

COMPLETING AN ABE APPLICATION FOR LTC FACILITIES

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IL Dept. of Healthcare &

Family Services

8/27/2014



Outline



- Using the ABE System
 - What to have handy
 - Registering as a Community Provider
 - Registering the Applicant as a User
 - Authorized Representatives
 - Completing the Application
 - Uploading Documents
 - Finalizing the Application

ABE - Application for Benefits Eligibility

- Apply for medical, SNAP or cash benefits online
- Upload verification documents with app
- Partially complete and save – return later
- Automatically referred to correct state office
- Usually takes 30-45 minutes to apply

[Abe.illinois.gov](https://abe.illinois.gov)

Things you want to have on hand

- Income information
- Resource Information
- Immigration information for individuals who are not U.S. citizens
- Completed Form 3654 or any other documents you want to upload

- Information does not have to be uploaded but may reduce state processing time

Obtain 3654 Form Online

ams Forms : Medical Programs Numerical Listing of Forms - Microsoft Internet Explorer provided by State of Illinois
http://www2.illinois.gov/hfs/MedicalProvider/MedicalProgramForms/Pages/medicalnumeric.aspx

- [HFS 2803 Optical Prescription Order \(pdf\) \(OCR\)](#)
- [HFS 3082 Request for Drug Prior Approval Form \(pdf\)](#)
- [HFS 3082A Refill Too Soon Prior Approval Worksheet \(pdf\)](#)
- [HFS 3127 Request For Inappropriate Level Of Care Payment \(pdf\)](#)
- [HFS 3137 SLF Program Notice of Involuntary Discharge \(pdf\)](#)
- [HFS 3411A MCH Primary Care Provider Agreement \(pdf\)](#)
- [HFS 3411C Advance Practice Nurse \(APN\) Certification and Collaborative Agreement Form \(pdf\)](#)
- [HFS 3461 Augmentative Communication Systems Client Assessment Report \(pdf\)](#)
- [HFS 3640 Augmentative Communication Systems Assessment Review Checklist \(pdf\)](#)
- [HFS 3641 Long Term Care Facility Third Party Liability \(TPL\) Payment Transmittal \(pdf\)](#)
- [HFS 3654 Additional Financial Information for Long Term Care Applicants \(pdf\)](#)**
- [HFS 3654S Spanish Additional Financial Information for Long Term Care Applicants \(pdf\)](#)
- [HFS 3701E Questionnaire for TENS Unit \(pdf\)](#)
- [HFS 3701F C-PAP/BiPAP Renewal Questionnaire](#)
- [HFS 3701G Special Requisite Mattress Questionnaire](#)

Save and complete for each applicant

State of Illinois
Department of Healthcare and Family Services

ADDITIONAL FINANCIAL INFORMATION FOR LONG TERM CARE APPLICANTS

INSTRUCTIONS
Read carefully and follow all instructions.

- < Answer ALL questions completely and accurately. (PLEASE PRINT)
- < Sign the document.
- < Name of LongTerm Care facility if applicable _____
- < If submitted by hospital/LTC facility, provide the date of admission _____ and actual or expected date of discharge _____
- Submitting hospital/LTC facility name _____

APPLICANT

HFS USE ONLY DHS CASE No.
OIG USE ONLY OIG CASE No.
DR:
DC:

<http://www2.illinois.gov/hfs/MedicalProvider/MedicalProgramForms/Pages/medicalnumeric.aspx>

Medical Forms

HFS.Illinois.gov | HFS News | Contact Us | Illinois Home

Search

HFS ILLINOIS DEPARTMENT OF Healthcare and Family Services

HFS Home | Agency Information | **Medical Programs** | HFS OIG | Public Involvement | Contact HFS

HFS ▾
Medical Providers

- ◆ [Contact Us](#)
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- ◆ [Care Coordination Innovations Project](#)
- ◆ [Care Coordination Innovations Project Matchmaking](#)
- ◆ [Care Coordination Innovations Project Matchmaking Search for Partners](#)
- ◆ [Children's Mental Health](#)
- ◆ [Claims Processing System Issues](#)
- ◆ [Community Mental Health Centers](#)
- ◆ [Cost Reports](#)
- ◆ [Dental](#)
- ◆ [E-Mail Notification](#)
- ◆ [Electronic Data Interchange \(EDI\)](#)
- ◆ [Electronic Health Record Medicaid Incentive Payment Program \(eMIPP\)](#)
- ◆ [Fee Schedule](#)
- ◆ [Forms \(Medical Programs\)](#)
- ◆ [Forms Request](#)

Medical Providers

- General Information
- Medical Customers

Navigating the ABE System



Para informacion en Espanol, regrese a la pagina principal y oprima el enlace que dice Espanol.



Using This Website

Here are some tips for using this website.

On each page, answer the questions the best you can. If you are using this website for someone else, answer the questions as if you were that person.

You will see some questions with a star (*) next to them. You **must** answer these questions before you can go on to the next page.

Please do not use the Forward, Back or Stop buttons on your browser. Instead, use the ACCESS buttons at the bottom of each page. You can click on these to move between pages.

Next



Click the Next button when you are done with a page and ready for the next questions.

Back



Click the Back button if you need to go back to a page to change your answers.

Exit



You will see this item after submitting your online application. Clicking this button will take you to the home page, where you will be able to see the status of your application as well as your benefits.

Save & Exit



When you are using Apply For Benefits, you will see this button at the bottom of most pages. Click this button if you are ready to stop using Apply For Benefits. We will give you a choice: you can save your application to come back later, you can continue to work on it, or you can submit it to the DHS office to set your application date.

Along the way you will see these items, too:

Help



Click the Help button if you have a question about what we are asking or if you do not know how to answer a question.

Progress Bar



The progress bar shows you how close you are to being done.

If you have not used a computer very much, [click here to practice](#).

If you are ready to get started, click the close window and start working.

[Close Window](#)

ABE Homepage



[Español](#)
[FAQ](#)
[DEV](#)

Your home to apply for Medical, Food and Cash Assistance with the state of Illinois

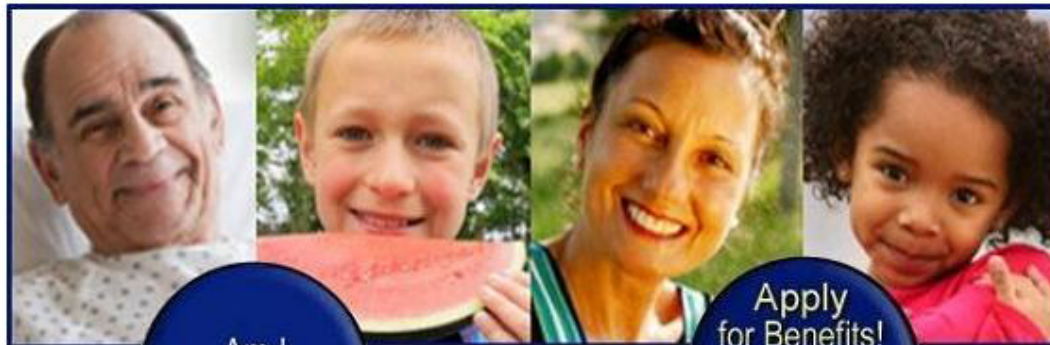
* User ID

* Password

Login

Forgot your password? Is your account locked? Please enter your User ID and [Click Here](#)

- Provider or Assistor Login
- Community Partners



Am I Eligible?

Apply for Benefits!

- > SNAP
- > Cash Assistance
- > Medical Assistance
- > Medicare Savings Program

If you do not have a user id and password, click on 'Apply For Benefits' to create an account.

If you have not used a computer very much and would like to practice before you get started, [click here](#).

Starting an Application



[FAQ](#)
[Help](#)
TRN

Para informacion en Espanol, regrese a la pagina principal y oprima el enlace que dice Espanol.



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 SNAP, Medical Assistance and/or Cash Assistance.** 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 use 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.

Do not use this Web application if your case is active and you are reapplying for benefits.

If you have technical difficulties using this website, please [click here](#)



Register as a Community Provider



[FAQ](#)
[Help](#)

TRN

Para informacion en Espanol, regrese a la pagina principal y oprima el enlace que dice Espanol.



Helping With Applications

Welcome! As a public, private, or non-profit agency in Illinois, you may register as a Community Partner:

Community Partners help Illinois residents apply online for benefits by providing a computer or one-on-one assistance with applications.

By registering as a Community Partner, you will get an agency number and a passcode.

Once you have registered, this computer will remember your agency number and pre-fill it into each application that is submitted. If you want to use the same agency number on multiple computers, click [here](#) to go to apply for Benefits and enter your agency number when prompted.

To register your agency as a Community Partner, click [here](#). All employees and volunteers helping applicants must agree to keep information obtained confidential. Information that must be kept confidential, even after an individual leaves the Community Partner, includes, but is not limited to, the following: personal demographic information, social security numbers, user ID's and user passwords. If your organization is unable to fully comply with this requirement, you are not allowed to register as a Community Partner.

To update your agency's registration information, please enter your agency number and passcode, then click the **Go** button.

Agency Number :

Passcode :

Go

Community Partner Registration

Community Partner Registration Successful

Thank you for registering as a Community Partner.

Your Agency Number is: 8

Next



Application Status



[Home](#) | [Am I Eligible?](#) | [Apply For Benefits](#)



Hello, john. You are logged in.

Welcome

Welcome. This page gives you a quick look at the status of your application for SNAP, Cash Assistance and Healthcare Coverage.
If you are ready to end your ABE session, be sure to Logout.

What is the status of my Applications?

Here is a summary of the applications you have worked on.

Application Number	Date	Status	Details
	August 18, 2014	Pending	Continue

Start an Application



[FAQ](#)
[Help](#)
TRN

Para informacion en Espanol, regrese a la pagina principal y oprima el enlace que dice Espanol.



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.

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- Check the status or view an application that you have already submitted.**
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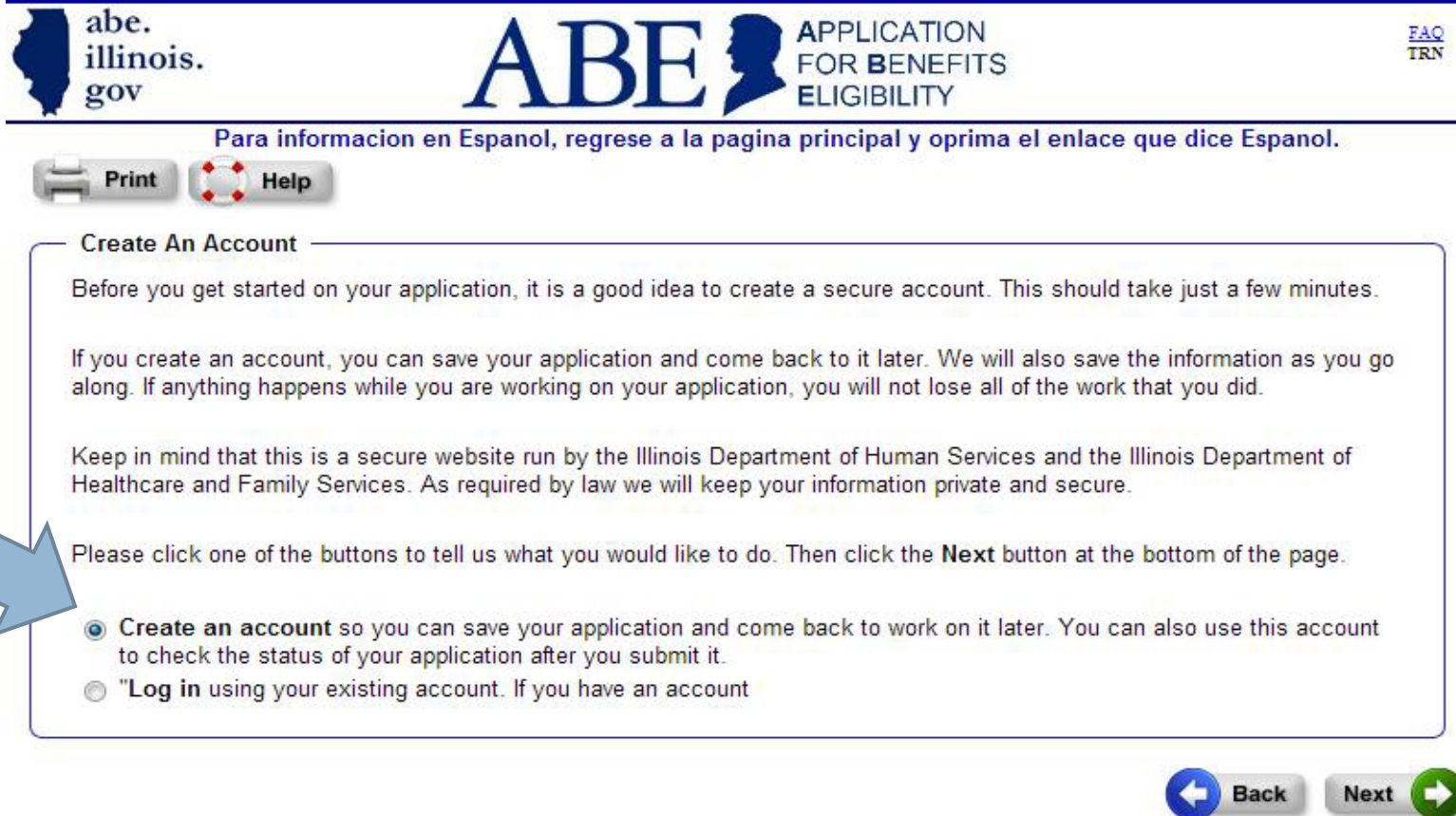
Do not use this Web application if your case is active and you are reapplying for benefits.

If you have technical difficulties using this website, please [click here](#)



Create a Personal Account

Each application needs a separate account



abe.illinois.gov

ABE APPLICATION FOR BENEFITS ELIGIBILITY

[FAQ TRN](#)

Para informacion en Espanol, regrese a la pagina principal y oprima el enlace que dice Espanol.

Print Help

Create An Account

Before you get started on your application, it is a good idea to create a secure account. This should take just a few minutes.

If you create an account, you can save your application and come back to it later. We will also save the information as you go along. If anything happens while you are working on your application, you will not lose all of the work that you did.

Keep in mind that this is a secure website run by the Illinois Department of Human Services and the Illinois Department of Healthcare and Family Services. As required by law we will keep your information private and secure.

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.

- Create an account** so you can save your application and come back to work on it later. You can also use this account to check the status of your application after you submit it.
- Log in** using your existing account. If you have an account

Back Next

Setup the Individual's Password

Step 1: Your Name

Please fill in your name below.

* First Name :

Middle Initial :

* Last Name :

ABE will address the Applicant by this name throughout the application

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 it is a good idea to write these down and keep them in a safe place.

* User ID :

This must be 5 to 20 letters and/or numbers.

* Password :

This must be 8 to 16 characters long. To create a secure password, you must use letters, one capital letter, and at least one number. Password is case sensitive.

* Please re-type your Password :

Account Confirmation



[FAQ](#)
[TRN](#)

Para informacion en Espanol, regrese a la pagina principal y oprima el enlace que dice Espanol.

Congratulations!

You have created an account **marydoe**.

Next Step

To start working on your application, you will need to log in using your new user ID and password. [Click here](#) to log in.

Fraud Reminder



[FAQ](#)
[TRN](#)

Para informacion en Espanol, regrese a la pagina principal y oprima el enlace que dice Espanol.

Hello, Mary. You are logged in.



Fraud Penalty Affidavit

Before you will be able to complete the online application, you must read the following Penalty Affidavit and provide certification of your understanding and acceptance.

I understand that the information on this form is subject to verification by federal, state, and local officials. If I intentionally give false or misleading information, I may be subject to criminal or civil prosecution.

I also understand that I may be prosecuted for fraud, be required to repay the amount wrongfully received and/or be disqualified from program participation. I understand I may be asked to show proof of any information I have given.

By checking this box you are certifying that you have read, understand and accept the penalty statement above.

[Report fraud for Cash, SNAP & Medical Assistance](#)



Application Assistance



[FAQ](#)
[TRN](#)

Para informacion en Espanol, regrese a la pagina principal y oprima el enlace que dice Espanol.

Hello, Mary. You are logged in.



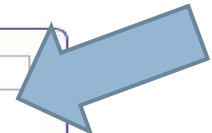
- Start
- People
- Liquid Assets
- Other Assets
- Job Income
- Other Income
- Housing Bills
- Other Bills
- Finish
- Submit

Using Our Self Service Site

Before you get started, we would like to know more about how you are using this site. If you are using this site from your own computer, you can skip these questions and click **Next** below.

Community Agencies

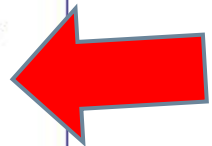
Some agencies (such as health clinics or community centers) are set up to help people use this site. If you are using this site at an agency that is setup their number will appear here. If a number doesn't show and you are working with an agency, please ask them for their number and enter here.



Applying on Your Behalf

If someone is applying on your behalf, please click the button to tell us who is applying.

- A friend or family member
- A staff person or volunteer at an agency that helps people
- Someone I have asked to be my approved representative. (By approved representative, we mean someone who can apply on behalf of another person.)
- My legal guardian
- Someone who has power of attorney for me
- None of the above



Approved Representatives

-  Start
-  People
-  Liquid Assets
-  Other Assets
-  Job Income
-  Other Income
-  Housing Bills
-  Other Bills
-  Finish
-  Submit

More About Your Approved Representative

You have told us that you have asked someone to apply for you and act as your approved representative. Once you have appointed this person, he or she can apply for you.

To do this, you will need to provide us with their name and contact information. Also, both you and your approved representative will need to sign electronically below.

Contact Information

Please tell us more about your approved representative.

* First Name : Middle Initial : * Last Name :

Street Address :

City : State : Zip Code :

Phone Number: Ext :

Email Address :

Signatures

Applicant's Signature

I want the person named above to apply for cash, medical and/or SNAP benefits for me and/or my family. I understand I am still responsible for the information that my representative gives to the Department.

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

By checking this box and typing my name below, I am electronically signing this form.

First Name : Middle Initial : Last Name :

Approved Representative's Signature

By checking this box and typing my name below, I am electronically signing this form.

First Name : Middle Initial : Last Name :

Applying for Medical Programs

Para informacion en Espanol, regrese a la pagina principal y oprima el enlace que dice Espanol.

Hello, Mary. You are logged in.

Print Help

6% Complete

- Start
- People
- Liquid Assets
- Other Assets
- Job Income
- Other Income
- Housing Bills
- Other Bills
- Finish
- Submit

Which Benefits Would You Like to Apply For?

Please check the box(es) below for the program(s) you would like to apply for. Then click the "Next" button at the bottom of the page.

Supplemental Nutrition Assistance Program (SNAP)(formerly Food Stamps) helps low-income people and families buy the food they need for good health. Benefits are provided on the Illinois Link Card - an electronic card that is accepted at most grocery stores.

Cash Assistance - We offer three types of cash assistances:

Temporary Assistance for Needy Families (TANF) provides temporary financial and medical assistance for pregnant women and families with one or more dependent children. TANF provides financial assistance to pay for food, shelter, utilities and expenses other than medical.

Aid to the Aged, Blind and Disabled (AABD) Cash is for person who are aged, blind and/or disbled who need money. A person who is eligible for the AABD Cash program receives cash and medical assistance.

Refugee and Repatriate Assistance (RRA) include two programs:

Refugee Resettlement Program (RRP) is for persons with certain immigrant statuses who do not qualify for TANF or AABD. A person can only receive help from this program for a limited time period after they enter the U.S.

The Repatriate Program is for U.S. citizens referred by the U.S. Department of Health and Human Services after being sent back to the U.S. from another country because they lacked money, were physically or mentally ill, or were threatened by war or other crisis. A repatriate cannot receive cash for more than 90 days and must repay DHS when able.

Cash Benefits are also provided on Illinois Link Card.

Medical Assistance: This healthcare coverage is for eligible children, adults, seniors and people with disabilities. These programs provide access to healthcare at a reasonable cost. More information about the services covered by these programs can be found at this link: [Medical Program Listing](#).

Please check the box for selecting previous application months.

May June July

Note for individuals currently receiving ICHIP: If you apply and are approved for Medical Assistance, your ICHIP coverage will end and you may be responsible for repaying bills. If your Medical Assistance application is approved, coverage begins in the month of application. You cannot receive benefits from ICHIP and Medical Assistance at the same time.

Medicare Savings Program: Illinois offers Medicare cost sharing programs that help pay for premiums, deductibles, and co-insurance charges. You can keep more of your Social Security check by enrolling. Many people use the extra money to help pay for living expenses or prescription drugs. More information about the program can be found at [Medicare Savings for Qualified Beneficiaries](#).

Back Save & Exit Next

Applicant Information

Getting Started

Let's get started on the application! First, please give us some basic information about you.

Information About You

* First Name :

Middle Initial :

* Last Name :

Gender :

Male

Female

* Date of Birth :

MM DD YYYY
 / /

* Please Confirm Date of Birth :

MM DD YYYY
 / /

Social Security Number :

- -

After you apply for benefits, you will get notices from your worker.
Please click the button to let us know whether we should send your
notices in English or Spanish.

English

Spanish

* What county do you live in?

< click here to choose > ▾

Where does the Person Live?

- American Indian / Alaska Native
- Black / African American
- White
- Asian
- Native Hawaiian / Other Pacific Islander
- Other

Residence Information

Is this person a resident of Illinois?

Yes No

Where does this person live?

Long-Term Care / Nursing Home

In this Home

< click here to choose >

Long-Term Care / Nursing Home

Group Home Including CILA

Supported Living Facility (SLF)

County Jail

Illinois Department of Corrections (Prison)

Other

Long-Term Care / Nursing Home

People in the Home

* Tell us about the family members who live with you everyone on your tax return (You don't need to file

DO Include:

- Yourself
- Your spouse
- Your children under 19 who live with you
- Your unmarried partner with whom you have a child
- Anyone you include on your tax return, even if they don't live with you
- Anyone else under 19 who you take care of and lives with you



ABE APPLICATION FOR BENEFITS ELIGIBILITY

[FAQ](#)

Hello, test. You are logged in.

Print **Help**

27% Complete

- Start**
- People**
- Liquid Assets
- Other Assets
- Job Income
- Other Income
- Housing Bills
- Other Bills
- Finish
- Submit

More About John's Disability or Blindness

You have told us that John is disabled, blind, or unable to work due to illness or injury. Please tell us a little bit more about this.

John's Disability or Blindness

Has the Social Security Administration (SSA) made an official decision that John is blind?

< click here to choose >

When did John become blind?

Ex: mm/dd/yyyy

Has the Social Security Administration (SSA) made an official decision that John is disabled?

No

When did John become disabled?




02/25/2012
Ex: mm/dd/yyyy

Does John need help with activities of daily living through personal assistance services, a nursing home, or other medical facility?

Yes No

Back **Save & Exit** **Next**

Income Entry

-  **Start**
-  **People**
-  **Liquid Assets**
-  **Other Assets**
-  **Job Income**
-  **Other Income**
-  **Housing Bills**
-  **Other Bills**
-  **Finish**
-  **Submit**

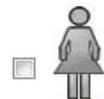
Money From Other Sources

Next, please tell us about the money that the people in your home get or are expected to get from sources other than a job or self-employment. This includes money given to you by a friend or relative. 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)

Please check the box for anyone who gets SSI or has received SSI in the last three months? Keep in mind that SSI is a monthly payment for people who are 65 and older or blind or disabled.

No one



Mary



Jane

*Retirement Survivor's Disability Insurance (RSDI)

Please check the box for anyone who gets RSDI or has received RSDI in the last three months?. RSDI is not the same thing as Supplemental Security Income (SSI).

No one



Mary



Jane

*Child Support

Please check the box for any child who gets child support including arrearages from someone

Resource Entry

Liquid Assets

Next, please tell us about the people in your home who have liquid assets. By liquid assets, we mean things like cash you are saving at home, bank accounts, stocks, bonds, certificates of deposit (CDs), retirement accounts, trust funds, annuities, etc.

If someone owns an asset with another person, please check the box for just one owner. Later, we will ask about who else owns the asset.

*Cash on Hand

Please check the box for anyone who has cash.

No one



Tim



Tia

*Savings Account

Please check the box for anyone who has a savings account or closed or removed/added a name to a savings account within the last 60 months.

No one



Tim



Tia

Resource Questions

Other Liquid Assets

Next, please check the box(es) to tell us which type(s) of other asset(s) each person owns or has sold/given away in the last 60 months. Keep in mind that if an asset has more than one owner, you only need to tell us about that asset once. If you need to know more about a type of asset listed below, please click the Help button.

Tim's Other Liquid Assets



Tim

- | | |
|---|--|
| <input type="checkbox"/> Trusts and/or annuities | <input type="checkbox"/> Savings bonds, stocks or mutual funds |
| <input type="checkbox"/> IRA, Keogh, 401(k) or deferred compensation account(s) | <input type="checkbox"/> Money Market Accounts |
| <input type="checkbox"/> Lawsuit that may bring money | <input type="checkbox"/> Certificates of Deposit(CDs) |
| <input type="checkbox"/> Other (tax refund, mineral/oil rights, nursing home accounts, promissory notes/loans, reverse mortgages, etc.) | |



Types of Resources

Other Assets

Next, please tell us about the people in your home who have other kinds of assets.

If someone owns an asset with another person, please check the box for just one owner. Later, we will ask about who else owns the asset.

*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



*Real Estate

Does anyone own a property (home, vacation home, time share, or land)?

No one



*Burial Assets

Please check the box for anyone who owns assets that will cover the cost of a burial or funeral. By burial assets we mean things like burial plots, caskets, burial trusts, funeral contracts, etc.

No one



Resource Detail Questions

More About Tia's Home / Building.

Please tell us a little bit more about Tia's home / building.

Does Tia live in this home / building? Keep in mind that you should only answer yes if this is Tia's primary residence. Yes No

If you answered no because Tia is staying in a nursing home, hospital, or other care facility, does Tia plan to return to this home / building? Yes No

Does Tia's spouse live in this home / building? Yes No

What is the fair market value of Tia's home / building? \$

How much does Tia owe on this home / building? \$

Is this home / building listed for sale? Yes No

Home / Building Address

What is the address of this home / building?

- The household address (100 Avon Ave, Chicago, IL 60901)
- Other

Other Owners

Please check the boxes for anyone who owns the home / building with Tia. If the joint owner lives in your home but is not listed below, [click here](#).



Tim

 Someone outside of the home

Does Tia own another home / building? Yes No

Medical Expenses

The screenshot shows a web browser window displaying the Illinois.gov Application for Benefits Eligibility (ABE) Medical Expense Type Selection page. The browser's address bar shows the URL: <https://abe.illinois.gov/abe/access/accessController?id=0.02073047041318743>. The page header includes the Illinois.gov logo and the text "APPLICATION FOR BENEFITS ELIGIBILITY". A user named "john" is logged in, and there are "Print" and "Help" buttons. A left-hand navigation menu contains buttons for "Start", "People", "Liquid Assets", "Other Assets", "Job Income", "Other Income", "Housing Bills", "Other Bills", "Finish", and "Submit". The main content area is titled "Medical Bills" and contains the instruction: "Please check the box for all of the medical bills that each person is responsible for paying". Below this is a section for "John's Medical Bills" with a list of checkboxes: Inpatient treatment, Medical, dental and vision services, Prescribed medical equipment & supplies, Prescription drugs and prescribed over-the-counter medication, Health/hospitalization insurance premiums, Prescribed service animal, Personal care services provided in home, Transportation, and Nursing/Facility care. At the bottom of the form are "Back", "Save & Exit", and "Next" buttons. A footer at the bottom of the page contains links for "HFS Home", "DHS Home", "HFS Brochures and Forms", "DHS Forms", and "DHS Brochures". The browser's status bar at the bottom right shows "Trusted sites | Protected Mode: Off" and "100%".

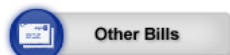
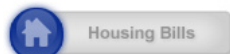
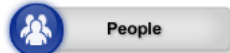
Additional Information



Hello, john. You are logged in.



98% Complete



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.



Offer of Illinois Voter Registration Application

* If you are interested in registering to vote, you may complete the Illinois Voter Registration Application (Illinois Voter Registration Application — SBE R-19)

- [Illinois Voter Registration Application \(English Version\) \(pdf\)](#)
- [Aplicación Para Registro De Votantes De Illinois \(Spanish version\) \(pdf\)](#)
- [伊利諾州選民註冊申請 \(Chinese version\) \(pdf\)](#)

and return it to your local election office or your Family Community Resource Center.

Office Information

Based on the information you provided in your application, the system will send your application to the following DHS/HFS office:

South Loop FCRC
1112 S WABASH
CHICAGO IL 60605-2351
Phone Number: (123) 456-7890

If you would like to be served at an alternate office, please select your office of choice from the list below:

Service Office:

SOUTH LOOP FCRC

Electronic Attestation

I have agreed to submit this application by electronic means. By signing this application electronically, I declare under penalties of perjury that my answers are correct and complete to the best of any knowledge and belief. I also declare the following:

- I understand the questions and statements on this application.
- I have read and understand my Rights and Responsibilities in the box above.
- I understand the penalties for giving false information.
- I understand that upon verification of my information, this attestation will have the same legal effect and can be enforced in the same way as a written signature.

* By checking this box and typing my name below, I am electronically attesting to the information in the application.

* First Name :

Middle Initial :

* Last Name :



Back

Submit

Hello, Mary. You are logged in.



100% Complete

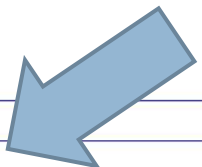
Logout

Thank You!

Thank you! Your online application has been sent to the following DHS office for processing:

Mailing Address :

South Loop FCRC
1112 S WABASH
CHICAGO IL
60605-2351
Phone Number:
(123) 456-7890



Keep Track of Your Application

Your tracking number for this application is **T11018040**.

Be sure to write this number down or print this page for your records.

If you are applying because you have a disability, you will get a notice about medical benefits within 60 days of your application date. If you do not have a disability, you will get a notice within 45 days.

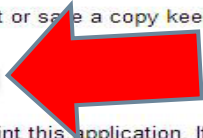
If you have a question about your application or need to report new information you may contact the office listed at the top of this page. It will be helpful to have your tracking number.

Print Your Application

DO NOT MAIL THIS APPLICATION. Print or save it for your own records only.

To print, click on the Print My Application button below. If you decide to print or save a copy keep in mind this application has your private and personal information on it.

Print My Application



You will need to have a program called Adobe Acrobat Reader to see and print this application. If you do not have this program on your computer, you may install it for free by clicking on the icon below.



Your Next Steps

Based on the application you submitted, here are some steps that you may take to help us process your application. Click Next to continue.



View and Submit Types of Proof

View and Submit documents to confirm the information you provided in you request.



Return to IES Home

Next

ABE – Upload Documents





[Home](#) | [Am I Eligible?](#) | [Apply For Benefits](#) | [Logout](#)

Hello, Alberto. You are logged in.


 **Print**  **Help**

Summary of Application for T10120022

This section lists information you have given us, and other details.

Information	Details	Action
	Application Summary	 View and Print
	View and Submit Types of Proof Based on the application you submitted, you can View and submit documents to confirm the information provided in your request. Click Next Steps to continue.	Next Steps 

[Summary of Application for T10120022](#)

 **Back to ABE**

[HFS Home](#) | [DHS Home](#) | [HFS Brochures and Forms](#) | [DHS Forms](#) | [DHS Brochures](#)

Trusted

Provides the ability to upload the 3654 online, as well as other supporting documents needed for the application.

Submitting Documents

Submit Your Documents

Your worker may ask for proof of some of the things you told us in your application. We have created a list of the types of proof that you may need to provide. If you have already submitted any documents, you may not need to submit them again. Check the boxes for the types of proof that you wish to upload now. Keep in mind that your worker may ask for additional proofs.

Who	Proof That May Be Needed	Examples of Documents That May Serve as Proof													
	<input type="checkbox"/> Proof of Citizenship	<p>Provide one of the following documents: US Passport, Certificate of Naturalization, Certificate of US Citizenship (N-560 or N-561) or a document from a federally recognized Indian tribe.</p> <p>If these are not available provide one item from each column for each U.S. citizen:</p> <table border="1"> <thead> <tr> <th>Place of birth</th> <th>Identity</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Certified copy of a birth certificate from the state or county where the person was born</td> <td>Driver's License</td> </tr> <tr> <td>State issued ID card</td> </tr> <tr> <td>Final adoption decree</td> <td>School ID</td> </tr> <tr> <td rowspan="2">Official military record that shows a place of birth</td> <td>U.S. Military ID</td> </tr> <tr> <td>U.S. military dependent card</td> </tr> <tr> <td rowspan="2">Papers showing the person was employed by the U.S. government before 1976.</td> <td>Other government ID (city, county or state issued)</td> </tr> <tr> <td>For children under age 16, school or daycare records, or a parent or guardian's signature on this application</td> </tr> </tbody> </table>	Place of birth	Identity	Certified copy of a birth certificate from the state or county where the person was born	Driver's License	State issued ID card	Final adoption decree	School ID	Official military record that shows a place of birth	U.S. Military ID	U.S. military dependent card	Papers showing the person was employed by the U.S. government before 1976.	Other government ID (city, county or state issued)	For children under age 16, school or daycare records, or a parent or guardian's signature on this application
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Certified copy of a birth certificate from the state or county where the person was born	Driver's License														
	State issued ID card														
Final adoption decree	School ID														
Official military record that shows a place of birth	U.S. Military ID														
	U.S. military dependent card														
Papers showing the person was employed by the U.S. government before 1976.	Other government ID (city, county or state issued)														
	For children under age 16, school or daycare records, or a parent or guardian's signature on this application														
	<input type="checkbox"/> Proof of Illinois Residency	Illinois driver's License, rent/ lease/ mortgage receipt, utility bill, document from U.S. Department of Homeland Security, medical records/ clinic cards, home owners insurance, statement from homeless shelter, property tax bill, employment records, school enrollment records, mail document showing postmark within last 30 days with illinois address, other ID with a name and address.													
	<input type="checkbox"/> Proof of SSN	Social Security Card													
	<input type="checkbox"/> Proof of living with	Proof of a child living with a parent or caretaker relative													



Para informacion en Espanol, regrese a la pagina principal y oprima el enlace que dice Espanol.

[Home](#) | [Am I Eligible?](#) | [Apply For Benefits](#) | [Logout](#)

Hello, Mary. You are logged in.



Mary's Proof of SSN

Please upload documents that provide Mary's Proof of SSN.

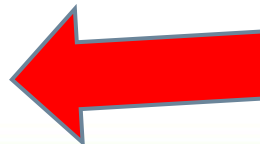
If you would like to skip providing for Mary's Proof of SSN, click 'Skip This Document' at the bottom of the page. Keep in mind this document may not meet all program rules. Your worker may ask for other proofs.

* What type of document is this?

Choose a File from Your Computer

To upload a document, click Browse, and then select the file. The file will be displayed below.

[What file types are supported?](#)




Would you like to upload another document to serve as Graeme's Proof of SSN? Yes No



ABE Issues

https://abe.illinois.gov/?POP_UP=Y - Illinois.gov - IL Application for Benefits Eligibility (AB - Microsoft Internet Explorer p

 **ABE** APPLICATION FOR BENEFITS ELIGIBILITY [FAQ](#)

Step1: Tell us about yourself

* First Name * Last Name * User ID

Step 2: Tell us how can we contact you

* Email Address OR * Telephone

Step3: Tell us about your inquiry/issue

* Type of Inquiry/Issue

* How can we help ?

ABE Resources

ABE Application Handbook

<http://www2.illinois.gov/hfs/SiteCollectionDocuments/GuideABECommPartners.pdf>

Final Questions?

