



LEGAL AID
CHICAGO

Using ABE and MMC

JUNE 2025



Legal Aid Chicago is a private non-profit that provides **free** civil legal services to people with limited income in Cook County, securing their rights to economic stability, affordable housing, personal safety, fair working conditions, and basic healthcare.



Children & Families



Consumer



Public Benefits



**Criminal Records
Relief**



Long-Term Care



**Immigrants & Workers'
Rights**



Housing

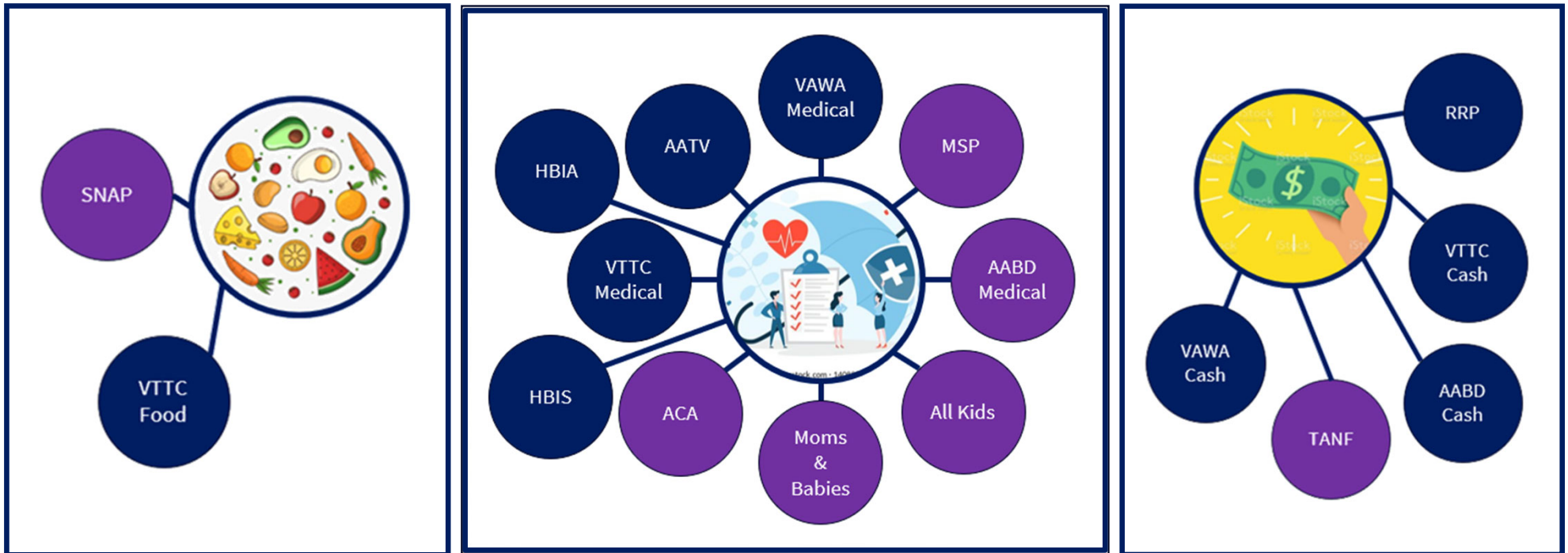


WHAT I HOPE YOU'LL LEARN

1. How to create an online account
2. How to submit an application

We will not cover eligibility or details of programs today.

WHAT ARE BENEFITS FROM THE IL DEPARTMENT OF HUMAN SERVICES?



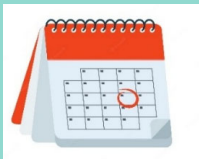
Joint Federal-State
State only

 **LEGAL AID**
CHICAGO

APPLICATION PROCESS



Processing Time



TANF: 45 days

SNAP: 30 days or 5 days if expedited

AABD Cash: 45 days

An applicant qualifies for expedited SNAP processing in a few situations, including when liquid assets are less than \$100 and gross monthly income or the month of application is less than \$150

Medicaid: 45 days

*** Homelessness alone does not qualify someone for expedited benefits

- No cost to apply
- No punishment/fine for applying for something you don't qualify for
- No punishment for wrong answers as long as you're not lying or misleading on purpose
- Generally, recommend applicants apply for all benefits and apply for anything they are not getting at redetermination/changes.
- **The agency will lose things!** Keep copies of everything you submit and proof of submission when possible.
- Failure to complete administrative eligibility steps often results in denials.
- Agency errors are not uncommon. You have a constitutional right to appeal those decisions.



<https://abe.illinois.gov/access/>

Illinois' **Application for Benefits Eligibility (ABE)** has **three portals** to support applicants with their benefits:

Apply for Benefits

ABE is the State of Illinois' web based portal for applying for and managing health coverage, SNAP and cash benefits online, anytime.

Manage My Case (MMC)

MMC is a section on the [Application for Benefits Eligibility \(ABE\)](https://abe.illinois.gov) website that lets you check on, change, and renew your Medical, SNAP, and case benefits online, anytime.

Appeals

The ABE Appeals portal allow users to file and manage appeals via the web based portal. The Appeals portal can be accessed through MMC or directly:
<https://abe.illinois.gov/abe/access/appeals>

ILOGIN MULTIFACTOR AUTHENTICATION

ABE APPLICATION FOR BENEFITS ELIGIBILITY

Spanish Sign In

An official site of the State of Illinois | J.B. Pritzker Governor

What is ABE? FAQ More Options

Got Medicaid? Get ready to renew! Use Manage My Case to access your benefits, check your redetermination due date, and verify your mailing address. If you're due, renew online right away.

ILogin - A new way to log in to ABE and Manage My Case. For more information visit the ABE Customer Support Center.

Welcome to ABE
Helping people in Illinois lead healthy and independent lives

Use this site to apply for and manage your health care, food, and cash assistance benefits.

Check if I Should Apply Apply for Benefits Manage My Case Check if I Should Apply for Summer EBT

ABE Provider Sign In

Community Partner Registration

Program Options

Click on a program icon for more information

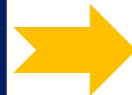
Help to Buy Food Meet your family's nutritional needs

Healthcare Support for your family's medical needs

Cash Assistance Other aid for families in need

Community Supports Help for adults with long term needs

Medicare Savings Help paying Medicare premiums



FOUR options :

ABE APPLICATION FOR BENEFITS ELIGIBILITY

Help | Print Español

ABE Access

All users of abe.illinois.gov are required to create an ILogin account with State of Illinois and an ABE profile.

- ☐ Create an ILogin Account I do not have an ILogin account with state of Illinois.
- ☐ Connect an ABE Profile I am a first-time or existing ABE user and I have an ILogin Account.
- ☐ ABE Sign In I have an ILogin account and connected my ABE profile

An ILogin Account allows you to apply for and manage your SNAP, Cash and Medical Benefits.

- ✓ Apply for more benefits or renew benefits
- ✓ Update your contact or household information
- ✓ Sign up for electronic notification
- ✓ File and manage appeals
- ✓ Review notices about your case

[Apply for benefits without an Account](#)

Exit Next

ILOGIN MFA WITHOUT AN ACCOUNT

Step 1

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- ✓ Review notices about your case

[Apply for benefits without an Account](#)

Step 2

Apply for benefits without an Account?

We recommend creating an ILogin Account so you may:

- Save your application progress.
- Return to your application later.
- Return to see the status of your application.
- Upload proof documents.

Create an ILogin Account

[Apply for benefits without an Account](#)

The **ONLY required** fields are:

- Name
- Present Address
- Fraud Penalty Affidavit
- Electronic Attestation

As always, we recommend you print a copy of the application after you submit it and keep it for your records.

Step 3

ABE APPLICATION FOR BENEFITS ELIGIBILITY [Help](#) | [Print](#) [Sign In](#)

Apply For Benefits

Request for Cash Assistance - Medical Assistance - Supplemental Nutrition Assistance Program (SNAP)

Cash - \$ **Medical - +** **SNAP - ||**

- You have the right to submit your application with only Name, Address and Signature.
- You may avoid delays in processing your applications by filling out as much information as possible.
- The date we receive your application is your application date which affects the date your benefits will start. If the application is filed online after close of business (such as weekend, holidays, or after 5:00 PM on business days), the date of the application is the following business day.
- **NOTE:** Please do not use the Forward, Back, Refresh, or Stop buttons at the top of your browser. Using these buttons to move within ABE may cause an error.

Applicant Information

• First Name: Middle Initial: Last Name: Suffix:

Former Name, if any:

Present Address:

• Address: Apartment Number:

• City: State: Zip Code: County:

☐ I am homeless right now. If you are homeless fill out the mailing address below.

Mailing Address (if different from above):

Address: Apartment Number:

ILOGIN CREATING AN ACCOUNT

"I have not set up my ILogin Account."

ABE Access

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☐ **Connect an ABE Profile** I am a first-time or existing ABE user and I have an ILogin Account.

☐ **ABE Sign In** I have an ILogin account and connected my ABE profile

An ILogin Account allows you to apply for and manage your SNAP, Cash and Medical Benefits.

- ✓ Apply for more benefits or renew benefits
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- ✓ Sign up for electronic notification
- ✓ File and manage appeals
- ✓ Review notices about your case

[Apply for benefits without an Account](#)

ILogin

Sign up

Fields are required unless marked optional.

Email

First name

Last name

Honorific suffix Optional

Middle name Optional

Password requirements:

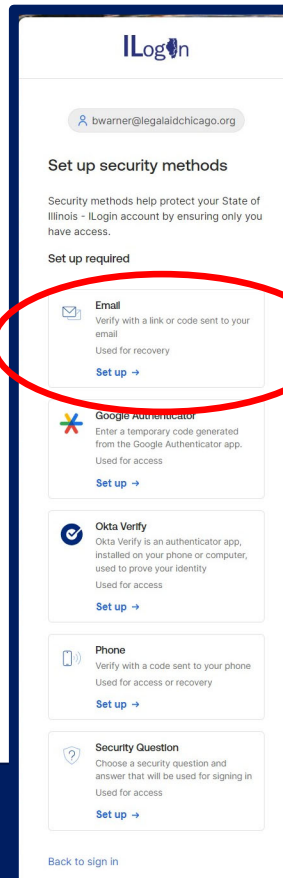
- × At least 8 characters
- × A lowercase letter
- × An uppercase letter
- × A number
- × A symbol
- ✓ No parts of your username
- ✓ Does not include your first name
- ✓ Does not include your last name

Password

Sign Up

ILOGIN SET UP

Step 1



ILogin

bwarner@legalaidchicago.org

Set up security methods

Security methods help protect your State of Illinois - ILogin account by ensuring only you have access.

Set up required

Email
Verify with a link or code sent to your email.
Used for recovery.
[Set up →](#)

Google Authenticator
Enter a temporary code generated from the Google Authenticator app.
Used for access.
[Set up →](#)

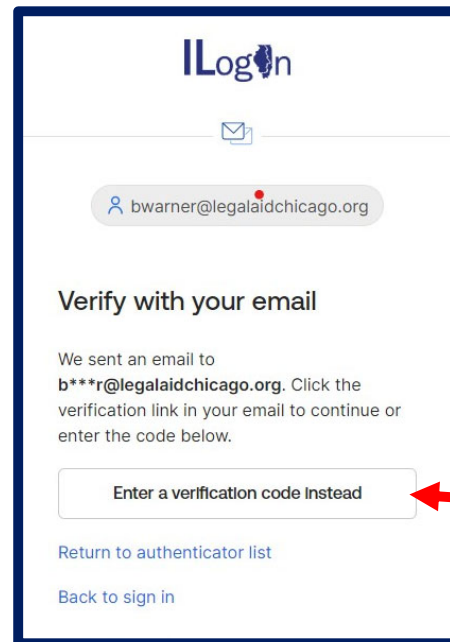
Okta Verify
Okta Verify is an authenticator app, installed on your phone or computer, used to prove your identity.
Used for access.
[Set up →](#)

Phone
Verify with a code sent to your phone.
Used for access or recovery.
[Set up →](#)

Security Question
Choose a security question and answer that will be used for signing in.
Used for access.
[Set up →](#)

[Back to sign in](#)

Step 2



ILogin

bwarner@legalaidchicago.org

Verify with your email

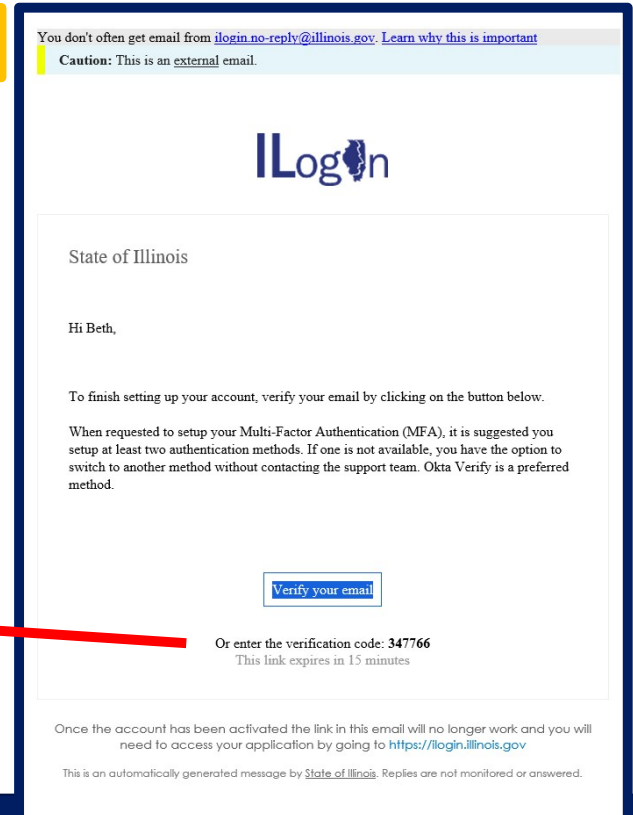
We sent an email to **b***r@legalaidchicago.org**. Click the verification link in your email to continue or enter the code below.

[Enter a verification code instead](#)

[Return to authenticator list](#)

[Back to sign in](#)

Step 3



You don't often get email from login-no-reply@illinois.gov. [Learn why this is important](#)

Caution: This is an external email.

ILogin

State of Illinois

Hi Beth,

To finish setting up your account, verify your email by clicking on the button below.

When requested to setup your Multi-Factor Authentication (MFA), it is suggested you setup at least two authentication methods. If one is not available, you have the option to switch to another method without contacting the support team. Okta Verify is a preferred method.

[Verify your email](#)

Or enter the verification code: **347766**
This link expires in 15 minutes

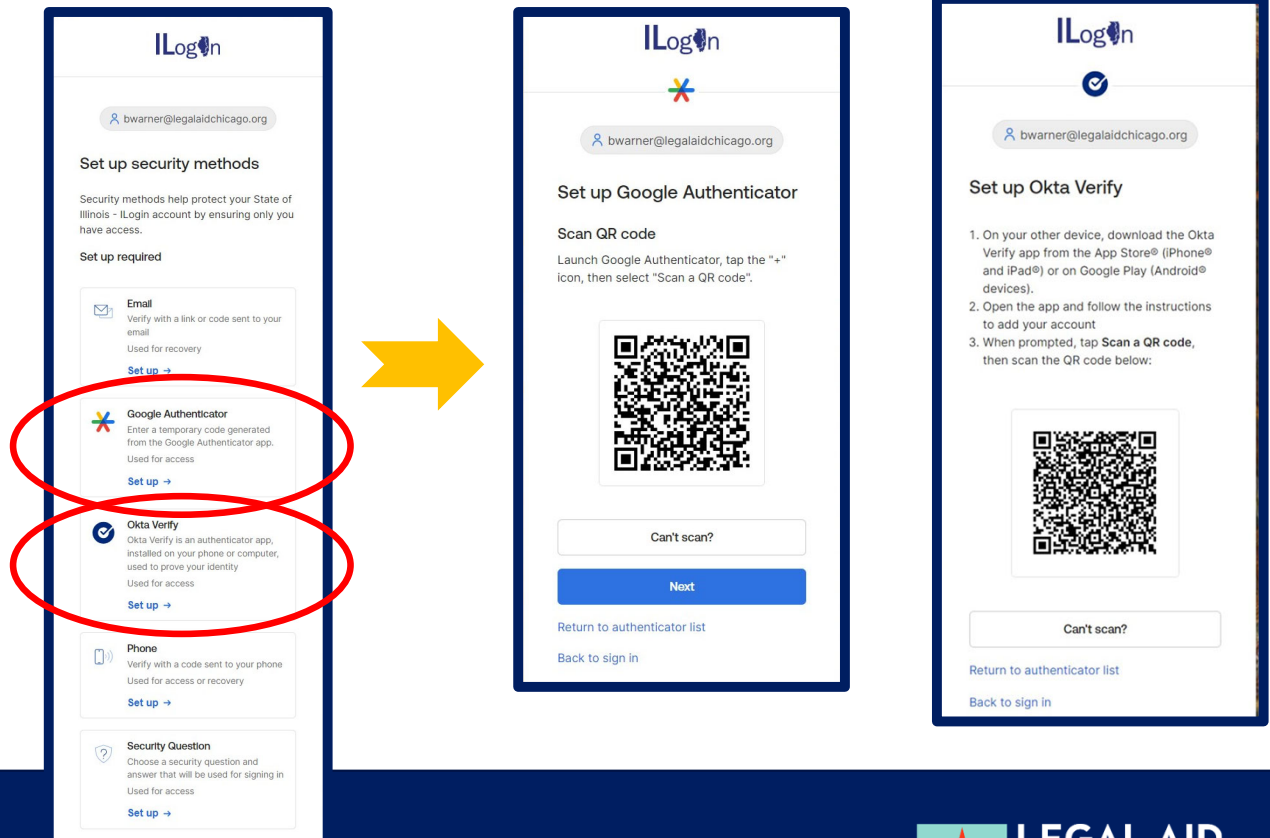
Once the account has been activated the link in this email will no longer work and you will need to access your application by going to <https://login.illinois.gov>

This is an automatically generated message by [State of Illinois](#). Replies are not monitored or answered.

ILOGIN SET UP

Step 4 – Option 1

Only recommended if you have consistent access to a smart phone and know how to navigate these verification apps.



ILOGIN SET UP

Step 4 – Option 2

Only recommended if you have consistent access to a phone (mobile or landline), and/or have the ability to move your phone number to a new phone when needed, and can navigate these fields.

The diagram illustrates the process of setting up phone authentication. It starts with the 'Set up security methods' screen, which lists several options: Email, Google Authenticator, Okta Verify, Phone, and Security questions. The 'Phone' option is highlighted with a red circle. A yellow arrow points from this option to the 'Set up phone authentication' screen. This second screen prompts the user to enter their phone number to receive a verification code via SMS. It includes a radio button for 'SMS' (which is selected), a 'Voice call' option, a 'Country/region' dropdown menu set to 'United States', and a 'Phone number' input field with a '+1' prefix. A blue button labeled 'Receive a code via SMS' is at the bottom, along with links to 'Return to authenticator list' and 'Back to sign in'.

Set up security methods

Security methods help protect your State of Illinois - ILogin account by ensuring only you have access.

Set up required

- Email**
Verify with a link or code sent to your email
Used for recovery
[Set up →](#)
- Google Authenticator**
Enter a temporary code generated from the Google Authenticator app.
Used for access
[Set up →](#)
- Okta Verify**
Okta Verify is an authenticator app, installed on your phone or computer, used to prove your identity
Used for access
[Set up →](#)
- Phone**
Verify with a code sent to your phone
Used for access or recovery
[Set up →](#)
- Security questions**
Choose a security question and answer that will be used for signing in
Used for access
[Set up →](#)

[Back to sign in](#)

Set up phone authentication

Enter your phone number to receive a verification code via SMS.

☒ SMS
☐ Voice call

Country/region
United States

Phone number
+1

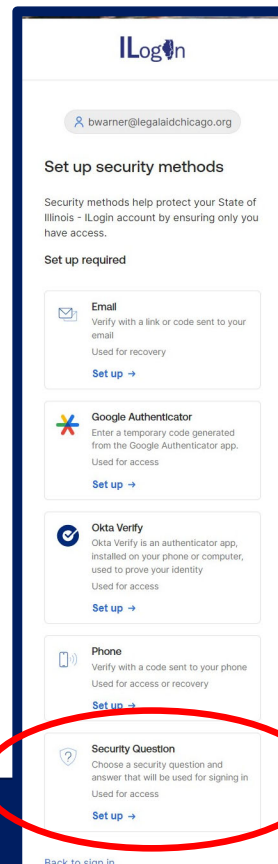
[Receive a code via SMS](#)

[Return to authenticator list](#)
[Back to sign in](#)

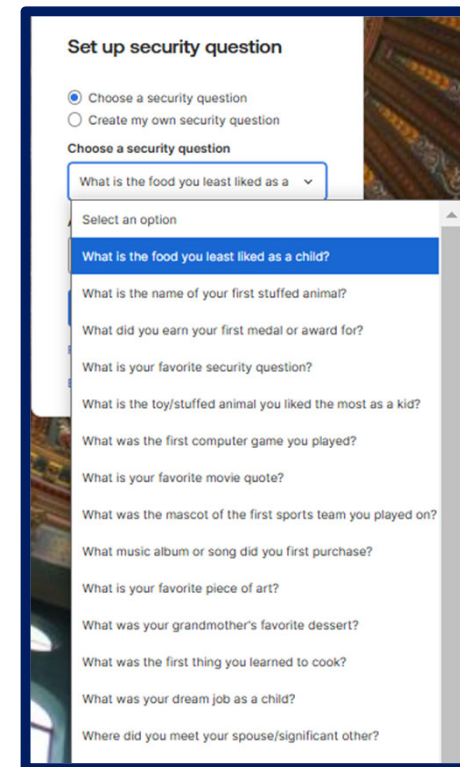
ILOGIN SET UP

Step 4 – Option 3

This is likely the best option for someone with limited tech skills or inconsistent access to their phone and/or email.



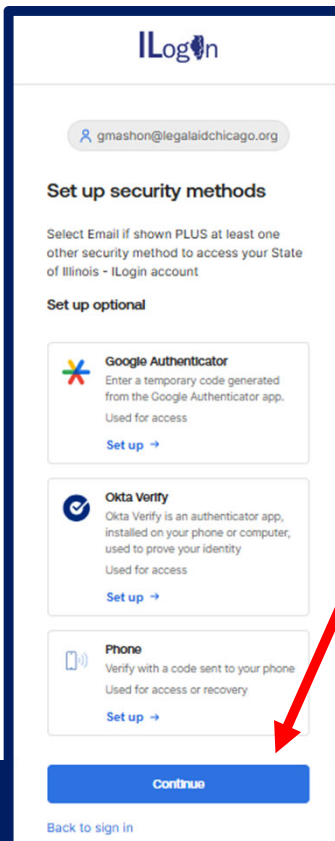
The screenshot shows the 'Set up security methods' page on the ILogin portal. The user's email, bwarner@legalaidchicago.org, is at the top. Below the heading, a note states: 'Security methods help protect your State of Illinois - ILogin account by ensuring only you have access.' Under 'Set up required', four options are listed: Email, Google Authenticator, Okta Verify, and Phone. The 'Security Question' option at the bottom is circled in red. It includes a question mark icon and the text: 'Choose a security question and answer that will be used for signing in. Used for access. Set up →'. A 'Back to sign in' link is at the bottom.



The screenshot shows the 'Set up security question' page. At the top, there are two radio buttons: 'Choose a security question' (selected) and 'Create my own security question'. Below, a dropdown menu is open for 'Choose a security question', showing a list of options. The first option, 'What is the food you least liked as a child?', is highlighted in blue. Other visible options include 'What is the name of your first stuffed animal?', 'What did you earn your first medal or award for?', 'What is your favorite security question?', 'What is the toy/stuffed animal you liked the most as a kid?', 'What was the first computer game you played?', 'What is your favorite movie quote?', 'What was the mascot of the first sports team you played on?', 'What music album or song did you first purchase?', 'What is your favorite piece of art?', 'What was your grandmother's favorite dessert?', 'What was the first thing you learned to cook?', 'What was your dream job as a child?', and 'Where did you meet your spouse/significant other?'. A 'Back to sign in' link is at the bottom.

ILOGIN SET UP

Step 5



ILogin

gmashon@legalaidchicago.org

Set up security methods

Select Email if shown PLUS at least one other security method to access your State of Illinois - ILogin account

Set up optional

 **Google Authenticator**
Enter a temporary code generated from the Google Authenticator app.
Used for access
[Set up →](#)

 **Okta Verify**
Okta Verify is an authenticator app, installed on your phone or computer, used to prove your identity
Used for access
[Set up →](#)

 **Phone**
Verify with a code sent to your phone
Used for access or recovery
[Set up →](#)

[Continue](#)

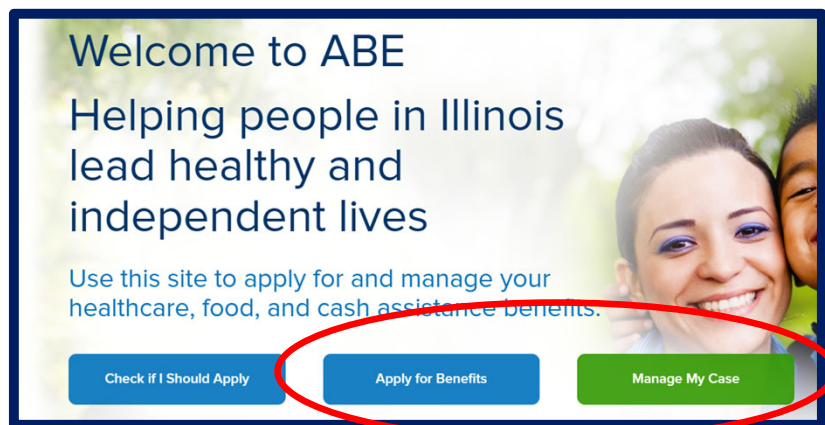
[Back to sign in](#)

The system will ask you to set up more security methods. If you don't want to do that, just click "Continue"

CONNECTING ACCOUNTS

Step 6

Once you've created your ILogin account, the system will send you back here.



Step 7

ABE Access

All users of abe.illinois.gov are required to create an ILogin account with State of Illinois and an ABE profile.

☐ Create an ILogin Account I do not have an ILogin account with state of Illinois.

☒ **Connect an ABE Profile** I am a first-time or existing ABE user and I have an ILogin Account.

☐ ABE Sign In I have an ILogin account and connected my ABE profile

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- ✓ Apply for more benefits or renew benefits
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- ✓ Sign up for electronic notification
- ✓ File and manage appeals
- ✓ Review notices about your case

[Apply for benefits without an Account](#)

CONNECTING ACCOUNTS

Step 8

Connect an ABE Profile

Enter your current ABE user ID and password:

User ID

Password

Next

[I have never had or cannot remember my ABE login information](#)

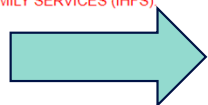
Option 1: "I already have a MMC username and password that I want to use."

Option 2: "I never set up an MMC username and password or I don't remember what it is or don't want to use it."

CONNECTING ACCOUNTS

Step 9a - log into existing account

INTERCEPT, SEARCH, AND SEIZE ANY COMMUNICATION OR DATA TRANSITING OR STORED ON THIS INFORMATION SYSTEM. YOU MAY HAVE ACCESS TO OR SEE CONFIDENTIAL OR PROPRIETARY INFORMATION OR DATA (ALL HEREINAFTER REFERRED TO AS "CONFIDENTIAL INFORMATION"), SUCH AS NATIONAL DIRECTORY OF NEW HIRE INFORMATION, PROTECTED HEALTH INFORMATION (HIPAA) OR PERSONALLY IDENTIFIABLE INFORMATION. AUTHORIZED USE OF THE ABE CLIENT LOGIN IS FOR CUSTOMER APPLICATION AND CASE INFORMATION AND MANAGEMENT. BY CLICKING LOGIN YOU UNDERSTAND AND AGREE THAT ALL SUCH CONFIDENTIAL INFORMATION OR DATA MAY NOT BE RELEASED, COPIED OR DISCLOSED, IN WHOLE OR IN PART, UNLESS PROPERLY AUTHORIZED BY ILLINOIS DEPARTMENT OF HUMAN SERVICES (IDHS)/ ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES (IHFS).



* User ID
* Password
Login

Step 9b – Create new account

Step 1: Your Name

Please fill in your name below.

* First Name :

Middle Initial :

* Last Name :

Step 2: User ID and Password

To log in to your account, you will need to create a user ID and password. For both of these, you should choose something that's easy for you to remember but hard for other people to guess.

Keep in mind that you will need your user ID and password as you start your online application. So, please remember these details.

* User ID :

Your User ID must be 5 to 20 letters and/or numbers.

* Password :

Your password must be a minimum of 8 characters. It must contain a minimum of three of the following:

- one capital letter,
- one lower case,
- one special character (! @ # \$ % & *), and
- one numeral

Passwords cannot be used consecutively. The same password cannot be used for 24 change cycles. Do not use your User ID or your name. System Security policies require you to change your password every 180 days.

* Please re-type your Password :

CONNECTING ACCOUNTS

Step 10

Once logged in for the first time, you will see this screen:

Welcome

Are you trying to link your account or apply for benefits?

- ☒ Apply for benefits (or view submitted applications)
- ☐ Link your account

Applications

It looks like you don't have any active ABE applications. [Click here to apply!](#)

CONNECTING ACCOUNTS

Step 11

Link your ABE Profile to your case

This page should be used by individuals who have already applied or who have an existing SNAP/TANF/Healthcare/MSP case. If you would like to start a new application, please [Apply for Benefits](#).

If you have technical difficulties using this website, please [Report Technical Difficulties](#).

Some items have a star (*) next to them. You must fill these items in before you can go on to the next page.

Personal Information

First, please enter your date of birth and your Individual ID from your case. You can find your Individual ID on any letter you have received about your case. If you do not have your Individual ID, you can give us your Social Security number instead. (You only need to give your SSN if you do not have your Individual ID.)

If you cannot locate your Individual ID and do not have your Social Security Number, please contact the Call Center at: (800) 843-6154

* Date of Birth :

If your birthday is March 31, 1960, type 03/31/1960.

MM DD YYYY

 / /

* Please Confirm Date of Birth :

If your birthday is March 31, 1960, type 03/31/1960.

MM DD YYYY

 / /

* Individual ID (1 to 10 digits) : ?

* Social Security Number :

 - - ☒

* Social Security Number (no spaces or dashes) :

 - - ☒

Back

Next

ices
nd Family Services

Date of Notice: October 31, 2023

Case Number:

Client Name:

Individual ID:

Office Name:

Office Address:

Phone:

TTY:

Fax:

HUMBOLDT PARK FCRC
2753 W NORTH AVE
CHICAGO, IL 60647

773-292-7200

844-736-3563

You can manage your case online at abe.illinois.gov

Esta notificación está disponible en Español. Usted puede solicitarla por Internet en abe.illinois.gov o llame al 1-800-843-6154 (TTY 1-866-324-5553)

Notice of Decision

IDENTITY PROOFING OPTION 1

Step 12

Verify Identity

We can verify your identity using your Illinois Driver's License or State ID Card. If you do not have an Illinois Driver's License or State ID Card, we will attempt to verify your identity using another method.

Do you have an Illinois Driver's License or State ID Card? ☐ Yes ☐ No

They will advance to the Experian Identity Proofing process

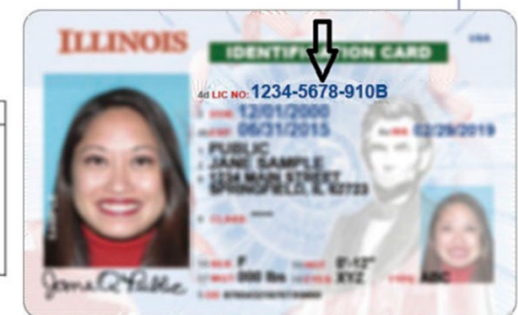
They will advance to the Secretary of State ID Proofing process.

Verify your Identity - Illinois Driver's License or State ID Card

Complete the Illinois Driver's License/State ID Details section below. Enter the information EXACTLY as shown on your Illinois Driver's License/State ID Card, including your middle name ONLY if it appears on your ID.

Illinois Driver's License/State ID Information

First Name
Middle Name
Last Name
Suffix
Date of Birth MM DD YYYY / /
Eye Color Click here to choose
Brown
Black
Grey
Green
Hazel
Blue
Yellow
Height ft in
Weight lb
Enter in your 12-digit Illinois Driver's License or Illinois State ID Number - -



IDENTITY PROOFING OPTION 2

Step 12

Verify Your Identity

To protect you from identity theft, and to confirm your identity, please answer these questions. If the correct answer isn't here, choose "None of the above". When you are done, click "Next".

1. Which of the following streets have you lived on?

- ☐ Sunnyside Rd.
- ☐ Main St.
- ☐ Michigan Ave.
- ☐ Grand Ave.
- ☐ None of the above

2. Which of the following phone numbers have you been associated with?

- ☐ 217-555-1212
- ☐ 312-000-1234
- ☐ 773-555-0000
- ☐ 872-111-0000
- ☐ None of the above

3. What street number have you lived at?

Choose the best answer.

If identity is verified, the system will advance to Manage My Case.

If identity is not or cannot be verified, you go this screen.

Verify Your Identity

We were unable to verify your identity based on the answers you provided.

Our Identity Verification service is hosted by Experian. Please call the Experian help desk and give them this reference number to verify your identity over the phone.

Help Desk Phone Number: 1-866-578-5409

Reference Number: d0c6-7e-70f8

Please answer the question below after calling Experian

Were you able to verify your identity through Experian? Yes ☒ No ☐

[Cancel](#) [Continue](#) [Verify Identity Later](#)

IDENTITY PROOFING 3 - MANUAL

Step 12

1. Fill out, sign, and return the State Identity Proofing Request Form (pdf), and proof documents.

2. Proof documents listed on pg. 3 of the form: one (1) document from Column A or two (2) documents from Column B

3. Return the completed form and proof documents to:
Illinois Department of Human Services
Attn.: ID Proofing Unit
600 E. Ash, Building 500, 5th Fl.
Springfield, IL 62703
or
Return the form to your local FCRC
Allow 6-8 weeks to process.

State of Illinois
Department of Human Services
STATE IDENTITY PROOFING REQUEST FORM

The State of Illinois is committed to keeping your confidential information safe and secure. To do that, the State must verify your identity before you use Manage My Case (MMC) online.

The first step that you must take to verify your identity is to create an ABE account. If you do not have an ABE Account, go to <https://ABE.Illinois.gov> and select Login then Create Account.

Once you have an ABE account, there are 2 ways that the State of Illinois can verify your identity:

1. You can verify your identity through the ABE.Illinois.gov website. If you have not tried to verify your identity through ABE, please select the Green "Manage My Case" button on the website. You must do this before moving forward with the process.
2. You can verify your identity by completing and submitting the form and documentation (listed on Page 3). *Note: This form cannot be used to verify your identity online at ABE.Illinois.gov, but could be used to verify your identity in person.*

Acceptable Identity Proofing Documents

To show proof of identity, please send a copy of one (1) document from column A along with the State Identity Proofing Request Form. If you don't have a document from column A, submit copies of two (2) documents from column B along with the ID Proofing Request Form. You must submit copies of these documents even if you submitted them before as part of your application for benefits.

Column A Submit One (1) of These	Column B Alternatively, submit two (2) of these
Illinois Driver's License	Birth Certificate
School Identification card	Social Security Card or Official document containing your Social Security Number
U.S. Military Draft Card or Draft Record	Marriage Certification
Identification card issued by the federal, state or local government	Divorce Decree
U.S. passport or U.S. passport card	High School or College Diploma (including High School Equivalence Diploma)
Certificate of Naturalization (Form N-550 or N-570) or Certificate of U.S. Citizenship (Form N-560 or N-561)	Property Deed or Title
Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	Employer Identification card
Employment Authorization Document that contains a photograph (Form I-766)	
Military dependent's identification card	
Native American Tribal document	
U.S. Coast Guard Merchant Mariner card	
Foreign passport or identification card issued by a foreign embassy or consulate that contains a photograph	

*ABE Username:

*First Name:

*Last Name:

*Date of Birth:

*Phone Number:

Email Address:

ILOGIN SUCCESSFUL – ACCESSING MMC

Hello, [REDACTED] You are logged in.

Apply For Benefits

Welcome! Please click one of the buttons to tell us what you would like to do. Then click the Next button at the bottom of the page.

- ☐ Start a new application for Health care coverage, SNAP, Cash Assistance, and/or Medicare Savings Program. For most people, it will take approximately 30 minutes to fill out the application.
- ☐ Keep working on an application that you have already started.
- ☐ Check the status or view an application that you have already submitted.
- ☒ Manage My Case.
- ☐ File or Manage Appeal.

As you apply for benefits, please do not use the Forward, Back or Stop buttons on your web browser to move from page to page. Instead, use the buttons on this website.

Note: You will be logged out after 15 minutes of inactivity.
If you have technical difficulties using this website, please Report Technical Difficulties

[Exit](#) [Next](#)

If you choose “Manage My Case”, you will get this screen. Click on “Click Here to Report Changes” to access information and copies of notices.

Hello, [REDACTED] You are logged in.

Case Selection

Please click on the 'Click Here to Report Changes' link for the case you would like to report changes on through ABE

Case #	Case Status	Report Changes?
[REDACTED]	Terminated	Click Here To Report Changes
[REDACTED]	Approved	Click Here To Report Changes

MMC – TABS OVERVIEW

The Manage My Case landing page is divided into four (4) tabs:



- Apply for new benefits or report case changes
- View correspondence for past 12 months.
- View the status of application, redetermination, or reported case change
- Reschedule an Appointment

- View the type of assistance received by month
- View current benefits and when they're up for redetermination
- View historical benefit information

- View how to contact someone about their case
- Send an email to the FCRC

- Adjust access permissions for household members and third party reps
- View/change communication preferences
- Change a password

MMC – CONTACT INFORMATION

The screenshot shows the 'Contact Information' tab of the MMC system. It contains several sections: 'Your Contact Information' with a help link, 'Your Mailing Address and Phone Number' with a 'report a change' link, 'Your DHS or HFS local office' with a 'Send an email to your office' link, and 'Your Case Number and Individual ID' with input fields for case and individual IDs. Callout boxes point to the 'report a change' link, the local office address, the email link, and the ID fields.

Section	Content
Case Summary	Case Summary
Benefit Details	Benefit Details
Contact Information	Contact Information
Account Management	Account Management

Your Contact Information
This page lets you know how to get in touch with someone about your case.
If you have technical difficulties using this website, please [click here](#).

Your Mailing Address and Phone Number
This is the mailing address and phone number we have on file for you. If we have the wrong information, [report a change in address or phone](#).

1112 WABASH AV
CHICAGO, IL
60605
Cook
Home Phone : 6783538586
Work Phone : Ext :
Cell Phone :
Alternate Phone : 6783538586
Phone for Text Reminders : Home Phone
Email

Your DHS or HFS local office
South Loop FCRC
1112 WABASH AV
CHICAGO, IL
60605-2351
Phone: 3127937500
Fax: 3127937671
[Send an email to your office.](#)

Your Case Number and Individual ID
Your Case Number is: 12345678
Your Individual ID is: 12345678

Report change in contact information

Homeless clients using their local FCRC for a mailing address will show up matching their local office.

Case number and Individual ID

Question sent here appear in caseworkers email queue in IES

MMC – ACCOUNT MANAGEMENT

The screenshot shows the 'Account Management' tab selected in the top navigation bar. The page is divided into three main sections: 'Manage Your Account', 'Manage Your Communication Preferences', and 'Household Member Account Access'. Arrows point from callout boxes to specific links and buttons within these sections.

Case Summary | **Benefit Details** | **Contact Information** | **Account Management**

Manage Your Account
This page will help you manage your ABE account.
If you would like to change your password, go to the [New Password Page](#). To create a new password, you will need to provide your user ID, date of birth and Individual ID or Social Security number. You will also need the answers to the secret questions you answered when you first created your account. Your Individual ID Can be found on notices sent to you, or by clicking on the Contact Information Tab above.

Manage Your Communication Preferences
This page will help you manage your ABE communication preferences, such as going paperless with your notices and receiving email or text message alerts when new notices are sent to you.
If you would like to change your communication preferences, go to the [Manage your Communication Preferences page](#).

Household Member Account Access
We have listed all of the people who have created ABE accounts. As the primary account holder, you can grant or remove access to your case information for members of your household. If there are any household members who are not listed below and would like access to your case information, they must first create an ABE account. Once they have done so, the primary account holder will need to grant access. Click on the Manage Household Access button to do so.

Household Member Name	ABE User ID	Access Type
[REDACTED]	[REDACTED]	Primary Account Holder
[REDACTED]	[REDACTED]	Primary Account Holder
[REDACTED]	[REDACTED]	Primary Account Holder

[Manage Household Member Access](#)

Change password

Manage Communication Preferences (including signing up for text alerts)

Primary account holder can grant access to other adult members on the case

MMC – BENEFITS DETAILS

Case Summary

Benefit Details

Contact Information

Account Management

What is the Status of my Cash Assistance Program benefits?

Here is the summary of the benefits you have requested or are receiving. If "Click Here For Details" appears, you can click on this link to view more details about your Cash Assistance benefits. If you recently applied for benefits, the status of your application is shown. This information is current as of December 22, 2023 01:24 AM.

Who	Which Benefit?	Description	Summary
	AABD Cash	Aid to the Aged, Blind and Disabled (AABD) Cash is for people who are aged, blind and/or disabled and need money. A person who is eligible for the AABD Cash program receives cash and Healthcare Coverage.	Click Here for Details

Other Benefits

Click on an icon below to see a summary of other benefits you have requested or are receiving

 Food Assistance Program

 Healthcare Coverage Program

 Medicare Savings Program

Click here to get detailed information

BENEFITS DETAILS - FOOD

The screenshot displays a web interface for 'Benefits Details - Food'. At the top, there are four tabs: 'Case Summary', 'Benefit Details' (which is active), 'Contact Information', and 'Account Management'. The main content area is titled 'Food Assistance Program Details' and contains the following text:

This page tells you more about your Food benefits. If you would like to look at the information about other benefits click the Back button at the bottom of the page and click the program you would like to view.

Keep in mind that whenever your benefits change, you should get a notice via your preferred method of communication telling you about the change. This notice will also let you know your rights if you feel the change has been made in error.

You are currently eligible for using your SNAP benefits through the Restaurant Meals Program. To learn more about this program, please visit [Restaurant Meals Program](#).

We are showing you benefits information as of January 2024.

We also have information to show you for other months:

- [View your benefits from November 2023](#)
- [View your benefits from December 2023](#)
- [View your benefits from February 2024](#)

You will need to submit your redetermination by May 31, 2025.

Below this, there is a section titled 'Benefit Details' which includes a user profile icon and the following text:

You are receiving Supplemental Nutrition Assistance Program in January 2024. Your current approval period started on Thursday, December 1, 2016, and is scheduled to continue through Saturday, May 31, 2025. In January 2024, your total monthly benefit amount is \$235.00. Your monthly SNAP benefits will be put on your Link Card on or about the 1st of each month. [Manage your Link account](#) [View your approval notice](#) to see how your benefits were determined [View your notices](#) for more information about what was requested

Callouts from yellow boxes point to specific elements:

- Restaurant Meals Program**: Points to the text 'You are currently eligible for using your SNAP benefits through the Restaurant Meals Program.'
- Redetermination deadline**: Points to the text 'You will need to submit your redetermination by May 31, 2025.'
- Current approval period**: Points to the text 'Your current approval period started on Thursday, December 1, 2016, and is scheduled to continue through Saturday, May 31, 2025.'
- Benefit Amount**: Points to the text 'In January 2024, your total monthly benefit amount is \$235.00.'
- Other benefit months**: Points to the list of links for viewing benefits from other months.

BENEFITS DETAILS - CASH

AABD

Case Summary

Benefit Details

Contact Information

Account Management

What is the Status of my Cash Assistance Program benefits?

Here is the summary of the benefits you have requested or are receiving. If "Click Here For Details" appears, you can click on this link to view more details about your Cash Assistance benefits. If you recently applied for benefits, the status of your application is shown. This information is current as of December 22, 2023 01:24 AM.

Who	Which Benefit?	Description	Summary
	AABD Cash	Aid to the Aged, Blind and Disabled (AABD) Cash is for people who are aged, blind and/or disabled and need money. A person who is eligible for the AABD Cash program receives cash and Healthcare Coverage.	Click Here for Details

TANF

Case Summary

Benefit Details

Contact Information

Account Management

What is the Status of my Cash Assistance Program benefits?

Here is the summary of the benefits you have requested or are receiving. If "Click Here For Details" appears, you can click on this link to view more details about your Cash Assistance benefits. If you recently applied for benefits, the status of your application is shown. This information is current as of December 23, 2023 01:02 AM.

Who	Which Benefit?	Description	Summary
 	Temporary Assistance for Needy Families	The Temporary Assistance for Needy Families (TANF) Programs helps pregnant women and families with one and more dependent children. TANF can help pay for food, shelter, utilities, and expenses other than medical	Click Here for Details
 			

Other benefit months

Start date and approval period

Current amount

Case Summary

Benefit Details

Contact Information

Account Management

Cash Assistance

benefits.

should get a notice via your preferred method of communication telling you about the change. This notice will also let you know your rights if you feel the change has been made in error.

We are showing you benefits information as of January 2024.

We also have information to show you for other months:

- View your benefits from November 2023
- View your benefits from December 2023
- View your benefits from February 2024

You will need to submit your redetermination by August 31, 2024.

Benefit Details



You are getting AABD Cash in January 2024.

Your benefits started on Thursday, October 12, 2023, and are scheduled to continue through Saturday, August 31, 2024.

In January 2024, your total monthly benefit amount is \$10.58.

[Manage your Link account](#)

[Manage Direct Deposit Settings](#)

Your next review must be completed in August 2024.

[View your approval notice](#) to see how your benefits were determined

Actions you may need to take:

- Your Bank Account Checking is due on Monday, October 23, 2023.

[View your notices](#) for more information about what was requested

BENEFITS DETAILS - MEDICARE SAVINGS PROGRAM

The screenshot shows a web interface for the Medicare Savings Program. At the top, there are four tabs: 'Case Summary', 'Benefit Details' (which is selected), 'Contact Information', and 'Account Management'. The main content area is titled 'Medicare Savings Program' and includes a paragraph explaining the program's purpose. Below this, a callout box labeled 'Other benefit months' points to a list of links for viewing benefits for November 2023, December 2023, and February 2024. Another callout box labeled 'Redetermination deadline' points to the text stating that redetermination must be submitted by August 31, 2024. A third callout box labeled 'Start date and approval period' points to the text stating that coverage started on November 2017 and may take a few months to see changes. The bottom section, titled 'Benefit Details', includes a user profile icon and further information about the user's coverage and next redetermination date.

Case Summary Benefit Details Contact Information Account Management

Medicare Savings Program
Medicare Savings Program helps pay Medicare premiums. This page tells you more about Medicare Savings Program Benefit.

Keep in mind that whenever your benefits change, you should get a notice via your preferred method of communication about the change. This notice will also let you know your rights if you feel the change has been made in error.

Showing you benefits information as of as of January 2024.

We also have information to show you for other months:

- [View your benefits from November 2023](#)
- [View your benefits from December 2023](#)
- [View your benefits for February 2024](#)

You will need to submit your redetermination by August 31, 2024.

Benefit Details

You have Medicare Savings Program coverage in January 2024.

Your coverage started on November 2017. It may take a few months for you to see a change in your Medicare premium, deductible and/or copays.

Your next redetermination must be completed in August 2024.
[View your approval notice](#) to see how your benefits were determined

[View your notices](#) for more information about what was requested

BENEFITS DETAILS – MEDICAL COVERAGE

The screenshot displays a web interface with four tabs: Case Summary, Benefit Details, Contact Information, and Account Management. The 'Benefit Details' tab is active, showing 'Healthcare Coverage' information. Below this, a 'Benefit Details' section contains a list of items with callouts:

- RIN Number:** Points to the 'Medical ID (RIN): 12345678' field.
- Medical Program:** Points to the 'You have ACA Adult coverage.' line item.
- Start date and approval period:** Points to the 'Your coverage started on January 2019.' and 'Your next medical redetermination must be completed by August 2022.' lines.
- MCO (Managed Care Organization) Plan details:** Points to the 'MCO Plan Name: MERIDIAN HEALTH PLAN INC MMCP' and 'Your MCO Plan contact phone number is 866-606-3700. Visit your MCO Plan website.' lines.

Other visible text includes: 'Medicaid is a Health Care Coverage program to pay for Medical Services. This page tells you more about Healthcare Coverage.', 'Keep in mind that whenever your benefits change, you should get a notice via your preferred method of communication telling you about the change. This notice will also let you know your rights if you feel the change has been made in error.', 'We are showing you Healthcare Coverage eligibility information as of July 2022.', 'We also have information to show you for other months:', and a list of links: 'View your benefits from May 2022', 'View your benefits from June 2022', and 'View your benefits from August 2022'.

Case Summary

Make Changes

Goes to benefits details page

Verification Documents submitted online

Application Status

The screenshot shows the 'Case Summary' page with a navigation bar at the top containing 'Case Summary', 'Benefit Details', 'Contact Information', and 'Account Management'. The main content area includes several sections: 'Renew My Benefits', 'Report My Changes', 'Apply for Other Benefits', a welcome message, a security notice, a status overview, a table of benefits, a verifications section, a notices section, and an application status table. Callouts from external text boxes point to specific elements: 'Make Changes' points to the 'Report My Changes' button; 'Goes to benefits details page' points to the 'Benefit Details' tab; 'Verification Documents submitted online' points to the 'Upload Documents' button; 'Application Status' points to the 'Application Status' table; 'Renew benefits...' points to the 'Renew My Benefits' button; 'Apply for additional benefits...' points to the 'Apply for Other Benefits' button; and 'Summary of Communication from DHS' points to the 'Available Notices' section.

Case Summary | Benefit Details | Contact Information | Account Management

Renew My Benefits Your case is up for redetermination. Click this button to submit your redetermination for benefits.

Report My Changes Click this button to report changes to your DHS or HFS Office.

Apply for Other Benefits Click this button to apply for additional benefits.

Welcome to the Case Summary Page. This page gives you a overview of your case, and lets you know if there is anything you need to do to receive or continue benefits. From this page you can find information about your benefit status, verifications, notices, application or change report status.

We have taken a number of steps to keep your information private and secure. To learn more, view your security and account management information.

As a head of household, you can control benefit information displayed to other adults in your household.

What is the status of my benefit programs?
You have requested or are receiving the benefits mentioned below. Click on the "Click Here" link for each program to view a summary of your benefits. This information is current as of December 22, 2023 01:24 AM.

Follow this link and select Other Changes to Cancel Your Case.

Benefit	Description	Summary
	Food Assistance Program	Food Assistance Program Details
	Healthcare Coverage Program	Healthcare Coverage Program Details
	Medicare Savings Program	Medicare Savings Program Details
	Cash Assistance Program	Cash Assistance Program Details

What verifications are due?
No documents have been requested at this time. You can still upload a document at any time using the buttons below.

View Upload History Click this button to view documents that have already been uploaded to your case.

Upload Documents Click this button to upload verification documents to your case.

What are my available notices?
To view the details about notices sent to you regarding your case, you can click on the "View Notices" link below. This information is current as of December 22, 2023 01:24 AM.

Available Notices
1 New notices sent in the last 12 months.

What is the status of my ABE application, Redetermination, or Reported Change?

Application Status

Application Number	Date	Status	Details/Action
123456789	February 17, 2023	Submitted	View Details

Follow this link and select Other Changes to Cancel Your Case.

Renew benefits - The Renew My Benefits button will display when the customer is up for redetermination. Appears when redetermination letter is generated 60 days before end of benefit period

Apply for additional benefits - Apply for Other Benefits is only for requesting additional benefits on an existing case.

Summary of Communication from DHS

VERIFICATIONS DOCS, NOTICES, CASE STATUS

View notices

Check the status of an application

What verifications are due?

No documents have been requested at this time. You can still upload a document at any time using the buttons below.

View Upload History

Click this button to view documents that have already been uploaded to your case.

Upload Documents

Click this button to upload verification documents to your case.

What are my available notices?

To view the details about notices sent to you regarding your case, you can click on the "Click Here" link below. This information is current as of **June 29, 2016 02:01 PM**.

Available Notices

[View notices](#) sent in the last 12 months.

What is the status of my ABE application, Redetermination, or Reported Change?

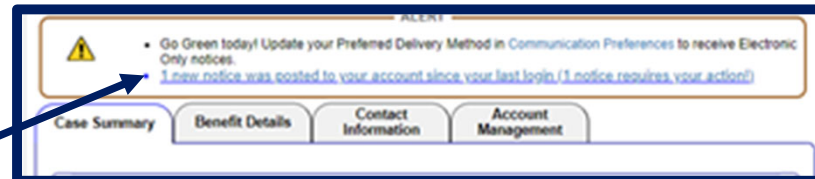
Reported Changes

Application Number	Date	Status	Details/Action
0000455601	July 13, 2016	Pending	Continue

NOTICES

Click to view notices

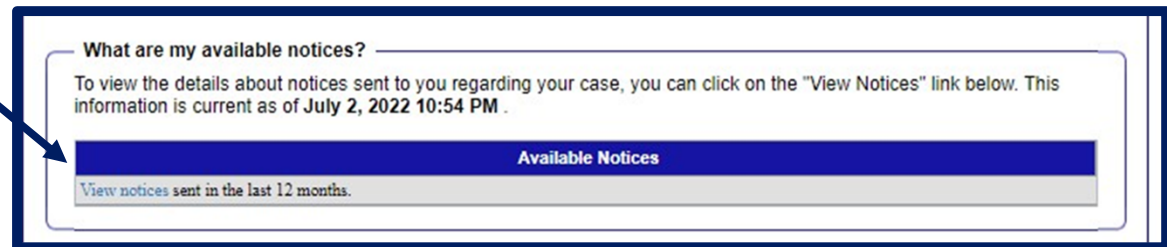
Date POSTED – You must look at the notice itself to see the date of the notice, which is important for calculating appeal deadlines.



ALERT

- Go Green today! Update your Preferred Delivery Method in Communication Preferences to receive Electronic Only notices.
- [1 new notice was posted to your account since your last login. \(1 notice requires your action!\)](#)

Case Summary | Benefit Details | Contact Information | Account Management

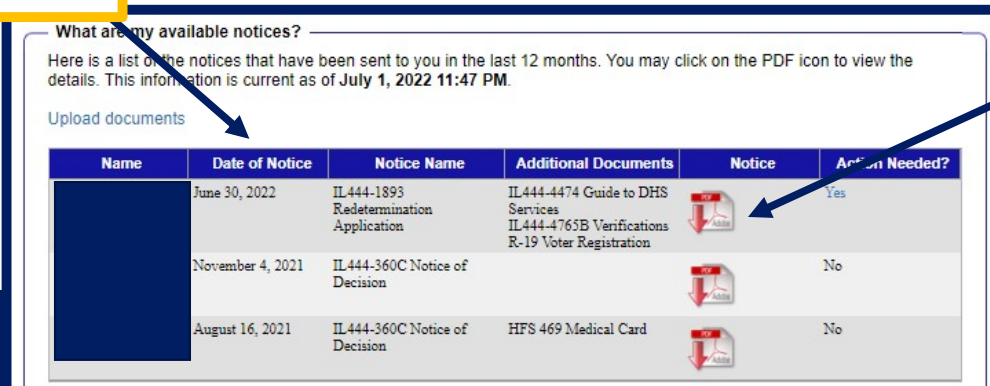


What are my available notices?

To view the details about notices sent to you regarding your case, you can click on the "View Notices" link below. This information is current as of July 2, 2022 10:54 PM.

Available Notices

[View notices sent in the last 12 months.](#)



What are my available notices?

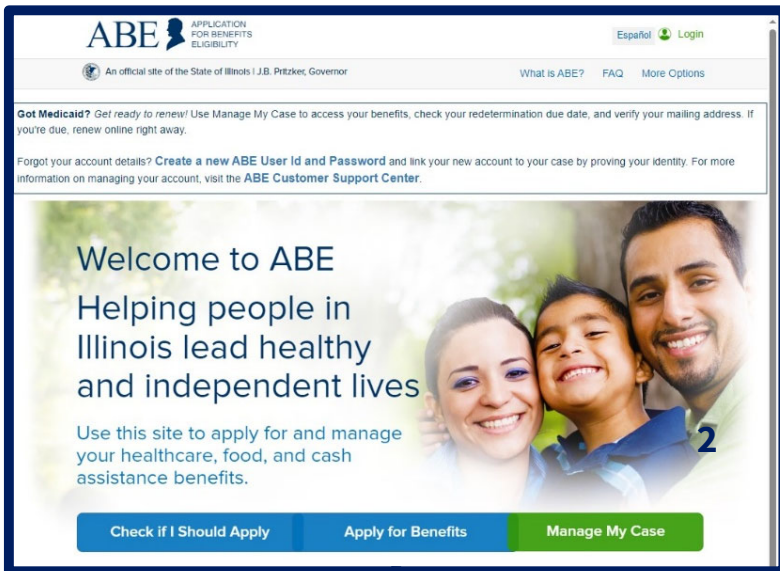
Here is a list of the notices that have been sent to you in the last 12 months. You may click on the PDF icon to view the details. This information is current as of July 1, 2022 11:47 PM.

[Upload documents](#)

Name	Date of Notice	Notice Name	Additional Documents	Notice	Action Needed?
	June 30, 2022	IL444-1893 Redetermination Application	IL444-4474 Guide to DHS Services IL444-4765B Verifications R-19 Voter Registration		Yes
	November 4, 2021	IL444-360C Notice of Decision			No
	August 16, 2021	IL444-360C Notice of Decision	HFS 469 Medical Card		No

Click here to see the notice

DHS PROGRAMS – HOW TO APPLY



Note: Once you submit an application in ABE, you can no longer make changes to it in ABE, but you are able to view the application as it was submitted. Applicants should contact the office where the application was sent for processing to report any changes.

Apply For Benefits

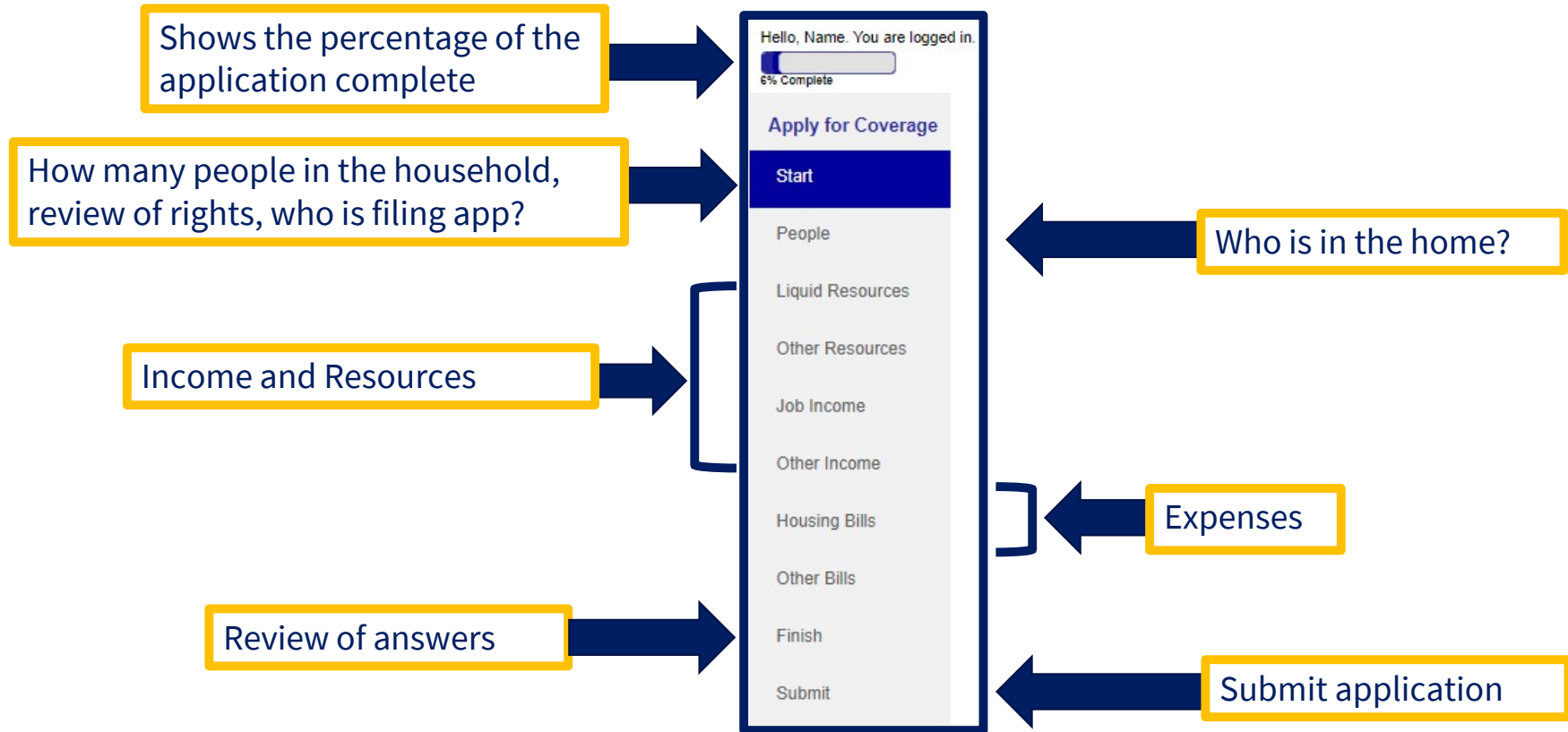
Welcome! Please click one of the buttons to tell us what you would like to do. Then click the Next button at the bottom of the page.

- ☐ Start a new application for Health care coverage, SNAP, Cash Assistance, and/or Medicare Savings Program. For most people, it will take approximately 30 minutes to fill out the application.
- ☐ Keep working on an application that you have already started.
- ☐ Check the status or view an application that you have already submitted.
- ☐ Register my agency as a Community Partner, or update my agency's information.

As you apply for benefits, please do not use the Forward, Back or Stop buttons on your web browser to move from page to page. Instead, use the buttons on this website.

Note: You will be logged out after 15 minutes of inactivity.
If you have technical difficulties using this website, please [Report Technical Difficulties](#)

OVERVIEW OF APPLICATION



PEOPLE IN THE HOME

People in the Home

+ How many people live with you (include yourself)? If applying for medical assistance also include everyone that will be claimed on your tax return even if they don't live with you. 

Choose ▼

Include everyone in the Household when applying for benefits.

Because eligibility for some medical programs are based on tax law, you also should include others who are included on your tax return if applying for medical benefits.

SELECTING PROGRAMS

Select yes for every program unless you do not want a benefit.

Apply for Benefits

Please select Yes or No for each benefit option below

 **Apply for SNAP (Supplemental Nutrition Assistance Program)?** ☐ Yes ☐ No

SNAP (Supplemental Nutrition Assistance Program) helps people and families buy food they need for good health. This program used to be called Food Stamps.[More about SNAP.](#)

 **Apply for Healthcare Coverage?** ☐ Yes ☐ No

Provides access to healthcare benefits to people of all ages in Illinois. [More about healthcare coverage.](#)

If you do not qualify for HFS medical programs, we will send your information to the federal Health Insurance Marketplace. The Marketplace will contact you to complete the application process by reviewing available tax credits and choosing and enrolling in a health plan.

 **Apply for Cash Assistance?** ☐ Yes ☐ No

Helps pay for food, shelter, utilities, and expenses other than medical costs. A small amount of [Cash Assistance](#) is available to people who qualify.

If you apply for Cash Assistance, you will automatically apply for Healthcare coverage.

 **Apply for Medicare Savings Program?** ☐ Yes ☐ No

Helps people on Medicare pay for premiums, deductibles, and co-insurance charges. [More information about the Medicare Savings Program](#)

PERSONAL INFORMATION

Applicants will be asked identifying information. The red asterisks (*) indicate required information.

Person 1
Primary Account Holder ⓘ

People In Your Home

* First Name : ⓘ Middle Initial : * Last Name : Suffix :

* Gender : ☐ Male ☐ Female

* Date of Birth : MM DD YYYY
 / /

* What is this person's marital status?

What language should we use if we need to contact you?

What language should we use when we mail you notices? ☐ English ☐ Spanish

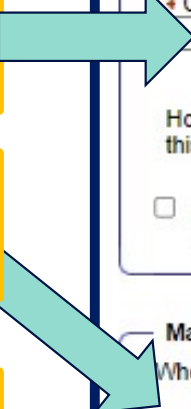
* What county do you live in?

ADDRESS

Check this box to indicate whether you are homeless and leave the address blank.

If you do not have a mailing address you can use the rule below to use your local FCRC.

WAG 06-04-03: Homeless Benefits
Mailing Address
Obtain approval of the LOA to use the Family Community Resource Center address for a customer with no permanent address



Where You Live

* Street Address:

* City : * State : * Zip Code :

How many days each month does this person stay at this address?

☐ I am homeless right now. If you are homeless fill out a mailing address instead of this address.

Mailing Address

Where can we mail notices about your benefits? ?

Street Address or P.O. Box Number :

City : State : Zip Code :

Residence Information

* Where does this person live? ?

CONTACT INFORMATION

Contact Information

How can we get in touch with you?

Home Phone :

Work Phone : Extension:

Cell Phone :

Alternate Phone :

What is the best phone to get in touch with you during a weekday? [click here to choose](#) ▼

What is the best time to call you during the weekday? ▼

If you are deaf or hard of hearing and you have asked us to get in touch by phone, what method do you use? [click here to choose](#) ▼

Phone for Text Reminders :  ▼

Email Address :

Confirm Email Address :

Standard fees may apply from your mobile service provider.

It is important to provide accurate contact information so that DHS can reach you.

If DHS cannot reach you to complete your interview, you made be denied benefits.

If you do not have a phone, applicants can go into their local FCRC and request their interview on the spot

CITIZENSHIP

If you are a U.S Citizen: Select YES

Citizenship Information

Is this person a U.S. citizen? ☐ Yes ☒ No
Anyone applying for benefits has to provide information on their immigration status.

Is this a request for emergency medical for a non-citizen? ☐ Yes ☒ No

Does this person have a sponsor? ☐ Yes ☒ No

Is this person a documented alien? ☒ Yes ☐ No

Document Type

Document Number

What is this person's alien registration number?

What was their date of entry?
Ex: mm/dd/yyyy

~ WARNING ~

Claiming to be a U.S. citizen when you are a noncitizen can have serious federal criminal and immigration ramifications. Doing so may result in imprisonment or deportation. Registering to vote could potentially bring about those serious consequences.

If you are not a U.S Citizen: Select NO

If you are a documented non-citizen, select YES

If you are undocumented select NO

(selecting NO does not automatically disqualify you from receiving benefits).

Select document type, ex:

Permanent Resident (I-551)

Arrival/Departure record (I-94)

For document number – enter the full number on the documentation you have, ex: Alien number, certificate of naturalization number, etc.

Upload the document at the end of the application when it asks for documentation under the citizenship tab if you are able to – this will speed up processing your application.

OTHER RESOURCES

Vehicles

Please check the box for anyone who owns a vehicle. By vehicles, we mean things like cars, trucks, motorcycles, campers, boats. etc.

☒ No one

☐ 
Homeless

The system will ask you about various resources. Some programs have resources limits. Others require reporting resources, even if they aren't relevant to eligibility.

Note on Life Insurance

ONLY report life insurance if it has a cash value. That means that you could "cash out" the plan while you are still alive.

- Term life insurance typically does not have cash value
- Employer provided life insurance typically does not have cash value
- Whole life insurance typically DOES have a cash value

INCOME FROM TRADITIONAL EMPLOYMENT

More About Blue's Job

Tell us more about a job Blue has had in the past 3 months.

Do not enter information about Work Study here. We will ask about that later in the Other Income section.

Employer

• Name of Employer :

Employer Address :

City : State : Zip Code :

Employer Phone:

Job Title:

When did Blue start this job? Ex: mm/dd/yyyy

Is Blue's payment from employment expected to continue for the next 30 days? ☐ Yes ☐ No

IDHS wants “**Gross Pay**” – the amount you are paid before taxes or other deductions (not how much you receive)

IDHS will confirm your income with IDES (Illinois Department of Employment Security), if possible.

INCOME FROM SELF-EMPLOYMENT

More About Blue's Self-Employment

You have told us that Blue is or has been self-employed in the last 90 days. Tell us more about this self-employment.

Self-Employment

What type of self-employment does Blue have?

What is the start date of Blue's self-employment?
Ex: mm/yyyy

How many hours a month is Blue self-employed? If Blue's hours are not regular, try to estimate the number of hours.

What is the gross monthly income amount from Blue's self-employment before any expenses are taken out?

How much are Blue's business expenses each month?

Is Blue's self-employment expected to continue for the next 30 days? ☒ Yes ☐ No

Is Blue's self-employment run out of the home? ☐ Yes ☒ No

Make sure you take time to think through your expenses, e.g.:

- Anything you buy for work
- Insurance
- Transportation required for employment, which, depending on your job, could include mileage/gas, repairs, tune-ups
- Taxes
- Fees
- Phone/Utilities
- Advertising

OTHER INCOME

Always report GROSS income.

IDHS shares data with some other government agencies and will use that data to confirm your income. This includes:

- Social Security income
- Illinois unemployment benefits
- Some child support

IDHS does not have access to data from other sources. You must later verify this monthly income:

- Veterans Administration
- Railroad Benefits
- Pensions
- Passive income

Money From Other Sources

Tell us about money the people in your home get from sources other than a job or self-employment. This includes money given to you by friends or family. If you are not sure about a source of income, click on Help to read more about what we are looking for.

* Supplemental Security Income (SSI)

Did anyone get SSI in the last 3 months? 

☒ Yes ☐ No

Tell us who:



Homeless

* Retirement, Survivor, and Disability Insurance (RSDI)

Did anyone get RSDI in the last 3 months? 

☐ Yes ☐ No

* Room and Meals

Does anyone get money for renting a room and/or providing meals to someone?

☐ Yes ☐ No

* Adoption Subsidy Payments

Does anyone receive an adoption subsidy payment? 

☐ Yes ☐ No

* Other Income

Does anyone get any other types of income or payments? 

☐ Yes ☐ No

INTERVIEW INFORMATION

Interview Information

If you are applying for SNAP or Cash assistance, an interview is required. Please answer the following:

- ☐ I am able to come to the office for an interview.
- ☐ I am not able to come to the office for an interview.

Check the box below that applies if you are unable to come to the office for an interview.

- ☐ Hours of work or educational activities conflict with office hours(Monday - Friday 8:30 - 5:00)
- ☐ Problems with health, transportation or ongoing severe weather.
- ☐ Do not have someone to care for a child or disabled adult.

Standard fees may apply from your mobile service provider.

Additional Information

In the box below, you can provide us with any additional information that may help us with your application. Space is limited, so please be brief.

Write anything else you want IDHS to know. It's okay if you told them already. E.g. "I'm homeless." or "I do not have a phone. I will come to the office for my interview." and so on.

If you have a special rule you know and that you want the worker to use, you can put that here to. For example, "I am homeless and have shelter costs. Please use the Homeless Shelter Deduction in PM 06-04-03 for my SNAP."

EXPEDITED SNAP - PM 02-08-01

Getting Faster Services

Answer a few more questions to see if you qualify for expedited services.

SNAP

Have you received SNAP benefits this month?

☐ Yes ☐ No

Income

Enter your household's total gross monthly income.

\$

We need to know your household's total gross monthly income. Income is money received from work (before taxes or other deductions are taken out), or from other sources such as social security, child support, unemployment or money given to you by family and/or friends. Tell us the total gross income the people in the household will receive this month, even if the money will stop.

Resources

What is the total value of the liquid assets owned by people in your home? \$



Expenses

How much will the people in your home pay for housing this month?

\$

Are you receiving or do you expect to receive Low Income Home Energy Assistance Program (LIHEAP)? (In Chicago paid through CEDA)? ☐ Yes ☐ No

Which of the following utilities do the people in your home pay for?

- | | | |
|---|---|--|
| ☐ Heat/ Air Conditioning | ☐ Septic/ Water Well Installation or Maintenance | ☐ Non-Heat Electric |
| ☐ Water/Sewer | ☐ Utility Installation (not deposit) | ☐ Telephone |
| ☐ Cooking Fuel | ☐ None | ☐ Garbage Removal |

If you qualify, you will could get your benefits faster.

However, you still need to complete the whole SNAP application process later.

PRINT SUBMITTED PAGE

When the application has been successfully submitted, an Application Summary page comes up with your Application Number.

We recommend you print and keep a copy of your application.

Final Steps

Thank you! Your online Redetermination was successfully submitted!

Here are your next steps:



Your Application Tracking Number is 6000272561

Write down your tracking number or print your application for your records. Do NOT mail this Report My Changes.

Your Report My Changes was sent to the following office to be processed:

Adams County FCRC

300 MAINE

QUINCY IL 62301-3922

Phone Number: (217) 223-0550

Print Your Redetermination



Attach documents to help us process your application

If you have documents such as paystubs to upload in support of your application, you can do so on the next page.

If you do not have these documents ready now, you can log back in and upload documents later. Remember to upload documents as soon as possible, you will not be able to do so after the State begins processing the application.

UPLOAD DOCUMENTS

Submit Your Documents

We already verified some information using electronic data verifications. We do this to save you from needing to upload this information, and it helps us process applications more quickly.

Who	We Have Already Verified	How We Verified the Information
	Proof of Citizenship	Verified through Federal Data Services Hub
	Proof of SSN	Verified through Federal Data Services Hub
	Proof of Illinois Residency	Verified through Illinois Secretary of State
	Proof of Child Support Income	Verified through Key Information Delivery System

Based on what you've told us, you may need to submit some additional information. Select the documents you are ready to upload now and click Next. If you **do not** have documents to upload now click **Logout** to exit ABE. You will be able to log back in to your application and upload documents at a later time, but please do so as quickly as possible. **Be aware you cannot upload documents after the State begins processing your application.**

[View DHS forms](#)

[View HFS forms](#)

Who	Proof That May Be Needed	Examples of Documents That May Serve as Proof
	☐ Proof of Employment	Form 266/266A - Verification of Employment, employer statement, last 30 days of check stubs or earnings statements
	☐ Other Proof	Other related verification documents.

If you are ready to begin uploading the selected documents above, click Next.

Be sure to click the [Add] button and the [submit] button

Who	Proof That May Be Needed	Document Uploaded	Options
 Mary	Proof of Relationship	Adoption Record	View or Erase

Upload Another Document

To upload another document, please choose the person and the type of proof, and then click the Add button.

Name:
< click here to choose >

Type of Proof
Proof of Citizenship

Add

To send your uploaded documents to your worker, please click the Submit button

QUESTIONS?

Gwynne Mashon

gmashon@legalaidchicago.org

For technical assistance reach out to DHS

abe.questions@illinois.gov