



HEALTH INSURANCE STIPEND PROGRAM FOR CHILDCARE PROVIDERS

The Insurance Stipend Program for Childcare Providers will provide a stipend of up to \$3,600 a year to assist with the cost of purchasing health coverage in the State of Kansas. Rebate checks will be issued quarterly while the individual is employed as a childcare provider. We can only reimburse you for the premium expenses you are required to pay out-of-pocket. You are eligible if you meet the following conditions: 1.) Full-time or part-time employee of a licensed childcare facility in State of Kansas; 2.) Enrolled in Marketplace or private health insurance and pay premiums out-of-pocket for health insurance; and 3.) Childcare professional in an educator role.

APPLICANT INFORMATION			
LAST NAME:	FIRST NAME, MIDDLE INITIAL:		
HOME ADDRESS:		DAYTIME PHONE:	
CITY:	STATE:	ZIP:	
CURRENT EMPLOYER INFORMATION			
EMPLOYER NAME:		EMPLOYER PHONE:	
EMPLOYER ADDRESS:		EMPLOYER CONTACT (SUPERVISOR, ETC.):	
CITY:	STATE:	ZIP:	
PLEASE CHECK THE BOX THAT APPLIES TO YOUR EMPLOYMENT STATUS:			
FULL TIME (36 hours or more per week) <input type="checkbox"/>		PART TIME (1-35 hours per week) <input type="checkbox"/>	
CURRENT INSURANCE INFORMATION			
* INSURANCE COMPANY NAME:		COMPANY ADDRESS:	
COMPANY CITY:		COMPANY STATE:	COMPANY ZIP:
POLICY NUMBER:		GROUP NUMBER:	
PLEASE CHECK THE BOX THAT APPLIES:		APPROXIMATE MONTHLY PREMIUM AMOUNT:	
Is this a(n) Individual Policy? <input type="checkbox"/>			
Family Policy? <input type="checkbox"/>			

PLEASE PROVIDE THRIVE ALLEN COUNTY WITH A CONFIRMATION LETTER OF PLAN ENROLLMENT (PROOF OF COVERAGE) AND YOUR MOST RECENT INSURANCE STATEMENT SHOWING YOUR PREMIUM COST AMOUNT. *If you have marketplace insurance, contact Greta Ingle at Thrive, 620-365-8128, to determine if there could be a negative impact to your state and federal taxes, or contact your tax preparer for further assistance. Please email J Keltner at j@thriveallencounty.org for questions about the application process.

All In For Kansas Kids

Full Time Employee Attestation

The below attestation is in reference to the employee seeking a stipend through the All In For Kansas Kids health insurance stipend program. This program/initiative/effort was made possible by grant number 90TP0131. Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the United States Department of Health and Human Services, Administration for Children and Families. These funds are administered by the Kansas Children's Cabinet and Trust Fund.

By signing below, I, _____, attest that _____
(Business /Official) (Name of Employee)

is currently a full-time employee or has been employed from _____ to
(MM/DD/YY)

(MM/DD/YY)

(Name of Business)

Business Representative Signature

Date Signed

Thrive has received the FTE attestation and reviewed and verified the attestation.

Thrive Allen County Representative Signature

Date Signed

Please send completed attestation to: Email: j@thriveallencounty.org Fax: 620-365-0007
Postal Mail: Thrive Allen County, 9 S. Jefferson, Iola, KS 66749

Please attach documentation of current health insurance coverage and include with application and attestation form. This can be a photo or scan of health care bill and/or policy with coverage dates.

Please ensure you have completed each of the following items before you submit:

___ Application Form

___ Employee Attestation Form

___ Proof of Health Insurance Coverage

Once complete, please submit all materials to J Keltner at Thrive Allen County:

Email - j@thriveallencounty.org

Fax: 620-365-0007

Postal Mail: Thrive Allen County, 9 S. Jefferson, Iola, KS 66749

Applications may be submitted starting January 1, 2025. Please note applications will be reviewed on a first come first served basis.