



**LEGAL AID
CHICAGO**

Mastering Manage My Case

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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



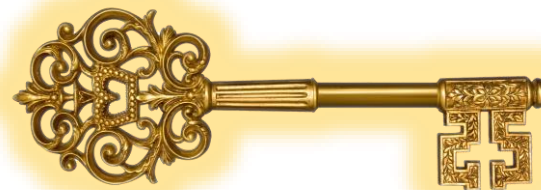
**Immigrants & Workers'
Rights**



Housing

WHAT I HOPE YOU'LL LEARN

- Overview of what MMC can do
- Renew current benefits
- Report changes to current benefits
- Applying for Additional Programs
- Review
 - **Contact information**
 - **Account information**
 - **What is due?**
 - **What is the status of my case?**
- Viewing Notices
- Submitting required documents



Provide Key Information to unlock services and maximize DHS benefits



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 \(ABE\)](#) 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>

MMC GETTING STARTED

ABE APPLICATION FOR BENEFITS ELIGIBILITY Español Login

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.

Forgot your account details? **Create a new ABE User Id and Password** and link your new account to your case by proving your identity. For more information on managing your account, visit the **ABE Customer Support Center**.

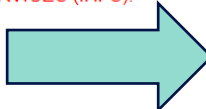
Welcome to ABE

Helping people in Illinois lead healthy and independent lives

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

[Check if I Should Apply](#) [Apply for Benefits](#) [Manage My Case](#)

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](#)

MMC – MANAGING MY CASE(S)

More than
one case

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?
12345678	Approved	Click Here To Report Changes
12345678	Denied	Click Here To Report Changes
12345678	Approved	Click Here To Report Changes

One case

Case Summary | Benefit Details | Contact Information | Account Management

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.

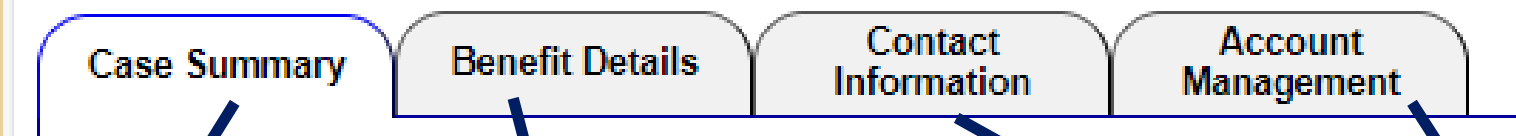
Welcome to the Case Summary Page. This page gives you a look at your benefits, and lets you know if there is anything you need to do to receive or continue benefits. From this page you can find information about your benefit status, verifications, notices, application or change report status.



MMC – TABS OVERVIEW



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



Case Summary TAB

- Apply for new benefits or report case changes
- View correspondence for past 12 months. If a notice requires action, there will be an indicator on the page.
- View the status of their application, redetermination, or reported case change
- Reschedule an Appointment

Benefit Details Tab

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

Contact Information Tab

- View how to get in touch with someone about their case
- Send an email to the FCRC

Account Management

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

MMC – CONTACT INFORMATION

Review address information (report any changes)



Case number and Individual ID

Case Summary Benefit Details **Contact Information** 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

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

Question sent here appear in caseworkers email queue in IES

MMC – ACCOUNT MANAGEMENT

The screenshot shows the 'Account Management' tab selected in a navigation bar. Below the navigation bar are three main sections: 'Manage Your Account', 'Manage Your Communication Preferences', and 'Household Member Account Access'. Each section contains text and links. A table is visible at the bottom of the 'Household Member Account Access' section, and a 'Manage Household Member Access' button is located to its right. Three callout boxes with arrows point to specific elements: the first points to the 'New Password Page' link, the second points to the 'Manage your Communication Preferences page' link, and the third points to the 'Manage Household Member Access' button.

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
		Primary Account Holder
		Primary Account Holder
		Primary Account Holder

Manage Household Member Access

1. Change password

2. Manage Communication Preferences (including signing up for text alerts)

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


MMC – REVIEW YOUR BENEFITS

Single Person

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

Household of more than one

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	Click Here for Details
		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.	

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

REVIEW YOUR BENEFITS - FOOD

Restaurant Meals Program

Other benefit months

Redetermination deadline

Current approval period

Benefit Amount

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

Food Assistance Program Details

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.

Benefit Details



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

REVIEW YOUR BENEFITS - 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

REVIEW YOUR BENEFITS - MEDICARE SAVINGS PROGRAM

Other benefit months

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 you 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

Redetermination deadline

Start date and approval period

REVIEW YOUR BENEFITS - HEALTH CARE COVERAGE

ACA Adult

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

Healthcare Coverage

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:

- View your benefits from May 2022
- View your benefits from June 2022
- View your benefits from August 2022

Benefit Details

You have ACA Adult coverage.

Your coverage started on January 2019.

Your next medical redetermination must be completed by August 2022.

View or print your HFS Medical Card in your available notices.

View your approval notice to see how your benefits were determined

MCO Plan Name: MERIDIAN HEALTH PLAN INC MMCP

Your MCO Plan contact phone number is 866-606-3700. Visit your MCO Plan website.

MCO Plan Anniversary Date: March 1, 2023 (You can switch plans 60 days before this date)

View your notices for more information about what was requested.

RIN Number

Medical Program

Start date and approval period

ACA medical with have MCO Plan details

AABD Medical

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

Healthcare Coverage

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 January 2024.

We also have information to show you for other months:

- View your benefits from November 2022
- View your benefits from December 2022
- View your benefits from February 2023

Benefit Details

You have AABD coverage.

Your coverage started on June 2008.

Your next medical redetermination must be completed by August 2024. In the meantime, you must continue to report changes.

View Copay Information.

View or print your HFS Medical Card in your available notices.

View your approval notice to see how your benefits were determined

Actions you may need to take:

- Your Bank Account Check

View your notices for more information about what was requested.

Medical Program

RIN Number

Start date and approval period

Overview

MMC is Divided into FOUR tabs

Make Changes

Summary of Verification Documents

Summary of Application Status

The screenshot shows the 'Case Summary' tab of the MMC interface. At the top, there are four tabs: 'Case Summary', 'Benefit Details', 'Contact Information', and 'Account Management'. Below the tabs, there are three main action buttons: 'Renew My Benefits', 'Report My Changes', and 'Apply for Other Benefits'. Each button has a brief description of its function. Below these buttons is a welcome message and a link to view security and account management information. A section titled 'What is the status of my benefit programs?' follows, with a table listing various benefits. Below the table is a section for 'What verifications are due?' with 'View Upload History' and 'Upload Documents' buttons. Another section, 'What are my available notices?', includes a table of notices. The final section, 'What is the status of my ABE application, Redetermination, or Reported Change?', contains an 'Application Status' table.

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

Application Number	Date	Status	Details/Action
[Redacted]	February 17, 2023	Submitted	

Summary benefit information

Summary of Communication from DHS

RENEW, REPORT, REVIEW OR ADD BENEFITS

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

Report changes

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

Case Summary | Benefit Details | Contact Information | Account Management

Renew My Benefits Your case is up for redetermination. Click this button to submit your 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 look at your benefits, and lets you you need to do to receive or continue benefits. From this page you can find information about y verifications, notices, application or change report status.

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

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

Summary Review of benefits

Customers can get their own benefit details here or from the tab at the top of the page

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

CASE SUMMARY CHECK STATUS

Tracking number

Request For Additional Benefits Status

Change Report Number	Date	Status	Details/Action
12345678	February 18, 2022	Processed	 View in HTML

Copy of change report/redetermination/application

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

Redeterminations Status

Redetermination Number	Date	Status	Details/Action
12345678	November 3, 2023	Processed	Correspondence Details View in HTML


Application Status

Application Number	Date	Status	Details/Action
T12345678	February 17, 2023	Submitted	

Follow this link and select Other Changes to [Cancel Your Case](#).

Status

RENEW MY BENEFITS



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 look at your benefits, 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](#).

Mid-Point Report

We need to know if there have been any changes in your household in the last 6 months. We will use the information and proof that you give us to decide if you are still eligible for benefits. Your benefits may go up, down, or stop based on what you tell us.

***Have you moved or changed your address?** Yes No

***Has anyone moved into your home?** Yes No

***Has anyone moved out of your home?** Yes No

***Does anyone in your household pay court ordered child support?** Yes No

***Has the income from work changed for any member of your household? This includes changes in employer, hourly rate, salary, or loss of job.** Yes No

***Has there been a change of any other income such as Child Support, Social Security, SSI, Unemployment, VA, Worker's Compensation, or contributions for any member?** Yes No

MMC – REPORT CHANGES

Every Change submitted in MMC requires an electronic signature, just like the application

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 look at your benefits, 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](#).

Welcome to Report My Changes

After you have told us what has changed below, we will let you know if the change requires verification and what to provide. You can upload your verification or you can mail, fax, or bring the proof to your DHS or HFS office. If you would like to withdraw your application, cancel your case, or request a case transfer, please select the "Any other change or changes not mentioned above" option under the other Changes Section.

Reporting Changes Through ABE

Please let us know what has changed. After answering yes to one or more of the categories below, an additional list of options will be shown. You may check all boxes that apply.

Change in Contact Information

Yes No

- | | |
|--|--|
| <input type="checkbox"/> Name change or correction | <input type="checkbox"/> Address Change |
| <input type="checkbox"/> E-mail address or phone number change | <input type="checkbox"/> Approved Representative add or cancel |

Change in Household

Yes No

- | | |
|---|--|
| <input type="checkbox"/> New member | <input type="checkbox"/> Member moved out |
| <input type="checkbox"/> Death | <input type="checkbox"/> Pregnant member |
| <input type="checkbox"/> Pregnancy Ended | <input type="checkbox"/> Jailed or imprisoned member |
| <input type="checkbox"/> Member entered a Long Term Care Facility | <input type="checkbox"/> Receiving Department on Aging community care services |
| <input type="checkbox"/> Someone became blind or disabled | |

Change in Household Income

Yes No

- | | |
|--|--|
| <input type="checkbox"/> New job (including self-employment) | <input type="checkbox"/> Job ended (including self-employment) |
| <input type="checkbox"/> Job or work hours have changed | <input type="checkbox"/> Change in other income including a new source |

Expenses/Bills Have Changed

Yes No

- | | |
|---|--|
| <input type="checkbox"/> Medical (including insurance/Medicare premiums) | <input type="checkbox"/> Childcare or adult dependent care |
| <input type="checkbox"/> Alimony/spousal support | <input type="checkbox"/> Court-ordered child support |
| <input type="checkbox"/> Shelter/Housing/Utility Cost | <input type="checkbox"/> Job related expenses |
| <input type="checkbox"/> Other (such as student loan interest or moving expenses) | |

Resources Have Changed

Yes No

- | | |
|--|--|
| <input type="checkbox"/> New or changed resource | <input type="checkbox"/> Has anyone in your household received any money from Lottery / Gambling Winnings? |
|--|--|

Health Insurance Has Changed

Yes No

- | | |
|---|---|
| <input type="checkbox"/> Receiving other health insurance or Medicare | <input type="checkbox"/> Health Insurance ended |
|---|---|

Other Changes

Yes No

- Any other change or changes not mentioned above

Keep in mind that you should only report changes that have already happened.

APPLY FOR OTHER BENEFITS

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 look at your benefits, 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](#).

Apply for Additional Benefits

Please select Yes or No for any additional benefits requested for each person below



* SNAP :

Yes No

* Healthcare Coverage :

Yes No

* Family Planning Program : ?

Yes No

* Cash Assistance :

Yes No

* Medicare Savings Program :

Yes No



* SNAP :

Yes No

* Healthcare Coverage :

Yes No

* Family Planning Program : ?

Yes No

* Cash Assistance :

Yes No

* Medicare Savings Program :

Yes No

VERIFICATIONS DOCS, NOTICES, CASE STATUS

Upload Verification documents/Review Verification documents deadlines

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

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

Click to view notices

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.

Date of notice – this can sometimes be inaccurate best practice is to go by date listed on NOD

Type of notice

Copy of notice

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

VIEWING NOTICES

Date of notice

Individual ID

Local Office

 State of Illinois
Department of Human Services
Department of Healthcare and Family Services

Date of Notice: October 31, 2023
Case Number: [Redacted]
Client Name: [Redacted]
Individual ID: [Redacted]
Office Name: HUMBOLDT PARK FCRC
Office Address: 2753 W NORTH AVE
CHICAGO, IL 60647
Phone: 773-292-7200
TTY: [Redacted]
Fax: 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)

Client Name
Client Address

Notice of Decision

Beginning December 01, 2023, your benefits will change as follows:

Your **Supplemental Nutrition Assistance Program (SNAP)** Benefits will go down. \$235.00 is the new amount of your SNAP Benefits.

The reason for this action is the earned/unearned income has increased. This action agrees with policy statement(s) contained in PM 13-01.

Your eligibility for **Medical Benefits** is not changed by this action.

We reviewed your application for Cash benefits. This notice explains our decision. The notice also tells you how you can appeal if you think our decision is wrong.

Your application for **Cash Benefits** filed on Sep 12, 2023 is **approved**. For information about who is approved and the amount of cash benefits you will get, read the Cash Benefits section of this notice.

Date of change

Summary of Benefit Details



VIEWING NOTICES

Benefit Amount

Approval Period

SNAP Benefits

Your SNAP benefit amount for the person(s) listed below will change as follows. The actual amount you get will be lower if your benefits are being reduced to pay back a prior overpayment.

Approval Period	Monthly Benefit Amount	Eligible Person(s)
Dec 01, 2023 - May 31, 2025	\$235.00	[REDACTED]

Your regular monthly SNAP benefits will be available approximately Dec 1, 2023.

SNAP Income Eligibility Determination		Dec 01, 2023
Total Gross Earned Income		\$0.00
Total Unearned Income	+	\$944.00
Self Employment Income	+	\$0.00
Child Support Deduction	-	\$0.00
Gross Monthly Income	=	\$944.00
SNAP Income Eligibility Determination		Dec 01, 2023
Gross Monthly Income Standard For Household Size of 1		\$2430.00
Member age 60 or older or Disabled		Yes
Gross Earned Income	=	\$0.00
Earned Income Deduction	-	\$0.00
Unearned Income	+	\$944.00
Farm Loss Income	-	\$0.00
Standard Income Deduction	-	\$194.00

Medical Standard/Expenses (Member age 60 or older or Disabled Member)	-	\$150.00
Dependent Care Deduction	-	\$0.00
Child Support Deduction	-	\$0.00
Adjusted Net Income	=	\$600.00
Excess Shelter Deduction**	-	\$414.00
Homeless Shelter Standard	-	\$0.00
Household Net SNAP Income	=	\$186.00
Maximum Net Income Allowable		\$1215.00
SNAP Benefit Amount		\$235.00

** Computation of Excess Shelter Deduction: For households without a member age 60 or older or a disabled member, this amount may be less than the amount of your Total Excess Shelter Deduction shown above.

Computation of Excess Shelter Deduction		Dec 01, 2023
Rent or Mortgage		\$137.00
Utility Cost/Standard	+	\$577.00
Total Shelter Expenses	=	\$714.00
½ of Adjusted Net Income	-	\$300.00
Total Excess Shelter Costs	=	\$414.00

VIEWING NOTICES

Benefit Amount

Approval Period

Deposit Details

AABD Cash Benefits

The person(s) listed below have been **approved** for Aid for the Aged, Blind or Disabled (AABD) Cash benefits. The actual amount you get will be lower if your benefits are being reduced to pay back a prior overpayment. We will send a notice to let you know when it's time to renew your benefits.

Approval Period	Monthly Benefit Amount	Eligible Person(s)
Oct 01, 2023 - Oct 31, 2023	\$613.05	[REDACTED]
Nov 01, 2023 - Nov 30, 2023	\$10.58	[REDACTED]
Dec 01, 2023 - Aug 31, 2024	\$10.58	[REDACTED]

Your cash benefit of \$623.63 will be available in your Illinois LINK account on or about 10/31/23 to cover your needs from 10/12/23 through 11/30/23. Your regular monthly cash benefit of \$10.58 will be available on 12/01/23. Your regular monthly cash benefit will be available to you the same date, each month, through your approval period. If you elect to enroll in Direct Deposit, your regular monthly Cash Benefit will be deposited into your account on the 8th day of each month.

AABD Cash Benefits Computation	Dec 01, 2023	
Your Income Standard Includes:		
<u>Allowances</u>		
Food	+	\$38.68
Clothing	+	\$8.77
Household Supplies	+	\$2.56
Personal Essentials	+	\$12.42
Rent	+	\$115.70
Electricity	+	\$5.55
Allowance for the SSI Cost of Living Increases	+	\$735.90
Total Monthly AABD Allowance	=	\$919.58
<u>Other Allowances</u>		

Income diverted to meet needs of dependent child or spouse	+	\$919.58
Special work expenses for the disabled	+	\$20.00
Income exemption	+	\$25.00
Earned income disregard	+	\$20.00
TOTAL Income Standard	=	\$0

To determine your AABD benefit amount, the following amounts were deducted from your Income Standard:

Deductions	Dec 01, 2023	
<u>Income</u>		
Other Unearned Income	+	\$934.00
TOTAL Deduction	=	\$0
YOUR BENEFIT AMOUNT	=	\$10.58

VIEWING NOTICES



Medical Benefits				
The person(s) listed in the table below are eligible for ongoing Medical benefits.				
Name	Birth Date	Medical ID (RIN)	Medical Group	Start of Ongoing Coverage
[REDACTED]	[REDACTED]	123456789	AABD	Dec 01, 2023
[REDACTED]	[REDACTED]		Medicare Savings Program QMB	Dec 01, 2023
The person(s) listed in the table below have been approved for coverage for earlier dates.				
Name	Birth Date	Medical ID (RIN)	Medical Group	Coverage Dates
[REDACTED]	[REDACTED]	123456789	AABD	Jan 01, 2023 - Nov 30, 2023
[REDACTED]	[REDACTED]		Medicare Savings Program QMB	Jan 01, 2023 - Nov 30, 2023

RIN Number

Benefit Details

Coverage Dates

QUESTIONS?

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For technical assistance reach out to DHS

abe.questions@illinois.gov