Message Telephone: _____

Work Telephone: _____ Email Address: _____

2. Emergency Situation. If you are currently in an emergency situation with your utilities, select the box of all that apply. Enclose proof of disconnect, otherwise the case will not be considered an emergency.

<input type="checkbox"/>	Your household is currently disconnected from utility service. Date of disconnect: _____
<input type="checkbox"/>	You are out of or have very little propane or wood to operate your primary heating fuel source. List estimated percentage of propane on hand %: _____ Amount of wood on hand _____ (i.e. ¼ cord)
<input type="checkbox"/>	Someone in your household is using medical support equipment operated by electricity. <input type="checkbox"/> Heart Defibrillator <input type="checkbox"/> Dialysis Machine <input type="checkbox"/> Oxygen Concentrator <input type="checkbox"/> Infant respiratory failure alarm <input type="checkbox"/> Intermittent positive pressure breathing machine <input type="checkbox"/> Feeding pump <input type="checkbox"/> Ventilator <input type="checkbox"/> Suction Machine <input type="checkbox"/> Other: _____
<input type="checkbox"/>	Your utilities will actually be disconnected within 48 hours. Disconnect date: _____ (Provide copy of disconnect notice and hang tag if appropriate)

3. Gross Household Income. You must provide proof of income. Please enclose pay stubs, employer statements, etc. for all income other than Social Security, SSI, TANF or UC for all household members.

Name of Person Employed	Employer's Name, Phone & Address (if self-employed, list business type)	Salary or Hourly Wage	Weekly Hours Worked	How often do you get paid?	Day of the week paid

Income Type	Name of Person Receiving Income	Monthly Amount
<input type="checkbox"/> Social Security Administration Benefits (provide award letter)		\$
<input type="checkbox"/> Supplemental Security Income/SSI (provide award letter)		\$
<input type="checkbox"/> Child Support/Alimony (provide copy of court order)		\$
<input type="checkbox"/> Temporary Assistance for Needy Families-TANF		\$
<input type="checkbox"/> Unemployment Benefits		\$
<input type="checkbox"/> Self-Employment/Farm Income (provide copy of complete tax return)		\$
<input type="checkbox"/> Veteran's Administration/VA Benefits (provide copy of claim number)		\$
<input type="checkbox"/> Railroad Retirement or Other Pensions (i.e. KPERS or private) provide award letter		\$
<input type="checkbox"/> Interest Income Greater than \$50 Per Month (provide proof)		\$
Other (please list and provide proof)		\$

Is anyone on strike? Yes No If yes, name of person: _____

4. Dwelling Type. Select the box that best describes where you live.

<input type="checkbox"/>	One family house, modular home, mobile home	<input type="checkbox"/>	Travel trailer, camper, RV
<input type="checkbox"/>	Duplex (2 units in building)	<input type="checkbox"/>	Group home
<input type="checkbox"/>	Apartment (3 or more units in the building)	<input type="checkbox"/>	Nursing home
<input type="checkbox"/>	Other, please list: _____		

5. Do you live in Subsidized Housing (Section 8, Public or Senior Housing)? Yes No
 If yes, please list name and telephone of landlord and/or unit: _____
(Provide a copy of your rental agreement)

6. Heating System. Select the box that best describes the main heating system built into your home, even if currently not being used.

<input type="checkbox"/>	Central Gas Furnace	<input type="checkbox"/>	Floor or Wall Furnace
<input type="checkbox"/>	Steam or Hot Water Radiators	<input type="checkbox"/>	Vented Freestanding Stove (not wood burning)
<input type="checkbox"/>	Central Electric Furnace	<input type="checkbox"/>	Solar Heating System
<input type="checkbox"/>	Wood Stove or Fireplace	<input type="checkbox"/>	Baseboard Heaters

Do you use this system? Yes No
If no, please circle the appropriate letter below.
 a. You do not have service because you are unable to pay for the restoration of service.
 b. You do not have service because you are unable to pay for the delivery of a bulk fuel.
 c. The equipment is inoperable, and you cannot afford to pay to have it fixed.
 d. Other: _____

7. Fuel Type. Select the box that describes the fuel used by the main heating system built into your home.

<input type="checkbox"/>	Natural Gas from Underground Lines
<input type="checkbox"/>	Electricity
<input type="checkbox"/>	Delivered Bulk Propane
<input type="checkbox"/>	Other (bottled gas, kerosene, fuel oil, coal or wood) Please list type: _____ Name and federal tax number of wood vendor: _____

Name of utility vendor providing the fuel that heats your home: _____

8. Fuel Bill. Select the box that describes how you pay your heating fuel bill.

<input type="checkbox"/>	The fuel bill is in your name or the name of another adult living in the residence. Name: _____
<input type="checkbox"/>	Your heating cost is included in your rent. Landlord's name and telephone number: _____
<input type="checkbox"/>	Your fuel bill is in your landlord's name, and you pay either the landlord or the fuel company. Landlord's name and telephone number: _____
<input type="checkbox"/>	Your fuel bill is in the name of someone other than an adult living in the residence or your landlord. Name and relationship: _____

9. Payments Made

Have you made payments on your energy costs totaling \$80 or more in the last 3 months?

Yes No

If your utilities are included in the rent, have you paid rent in at least 2 of the last 3 months?

Yes No

10. Vendor Information

The "primary heating fuel vendor" is the vendor that provides the fuel primarily used to heat your home. Provide electric vendor information below even if not requesting a split benefit.

Primary heating fuel vendor name: _____

Account Number: _____

Electric vendor name: (Required if not Listed as primary heating fuel vendor.) _____

Account Number: _____

11. LIEAP Payment Options. Select the box that indicates how you would like your benefit issued.

Make all of my energy benefit payable to my heating vendor. **(Enclose a copy of heating bill.)**

Split my energy benefit (½ to my primary fuel vendor, and ½ to my secondary vendor). **(Enclose a copy of both bills.)**

- You may only make this choice one time for the benefit year.
- All payments, including any payments issued during summer months, will be made according to this choice.
- If you request your benefit split, the billing name on all accounts must be the same.
- **If no selection is made, your entire benefit will go to the heating vendor.**

12. Helping Agency

Please list the name of any agency or organization that helped you complete this application:

13. Kansas Weatherization Assistance Program (K-WAP)

The Kansas Weatherization Assistance Program provides low-income households free home energy upgrades that help lower their energy bills, such as adding insulation and sealing cracks and gaps that leak air. For more information about the Kansas Weatherization Assistance Program, please call the toll-free Housing Information Line at 1-800-752-4422.

The Kansas Department for Children and Families provides equal opportunity in its services, activities and programs receiving federal financial assistance, regardless of the participant's race, color, national origin, sex or disability status.

**READ THE FOLLOWING CAREFULLY BEFORE SIGNING
YOUR APPLICATION CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE!**

- I hereby apply for LIEAP assistance from the State of Kansas administered by the Kansas Department for Children and Families (DCF).
- I declare that the information I have given is true, correct and complete to the best of my knowledge.
- I realize that the information that I have given on this application will be subject to verification by DCF.
- If any household member declared on my application is currently receiving food assistance, TANF, or child support, I hereby authorize the agency to use my DCF file to document income and resource eligibility for LIEAP.
- I hereby authorize DCF to release information related to my application for LIEAP to my fuel supplier to determine eligibility.
- I give permission to DCF to use information provided on this application for the purposes of research, evaluation and analysis of the program.
- I understand that I may be fined, imprisoned, or both, under State or federal law if I make false statement(s) on this application in order to get benefits that I am not entitled to receive.
- I understand that I must provide proof of income and other information needed to establish eligibility. I understand that my eligibility will be determined under the guidelines of DCF staff.
- I understand that if I receive assistance as a result of withholding or providing false information, I must repay the cost of that assistance and may face criminal charges.
- I understand that only one person in each household is allowed to receive LIEAP benefits during the year, from only one government agency. I may not receive LIEAP from DCF and a Tribal entity in the same year.
- I understand that if my utility is a vendor that has entered to an agreement to received LIEAP payments electronically, my benefit will be sent directly to the vendor.
- I understand that I need to continue making regular payments to my energy provider and that any LIEAP benefits that may be received do not take the place of my responsibility to pay the vendor.
- I understand that only one LIEAP benefit will be issued each calendar year, but that benefit may be split between utility vendors, and this election may only be made once a year. Any additional payments that may be issued during the summer months will be issued in the same manner as the original winter issuance.
- I understand that I may appeal application processing that exceeds 45 calendar days after I have submitted complete information. I understand that I may appeal any decision and that my request must be made within 30 days of my denial or benefit notice.
- I authorize DCF or other designated agent to release application and benefit information to my energy vendors and community helping agencies.
- I authorize my energy vendor to release my account information, including but not limited to, billing and payment history and energy consumption to DCF, its designated agent, and Weatherization agencies.
- I authorize any investigation to establish my household's eligibility, including release of bank, payroll and/or other records from business and other organizations.
- I understand LIEAP is a federally-funded program. Benefits are based on the amount of federal funds received and could be terminated at any time in which funding is unavailable.
- I understand the completed application must be received by close of business on March 31st.

Signature

X

Signature of Adult living in the residence (Person whose name is on the primary heating utility bill, if that person lives at the address.)	Date	Daytime Telephone
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X

Signature of Other Adult living in the residence or Conservator/Guardian	Date	Daytime Telephone
--------------------------------------------------------------------------	------	-------------------

X

Signature of Other Adult living in the residence or Conservator/Guardian	Date	Daytime Telephone
--------------------------------------------------------------------------	------	-------------------

Conservator/Guardian must provide copies of legal documentation

✓ **Did you remember to:**

- Fill everything out
- Have all adults sign the application
- List everyone who lives at your address
- List your phone numbers and email address
- Provide check stubs for everyone with earnings
- Provide Child Support court order(s)
- Provide recent tax return (if you are self-employed)
- Provide VA award letter
- Provide pension award letter (i.e. KPERS, Railroad, private, etc.)
- Provide proof of income if greater than \$50 per month
- Provide copies of your energy bills
- Provide proof of energy utility payments in the last 3 months
- Provide proof of rent payments (if utilities are included in rent)
- Provide copy of your rental agreement

**To avoid delays in processing this application,
double check that you have included all above items that apply.**

Send copies. Originals will not be returned.

Kansas Voter Registration Instructions

For further information, contact the Office of the Secretary of State, 1-800-262-VOTE (8683) V/TTY. This form is available at www.sos.ks.gov.

You can use this application to:

- register to vote in Kansas
- change your name, address, or affiliation with a political party

To register to vote, you must:

- be a U.S. citizen and a resident of the state of Kansas.
- have reached the age of 18 years before the next election.
- have received final discharge from imprisonment, parole, or conditional release if convicted of a felony.
- have abandoned your former residence and/or name.

How to register to vote:

- Return your completed application to your county. Addresses are on the back of this application. Your county election officer will mail you a notice when your application has been processed.

- Voter registration closes 21 days before any election. In order to be eligible to vote in that election, your application must be postmarked on or before that date.
- If you decline to register to vote, that fact will remain confidential and will be used for voter registration purposes only. If you do register to vote, the office where you apply will be kept confidential and will be used for voter registration purposes only.
- If this form is incomplete, it may be rejected.

Identification number requirements

Enter your current Kansas driver's license number or nondriver's identification card number. If you do not have either one, enter the last four digits of your Social Security number. If you do not have any of these numbers, write "none" in the box. The number will be used for administrative purposes only and will not be disclosed to the public. *K.S.A. 25-2309*

Rev. 1/15/19 tc

Print in blue or black ink, fold on the center line, seal, and return.

Kansas Voter Registration Application

Warning: If you submit a false voter registration application, you may be convicted and sentenced to up to 17 months in prison.



Qualifications: If you mark "no" in response to either Question 1 or 2, do *not* complete this form.

1. Are you a citizen of the United States of America? Yes No

2. Will you be 18 years of age on or before Election Day? Yes No

Last Name (please print)		First Name		Middle	Jr. Sr. II III	<input type="radio"/> Male <input type="radio"/> Female
Residential Address (include apt. or space number)			City	County	Zip	
Mailing Address (if different than residential address)			City	Zip	Date Residence Established (MM/DD/YY)	
Birth Date (MM/DD/YY)	Daytime Phone Number (if available)		Naturalization Number (if applicable)		Driver's License Number or Last 4 Social Security (see instructions)	
Party Affiliation: Choose one of the following: <input type="radio"/> Democratic <input type="radio"/> Republican <input type="radio"/> Libertarian <input type="radio"/> Not affiliated with a party						
Complete if previously registered (please print)		Previous Name		Previous Residential Address (Street, City, State, Zip, County)		
Signature: I swear or affirm that I am a citizen of the United States and a Kansas resident, that I will be 18 years old before the next election, that if convicted of a felony, I have had my civil rights restored, that I have abandoned my former residence and/or other name, and that I have told the truth on this application.						
Signature				Date (MM/DD/YY)		

For office use only: Ward _____ Pct. _____ School Dist. _____ Member Dist. _____
Sen. _____ Rep. _____ CoComm _____ Section _____ Township _____ Range _____



SCOTT SCHWAB, SECRETARY OF STATE
 Memorial Hall, 1st Floor
 120 S.W. 10th Avenue
 Topeka, KS 66612-1594



Post Office
 Will Not
 Deliver
 Without
 Postage

County Election Officer

County

_____, KS _____

Allen County 1 N. Washington Iola, KS 66749	Coffey County 110 S. 6th St Rm 202 Burlington, KS 66839	Geary County 200 E. 8th St Junction City, KS 66441	Johnson County 2101 E. Kansas City Rd Olathe, KS 66061	Miami County 201 S. Pearl Ste 102 Paola, KS 66071	Pratt County 300 S. Ninnescah / Box 885 Pratt, KS 67124	Sherman County 813 Broadway Rm 102 Goodland, KS 67735
Anderson County 100 E. 4th Garnett, KS 66032	Comanche County 201 S. New York / Box 776 Coldwater, KS 67029	Gove County P.O. Box 128 Gove, KS 67736	Kearny County 304 N. Main / Box 86 Lakin, KS 67860	Mitchell County 111 S. Hersey / Box 190 Beloit, KS 67420	Rawlins County 607 Main Atwood, KS 67730	Smith County 218 S. Grant Smith Center, KS 66967
Atchison County 423 N. 5th Atchison, KS 66002	Cowley County 321 E. 10th Ave. Winfield, KS 67156	Graham County 410 N. Pomeroy Hill City, KS 67642	Kingman County 130 N. Spruce Kingman, KS 67068	Montgomery County 217 E. Myrtle / Box 446 Independence, KS 67301	Reno County 206 W. First Hutchinson, KS 67501	Stafford County 209 N. Broadway St John, KS 67576
Barber County 120 E. Washington Medicine Lodge, KS 67104	Crawford County 111 E. Forest / Box 249 Girard, KS 66743-0249	Grant County 108 S. Glenn Ulysses, KS 67880	Kiowa County 211 E. Florida Greensburg, KS 67054	Morris County 501 W. Main Council Grove, KS 66846	Republic County 1815 M. Street Belleville, KS 66935	Stanton County 201 N. Main / Box 190 Johnson, KS 67855
Barton County 1400 Main Rm 202 Great Bend, KS 67530	Decatur County P.O. Box 28 Oberlin, KS 67749	Gray County P.O. Box 487 Cimarron, KS 67835	Labette County 501 Merchant / Box 387 Oswego, KS 67356	Morton County 1025 Morton / Box 1116 Elkhart, KS 67950	Rice County 101 W. Commercial Lyons, KS 67554	Stevens County 200 E. 6th Hugoton, KS 67951
Bourbon County 210 S. National Fort Scott, KS 66701	Dickinson County 109 E. First / Box 248 Abilene, KS 67410	Greeley County P.O. Box 277 Tribune, KS 67879	Lane County 144 S. Lane / Box 788 Dighton, KS 67839	Nemaha County 607 Nemaha / Box 186 Seneca, KS 66538	Riley County 110 Courthouse Plaza Manhattan, KS 66502	Sumner County 501 N. Washington Wellington, KS 67152
Brown County 601 Oregon St Hiawatha, KS 66434	Doniphan County P.O. Box 278 Troy, KS 66087	Greenwood County 311 N. Main Eureka, KS 67045	Leavenworth County 300 Walnut Leavenworth, KS 66048	Neosho County 100 S. Main / Box 138 Erie, KS 66733	Rooks County 115 N. Walnut Stockton, KS 67669	Thomas County 300 N. Court Ave Colby, KS 67701
Butler County 205 W. Central El Dorado, KS 67042	Douglas County 1100 Massachusetts St Lawrence, KS 66044	Hamilton County 219 N. Main / Box 1167 Syracuse, KS 67878	Lincoln County 216 E. Lincoln Ave Lincoln, KS 67455	Ness County 202 W. Sycamore Ness City, KS 67560	Rush County 715 Elm / Box 220 LaCrosse, KS 67548	Trego County 216 Main WaKeeney, KS 67672
Chase County Courthouse Sq / Box 529 Cottonwood Falls, KS 66845	Edwards County 312 Massachusetts St Kinsley, KS 67547	Harper County 201 N. Jennings Anthony, KS 67003	Linn County P.O. Box 350 Mound City, KS 66056	Norton County 105 S. Kansas / Box 70 Norton, KS 67654	Russell County 4th & Main / Box 113 Russell, KS 67665	Wabaunsee County 215 Kansas / Box 278 Alma, KS 66401
Chautauqua County 215 N. Chautauqua Sedan, KS 67361	Elk County 127 N. Pine / Box 606 Howard, KS 67349	Harvey County 8th & Main / Box 687 Newton, KS 67114	Logan County 710 W. 2nd Oakley, KS 67748	Osage County 717 Topeka Ave / Box 226 Lyndon, KS 66451-0226	Saline County 300 W. Ash / Box 5040 Salina, KS 67402	Wallace County P.O. Box 70 Sharon Springs, KS 67758
Cherokee County 110 W. Maple / Box 14 Columbus, KS 66725	Ellis County P.O. Box 720 Hays, KS 67601	Haskell County 300 Inman / Box 518 Sublette, KS 67877	Lyon County 430 Commercial Emporia, KS 66801	Osborne County 423 W. Main / Box 160 Osborne, KS 67473	Scott County 303 Court St Scott City, KS 67871	Washington County 214 C St Washington, KS 66968
Cheyenne County 212 E. Wash. / Box 985 St Francis, KS 67756	Ellsworth County 210 N. Kansas Ellsworth, KS 67439	Hodgeman County 500 Main Jetmore, KS 67854	Marion County 200 S. Third, Suite 104 Marion, KS 66861	Ottawa County 307 N. Concord Ste 130 Minneapolis, KS 67467	Sedgwick County 510 N. Main Wichita, KS 67203-3798	Wichita County 206 S. 4th Drawer 968 Leoti, KS 67861
Clark County 913 Highland St / Box 886 Ashland, KS 67831-0886	Finney County 311 N. 9th St., Box M Garden City, KS 67846	Jackson County 400 New York Holton, KS 66436	Marshall County 1201 Broadway Marysville, KS 66508	Pawnee County 715 Broadway Larned, KS 67550	Seward County 515 N. Washington Ste 100 Liberal, KS 67901	Wilson County 615 Madison Fredonia, KS 66736
Clay County 712 Fifth, Suite 102 Clay Center, KS 67432	Ford County 100 Gunsmoke Dodge City, KS 67801	Jefferson County P.O. Box 321 Oskaloosa, KS 66066	McPherson County 117 N. Maple McPherson, KS 67460	Phillips County 301 State St Phillipsburg, KS 67661	Shawnee County 3420 SW Van Buren Topeka, KS 66611	Woodson County 105 W. Rutledge Rm 103 Yates Center, KS 66783
Cloud County 811 Washington Concordia, KS 66901	Franklin County 315 S. Main Ottawa, KS 66067	Jewell County 307 N. Commercial Mankato, KS 66956	Meade County P.O. Box 278 Meade, KS 67864	Pottawatomie County 207 N. 1st / Box 187 Westmoreland, KS 66549	Sheridan County 925 9th St / Box 899 Hoxie, KS 67740	Wyandotte County 850 State Ave Kansas City, KS 66101