

Maria Anderson

From: Rachelle Vega-Retana
Sent: Thursday, June 16, 2022 3:55 PM
Subject: KHAF Update 6/16/22

The Kansas Homeowner Assistance Fund (KHAF) program opened on April 18th. To date, we have received 1,402 applications from 80 Kansas counties. **This includes 139 applications from Shawnee County homeowners.** We have approved assistance for 390 homeowners providing \$2,962,161.

Please note that we recently had some policy changes that might benefit you and/or the people you work with.

- Past due Property Tax assistance can now include balances unpaid from prior to January 2020 – as long as it's below \$10,000.
- Maximum mortgage assistance was increased from \$35,000 to \$50,000.
- Internet charges that are part of a “bundle” with phone or TV, cannot be paid.

Online application is available at <https://khaf.mortgagereliefapp.com/content2/access/login>. Our KHAF Call Center is available to assist with application questions or challenges. **KHAF Call Center 855-307-5423.**

Don't wait, apply today before funds are exhausted.

Please note that the KHAF program includes assistance for past due mortgage, property taxes, reverse mortgages in default, contract for deed (rent to own), home equity lines of credit, manufactured homes and more.

The program continues to require applicants to be 30 days or more past due on mortgage or property taxes to qualify.

Quotes from homeowners that have been helped by KHAF.

“Words cannot express how grateful we are! This will actually give us the opportunity to be on track and caught up. This is such a blessing to our family. Thank you for all your help.”

“I received an email about a week ago that I was actually able to receive the grant assistance! This is an unbelievable help for my wife and I who just found out we are pregnant as well!”

“I just wanted to say thank you. The fund is helping me with my back taxes and also with my electric bill. Thank you all so much.”



MARILYN STANLEY

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**CITY OF
TOPEKA**

TSC **Get
Digital**

CONNECT OUR NEIGHBORS

2022 BEGINNING COMPUTER NAVIGATION CLASSES



Training offered by
Topeka & Shawnee County Public Library

Beginners Computer Navigation

Mondays
9:30am-10:30am

July 11, 18, 25
August 1, 8, 22, 29

Learn how to use a mouse, navigate a Windows 10 desktop, find and open apps and files.

- Computer overview
- How to use a mouse
- Operating system overview
- Parts of a desktop (what you see on the screen)
- Trash bin
- Find, open, close an app
- Find, open, close a file
- Resize, save

Internet Introduction

Thursdays
9:30am-10:30am

July 14, 21, 28
August 4, 11, 18, 25

Learn about browsers, search engines and how to navigate websites to find information online.

- How to find and open different browsers
- How to find and open different search engines
- Parts of a website
- Useful websites

Email for Beginners

Mondays
2:00pm-3:00pm

July 11, 25
August 8, 22, 29

Using Google's free email, Gmail, learn how to log into an email account, open, delete, reply to, compose new and forward messages.

- Email overview
- Creating an account
- Account overview
- Opening and replying
- Delete and delete without opening
- Compose new
- Attachments
- Basic safety
- Logout

Class registration: 785-368-3098

For more information pertaining to the class: 785-580-4607



June 2022 Safety Information

Good news! National Night Out is Saturday, August 6. This is a free event, and many resources are available for your event. Your event can be anything from an ice cream social to a cookout to a pool party. There are 30 neighborhoods registered to date. Register your neighborhood by emailing jwilson@parstopeka.org, or you can still use jwilson@safestreets.org. We are moving all our emails to parstopeka.org. Join the fun!

A National Night Out planning meeting is Thursday, June 16, and the last planning meeting will be on July 12, with both meetings at 6:30 p.m. at the Topeka and Shawnee County Public Library, 1515 SW 10th Avenue.

Since this is the time of year when people are busy and sometimes forget to do everything possible to prevent vehicle thefts, or theft of property left in a vehicle, here are a few tips.

- Always lock your car, even if leaving for only a short time.
- Never leave your keys in the vehicle.
- Never hide a second set of keys in your car, they can be easily found if a car thief takes the time to look.
- Don't leave valuables visible in your car, any item can attract attention and tempt thieves to burglarize your vehicle.
- Leaving your car running while unattended on private or public property is against the law, with the exception of vehicles that have remote start capabilities.
- Always park in well-lighted high-traffic areas.
- Attach your license plates with tamper-resistant screws and cut the decal in half with a razor blade to discourage removal.
- Utilize a car alarm.
- Completely close your car windows when parking. Don't make it easy for a thief to gain entry.
- If you have a garage, use it.
- When parking in your garage, lock the garage door and your vehicle; by locking both, the chances of deterring a crime greatly improve.
- Remove your garage door opener from the vehicle.
- Remind friends and family to remove valuables from their vehicles.

With the nice weather, people are working in their yards and sometimes leave the garage door up and don't think about someone entering your garage or home and helping themselves to items of value. It only takes a few minutes to take items from your home.

- Lock doors, windows, and garage at all times, even when home.
- Secure your home with strong doors, locks, and alarms.
- Never leave a purse or other valuables where they can easily be seen from a window.
- Never open the doors to strangers or solicitors but do acknowledge you are home and act as though others are home as well. "Bill, call 911 someone needs help."
- If you live alone, make it look/sound like you don't. Example: toys in the yard or place a dog dish or work boots on the front porch.

- Use Dusk to Dawn lighting, so it appears like you are home.
- Add a peephole to your front or back door.
- If someone does enter your home, have a plan. Escape out the other door if possible or lock yourself in a safe room and call 911. Stay on the phone with dispatch until help arrives.
- Be the best witness you can be under the circumstances and note both what the criminals are wearing, what they say, and a description of a vehicle.
- Attend your Neighborhood Watch, Neighborhood Association, or Neighborhood Improvement Association meetings to meet your neighbors and law enforcement officers.

Please call us to schedule your Neighborhood Watch meeting. If no organization exists, start a Neighborhood Watch in your neighborhood by calling Safe Streets at 266.4606 or email jwilson@parstopeka.org. If your neighborhood has not met for a while, let us know, and we can help you get together again. Please know that we are always here to help your neighborhood with issues that may arise.

Megan Skaggs
Executive Director,
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Laura Aguirre
Bilingual Department Assistant
Karla Billen
Enrollment Specialist

(785)235-0996

**Please call us with any questions you may have.
Our staff is ready to help!**



www.scmsha.org

What is HealthAccess?

A Community Partnership designed to improve access to health care for low income, uninsured residents of Topeka/Shawnee County by combining donated physician care, hospital services, medication assistance.

To Qualify for HealthAccess a you must -

1. Live in Shawnee County
2. Not be currently receiving Medicare, Medicaid, Kancare or other state/federal medical benefits or any other type of medical coverage/insurance
3. Have a gross family income that does not exceed 150% of the Federal Poverty Level Monthly 2022 Federal Guidelines
 - Family of 1=\$1,699
 - Family of 2=\$2, 289
 - Family of 3=\$2, 962
 - Family of 4=\$3, 469

To Enroll in HealthAccess, you must submit a completed application that includes -

1. Every part of this application completed, and your signature on the last two pages.
2. An identified Primary Care Provider in Shawnee County
3. Four weeks of Proof of Income, or a Letter of Support from the person or organization that supports you.

If any of these three things are missing we cannot process your application.

Applications can be emailed to haapp@stormontvail.org or faxed to (785)235-2385

- Once enrolled, your primary care provider will be your medical home regarding your healthcare needs. They will be able to prescribe you medications, and the HealthAccess program will help cover those costs with a **\$7.50 co-pay**.
- HealthAccess will also assist your provider in finding you specialist care, if necessary.
- Please note, since HealthAccess focuses on preventive care, rather than emergency care, ER visits are not covered. If you become admitted, then the HealthAccess program charity care will start.

SCMS HealthAccess Application



Submit your application via fax (785)235-2385, email haapp@stormontvail.org, or by mail to HealthAccess PO Box 615 Topeka, KS 66601

HealthAccess is a Community Partnership designed to improve access to health care for low income, uninsured residents of Topeka/Shawnee County. **Please note, if any portion of this is left blank, we cannot process your application.** Additionally, you must submit the household's previous 4 weeks of income, including wages, SSI, unemployment, child support, etc. If you do not have any income, you must submit a letter from the person or organization supporting you. This can include friends/family, Topeka Rescue Mission, Let's Help, KERA, etc. The letter must be signed and dated.

Patient Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ Age: _____ Gender: _____

Social Security Number _____ Email: _____

Question #1 is optional

1. Ethnicity: _____

2. Education Level: Less than high school High school graduate/GED
 Some College College Graduate

3. Are you a student, and under the age of 21? Yes No

4. Marital Status _____ Spouse Name: _____ Spouse DOB: _____

5. Please list everyone that lives in the household:

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

6. Housing (circle) Own, Rent, Stay with Friends/Family, Shelter, Other: _____

7. Are you currently employed? Yes No (last date of employment?) _____

8. Have you previously been enrolled in SCMS HealthAccess: Yes No

9. Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

10. Do you currently have health insurance, Medicare, or Medicaid? Yes No

11. Have you ever received health insurance, including Medicaid benefits?

Yes No If yes, when and why was it terminated? _____

12. Is it possible you will receive Medicare, KanCare/Medicaid, or health insurance?

Yes No Please explain: _____

13. Do you currently receive assistance from any State Programs? Yes No

If yes, please describe: _____

14. Do you receive food stamps? Yes No

15. Do you have a military related disability **and** did you serve for at least 3 years?

Yes No If yes, are you eligible for VA benefits? _____

16. Is this a work related injury? Yes No

If yes, have you applied for disability or worker's compensation? _____

17. Is there any legal action anticipated regarding injury or illness? Yes No

18. Do you receive any type of disability benefits? Yes No

19. A) Medical History. Please give a history and names of physicians or health care providers that you have seen in the past. _____

B) Have you been seen by any of the following health care providers in the last 12 months?

(please check all that apply)

Hospital Emergency Room Urgent Care GraceMed Pine Ridge Health Center

Cotton O'Neil Mobile Clinic

Name of Primary Care Provider: _____

*All patients enrolled in HealthAccess are **required** to establish with a primary care provider. If you do not currently have one, you need to establish with a primary care provider prior to enrollment in HealthAccess.*

Most patients choose GraceMed (785-861-8800), Pine Ridge Family Clinic (785-783-8453) or Cotton O'Neil Mobile Clinic (785-270-4440). Please make this appointment prior to submitting your HealthAccess application and indicate your choice above.

20. Will your injury or illness prevent you from working for 12 months or longer?

Yes No

I verify that the information in this application is correct and understand that it will be shared with my primary care provider to verify program eligibility.

21. What is your gross monthly household income and source? _____

In the blanks below, please list all sources of income for the past 4 weeks for household:

	Name	Amount	Employer and How Often Paid
Paycheck			
Paycheck			
Tips			
TAF			
Child Support			
Alimony			
Unemployment			
Worker's Compensation			
Pension			
Social Security			
SRS/Cash Assistance			
Other Income			

If you have no income, provide a written letter of support from the person or agency providing you support (parent/friend/family member/Let's Help, Section 8, Topeka Rescue Mission/etc.)

Authorization Allowing Disclosure of Protected Health Information

I hereby authorize all health care providers providing services or treatment to me through the Shawnee County Medical Society Foundation Inc.'s HealthAccess Program to disclose information regarding all medical treatment regardless of format, e.g., written, verbal, or electronic in the possession of such health care provider (hereinafter "office/hospital") to Shawnee County Medical Society and Shawnee County Medical Society Foundation, Inc., and to their agents, representatives, and employees, including, but not limited to, Blue Cross and Blue Shield of Kansas, Inc., the Kansas Department of Social and Rehabilitation Services, and their agents, representatives, and employees to manage, operate, and evaluate the HealthAccess Program. The Authorization will expire on my disenrollment from the HealthAccess Program.

I understand I have the right to revoke the Authorization by delivering such revocation in writing to the office. I understand Shawnee County Medical Society Foundation, Inc. may terminate my participation in HealthAccess if I revoke this Authorization.

Once the uses and disclosures have been made pursuant to this Authorization, they may be subject to redisclosure by any recipient and no longer protected by the federal privacy laws.

Participating healthcare providers will not condition treatment on my providing authorization for this use or disclosure. I understand, however, that the HealthAccess Program requires this signed Authorization prior to my being allowed to participate in the HealthAccess Program.

I understand that I may inspect or copy the protected health information to be used or disclosed under this Authorization. I understand I may refuse to sign the Authorization but that if I refuse to sign this Authorization, I may not be allowed to participate in HealthAccess. I understand that I will receive a copy of this Authorization if asked.

Patient Signature (if patient is a minor, the name of the minor is necessary) *Date*

Signature of representative of application (if minor) *Relationship to minor*



PATIENT RESPONSIBILITIES FORM

Program Overview

Doctors, area clinics, pharmacists, hospitals and many others are donating their services to help you get well and stay well. They are not being paid for the services provided to you. HealthAccess is not a government or an entitlement program. The donated care may end at any time, for any reason. HealthAccess does not include emergency room expenses or ambulance services. By signing this form you authorize HealthAccess to verify what you have reported during the application process, if you have provided false information that makes you ineligible for HealthAccess, you may be financially responsible for the donated care you received. You may also receive some bills, for which you are responsible, should you need services that are not donated to the HealthAccess program.

You agree that you:

1. Will not schedule appointments with any doctor, clinic or hospital other than the ones to which you have been referred.
2. Will follow your treatment plan.
3. Will promptly supply any information which may be requested by the program within the time frame requested.
4. Will allow all information regarding your participation in this program to be shared with other individuals, organizations and agencies at the discretion of SCMS HealthAccess in accordance with state and federal laws.
5. Will immediately contact SCMS HealthAccess if your income changes or you become covered by Medicare, Medicaid, private insurance, other health insurance or medical benefits.
6. Will apply for Medicaid, Healthwave or any other assistance programs if and when you are eligible.
7. Will authorize the State Department of Social and Rehabilitation Services to share information regarding your eligibility for Medicaid and other SRS programs with SCMS HealthAccess staff and with SCMS HealthAccess medical providers.
8. Will contact SCMS HealthAccess immediately with any changes in address or phone number.

Referrals

You agree to:

1. Keep each doctor's appointment. (if you miss 3 or more appointments in 12 months without letting the doctor's office know at least 24 hours before your appointment, you may be removed from the program.)
2. If you are unable to keep an appointment, you are responsible for notifying the doctor's office with whom you are scheduled, at least **24 hours in advance** to cancel and re-schedule.

3. Present your SCMS HealthAccess Patient I.D. card each time you see a doctor.
4. Call your SCMS HealthAccess doctor if you need to be seen anywhere else for care.

Medication Assistance

You understand that:

1. There is a 12 month maximum coverage of \$1,500 and a maximum cost of \$200 per prescription, unless funds are available and preauthorized by SCMS HealthAccess.
2. Most generic medications are available through this program. Your physician may be contacted and asked to use medications which are covered by the program.
3. A pharmacy may stop participating at any time, for any reason.
4. A co-pay per prescription will be required by your pharmacy.
5. You are to present your medication card each time you have a prescription filled.

Please Note

1. HealthAccess will not discriminate based on race, religion, color, sex, disability, age, national origin or ancestry, or in any other manner as described in state and federal guidelines.
2. HealthAccess does not provide medical care or services and does not make decisions regarding medical treatment plans. Those decisions remain between the providers and patients.
3. All voluntary providers are independent contractors; they are not considered agents or employees of HealthAccess.
4. HealthAccess is not responsible for bodily injury or negative outcomes potentially experienced within the provision of services by voluntary care providers. HealthAccess cannot guarantee the skill, care or training of voluntary providers

By signing this form you confirm that you understand and agree to the above conditions and that the income information you provided is accurate. If you do not follow the above guidelines, you will be disenrolled from SCMS HealthAccess. Applicant Signature and Date (or Signature of Mother or Father of Applicant if Minor is under 18):

Signature

Date