

The Application for Benefits Eligibility



ABE User Guide

Illinois Department of Healthcare & Family Services

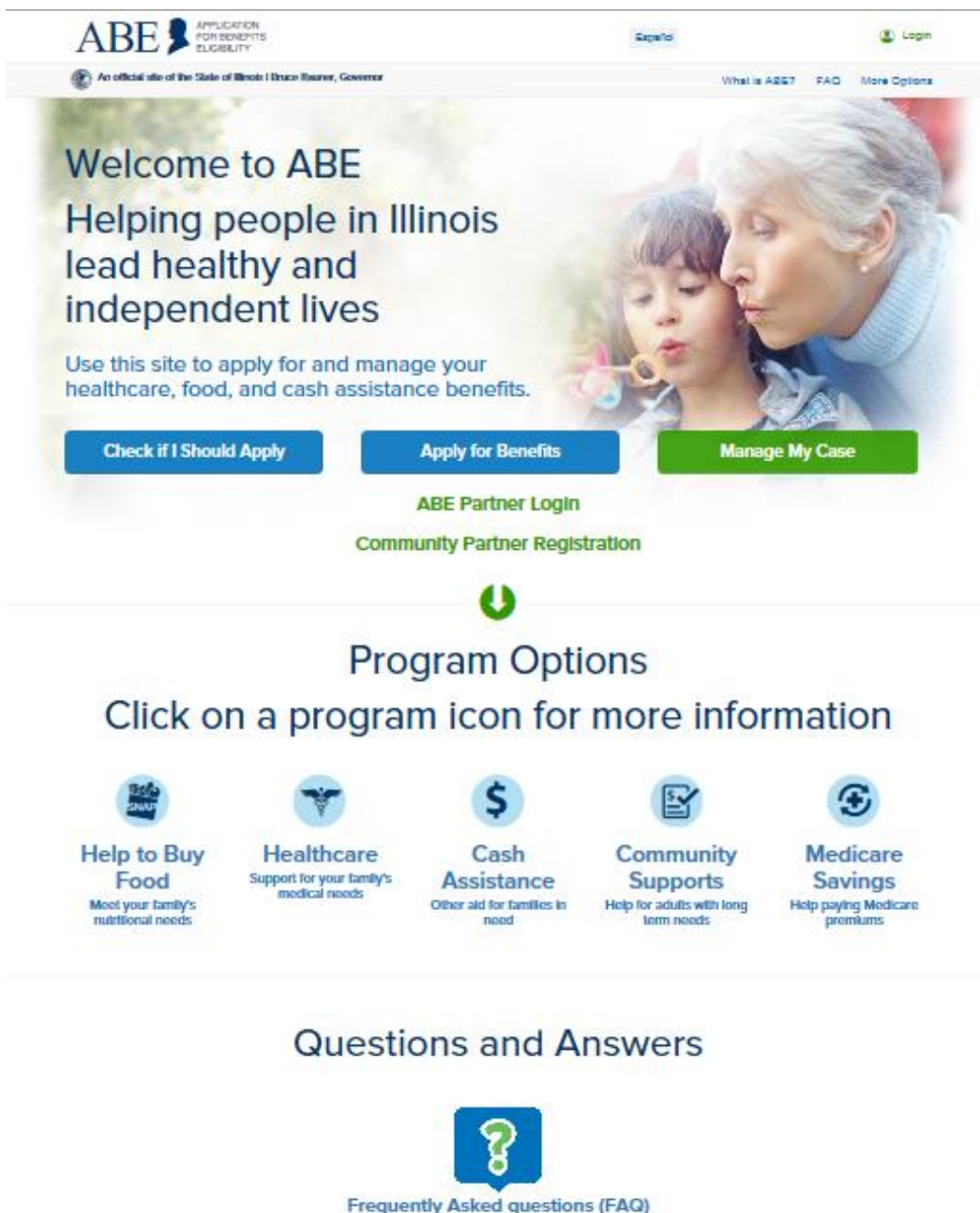
Illinois Department of Human Services

March, 2022


Welcome

ABE stands for **A**pplication for **B**enefits **E**ligibility. [ABE](#) is the State of Illinois' web-based portal for applying for and managing health coverage, SNAP and cash benefits, as well as applying for the Medicare Savings Program (MSP) – any time, any day, at your convenience.

To learn more about these programs, visit ABE.Illinois.gov and click on a Program Options icon in the middle of the page.



From the **ABE Homepage**, you can:

- **Check if I Should Apply** – by answering just a few questions, you can see if you are likely eligible for benefits before completing a full application. This is not a substitute for a full application.
- **Apply for Benefits** –apply for Medicaid, Supplemental Nutritional Assistance Program (SNAP), cash benefits and the Medicare Savings Program benefits for you and your family. You can save your application and return later to complete it. You can also upload proof documents.
- **Manage My Case** – see your case history and benefit details, as well manage your account and update contact information. Use Manage My Case to renew (or redetermine) benefits, report changes, apply for additional benefits, add a person to your case, reschedule appointments, view verifications due, access correspondence, and see the status of your benefits.
- **Find information about the State’s benefit programs**
-  **View Frequently Asked Questions** using the Question mark link in the middle of the page or the FAQ link at the top of the page. There are also helpful links and contact numbers at the bottom of the homepage. This guide is designed to help you use the many features of ABE and explain how to set up your ABE user account.

If you should encounter problems using ABE or have questions that can’t be answered by the ABE Help features, please email ABE.Questions@Illinois.gov

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WELCOME 1

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Section 1: About ABE

Is ABE the right place to begin?

ABE is always the right place to start to apply for **health coverage, Supplemental Nutritional Assistance Program (SNAP) or Cash Assistance** benefits. ABE has a number of features to ensure that application data is transferred securely, accurately and efficiently for processing.

For **Medicaid**, if you are not sure if you are eligible click on **Check if I Should Apply**. You will be asked questions about your household and given additional information based on your replies.

You can learn more about the Illinois Marketplace and available financial assistance at [Get Covered Illinois](#) or by calling 1-800-318-2596.

There is no wrong door – an application received by the Marketplace will be sent to the State to process if it looks like someone on the application is eligible for Medicaid.

Medicaid Applications processed by the State will be sent to the Marketplace if someone does not qualify.

A few things to know about the ABE application

- You may submit an application for benefits with only your name, address and electronic signature (agreeing to benefit terms and entering your name in the signature section at the end of application). However, you will be asked to provide information later so the state can process the application. **Including as much information as possible when completing the ABE application will reduce the time it takes to approve your application.**



- Social Security Numbers(SSN):

Why do we ask?

To receive benefits, most people must either have a Social Security Number (SSN) or have applied for one. SSNs also help us verify certain information electronically, like citizenship, residency and income. If we can verify information electronically, we don't need to ask you for documents.

- Supplying a SSN with the application can reduce the time it takes to approve your application. Some non-citizens, including children, pregnant women and seniors over age 65, may be eligible for medical benefits without an SSN.
- At the end of each section of the application, there is a summary where you can review what you have entered and make changes.
- Expect to spend 30 to 45 minutes completing an ABE application.
- An interview with a caseworker is required for SNAP and Cash Assistance benefits. Applicants will be contacted within 14 days for this interview. Applicants that might have difficulty getting in to the office may request a phone interview for SNAP, however, an office interview is **required (except during COVID)** for Cash Assistance (TANF). An interview is NOT required for medical coverage.
- For faster service on a SNAP Application (called Expedited SNAP), a caseworker may call you using the contact information provided in the application. Please make sure your daytime phone numbers are accurate and up-to-date – and answer the phone! If you do not answer the phone, this will be considered a ‘missed’ appointment.
- Once you have submitted an application and a caseworker has started to process it, you can begin using **Manage My Case** to track the status of your application and manage your new benefits if approved. See the **Manage My Case Guide** for more information about ABE’s Manage My Case features.

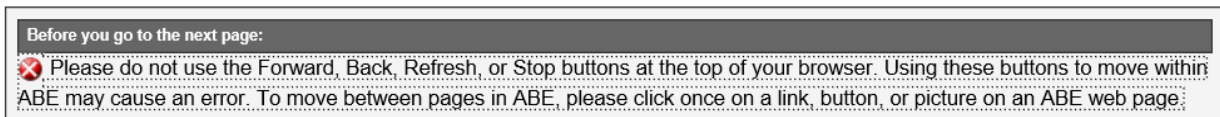


Section 2: Getting Started

Navigating in ABE

Please review the following tips on navigating through ABE.

- You can use ABE on your phone but it may not work as well. Using ABE works best on a computer or tablet.
- Do not use your Internet browser's back, forward or stop buttons while in the application. Using these buttons can cause an error and you will be 'kicked out' of ABE.



- Use the buttons provided at the bottom of each page of the application:



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



Click the **[Back]** button if you need to go back to a page and need to change your answers




You will see the **[Exit]** button after submitting your application. Clicking this button will take you back to the home page.




Click the **[Save and Exit]** button to save the information already entered and return to the application later.

- You must complete questions with a red star (*) next to them.
- If you are on a private computer your ABE session will time-out after 30 minutes of inactivity. If you are on a public computer your ABE session may timeout more quickly. You will need to log-in again to continue if your session times out. On public

computers you will also have to enter a 4-digit code that you create in order to log back in.

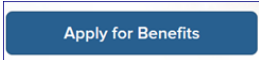
- If you have questions, there are three places to find help:
 - Click on the *Help* hyperlink at the top of the page for an overview of the page
 - Click on the  icon if available for more information on a specific term in the application
 - Visit the Frequently Asked Questions (FAQ)

• Throughout the application the **Progress Bar** shows you how close you are to completing the application. 

- To protect private information, be sure to **Log Out**,  when you have completed your ABE session.

Creating an ABE User Account

If this is your first visit to ABE, you will need to create an ABE User Account.

1. From the **ABE Homepage**, click the **Apply for Benefits** button in the middle of the page. 

2. Next Choose [**Start a new application for Health care coverage, SNAP, Cash Assistance, and/or Medicare Savings Program.**]

3. On the next screen choose [**Create Account**].

4. Enter your name, and then choose an ABE User ID and Password. **The state will not be able to recover your User ID if you forget it – pick an ID you will remember, save it and keep in a secure location.**

5. Select Secret Questions and enter your answers to those secret questions. If you forget your password you will be asked to answer your Secret Questions to reset it. Don't forget the answers to your Secret Questions! You will need them to reset your password every 6 months.

6. Click [Create Account]. A Congratulations! message displays.

7. Click on the **Log in to the ABE System** link on the confirmation page to return to the Login page.

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.



8. Enter your **User ID** and **Password**. Click [**Login**].
9. If you enter the wrong User ID and/or password 3 times you will be locked out of your ABE account for sixty minutes. If you forget your User ID, or cannot reset your password you will need to create an all new ABE account.
10. When you return to ABE at a later time or day, you can login by choosing:



A screenshot of the ABE website homepage. The header includes the ABE logo (a silhouette of Illinois) and the text 'APPLICATION FOR BENEFITS ELIGIBILITY'. There is a 'Español' link and a 'Login' button circled in red. Below the header, it says 'An official site of the State of Illinois | J.B. Pritzker, Governor' and has links for 'What is ABE?', 'FAQ', and 'More Options'. The main content area features a large image of a woman kissing a baby on the cheek. Text on the left reads: 'Welcome to ABE', 'Helping people in Illinois lead healthy and independent lives', and 'Use this site to apply for and manage your healthcare, food, and cash assistance benefits.' At the bottom, there are three buttons: 'Check if I Should Apply', 'Apply for Benefits' (circled in red), and 'Manage My Case'.

Section 1 and 2 Knowledge Check

1. Why should I include every individual's social security number on the application, if applicable?

- A. Including every person's social security number could speed up the application process and keep the case from needing additional verifications
- B. You can't get benefits without social security number
- C. The application will not be processed without a social security number
- D. All of the above

Correct answer – A

If customer answers B – “Incorrect - there are certain circumstances that customers are able to receive benefits without a social security number”.

If customer answers C – “Incorrect – your application will be processed with or without a social security number – this could delay the application process, but we will request verifications for SSN or documented/undocumented status”.

If customer answers D – “Incorrect - there are certain circumstances that customers are able to receive benefits without a social security number and your application will be processed with or without a social security number – this could delay the application process but we will request verifications for SSN or documented/undocumented status.”

2. Can I use my browser buttons to move between pages in ABE?

- A. No – Using browser buttons can cause an error in the ABE application and end your session
- B. Yes – It does not matter what buttons you use to go back and forward in the application

Correct Answer A



Section 3: Filling out an Application in ABE

1. Login to ABE from the **ABE Homepage**.
2. Choose the **Start a new application for Health care coverage, SNAP, Cash Assistance, and/or Medicare Savings Program** option.
3. On the **Who is filling out the application?** let us know if you are filling out the application or if someone is helping you.
 - If you are filling out the application for yourself or someone else in your family, pick **Yes** next to the **Are you filling out this application for yourself or someone in your family?** question. Click **[Next]**. **If you are not filling out the application for yourself or someone in your family, pick NO and choose the option that best describes your role.**


Who is filling out the application?

Are you filling out this application for yourself or someone in your family? Yes No

Are you filling out this application for someone else? If so are you:

a friend or legal guardian

someone with power of attorney

a staff person of a community agency 


Back

Save and Exit

Next

To be an Approved Representative for an individual, you must have the signed permission of the individual using the official form that is linked in the Application.

Before you go to the next page:

 Approved Representatives must upload a completed [IL444-2998 Approved Representative form \(PDF\)](#). The Approved Representative will receive a copy of all notices sent to the customer. The role of the Approved Representative is fully explained on the form. The form must be completed entirely and signed by the customer. It is not necessary to be an Approved Representative to help someone apply for benefits.

4. Select the checkbox next to all the benefits you or anyone else in your household is applying for on the **Apply for Benefits** page. Click **[Next]**.
5. Enter the number of people in your home. Include everyone in the Household when applying for benefits.

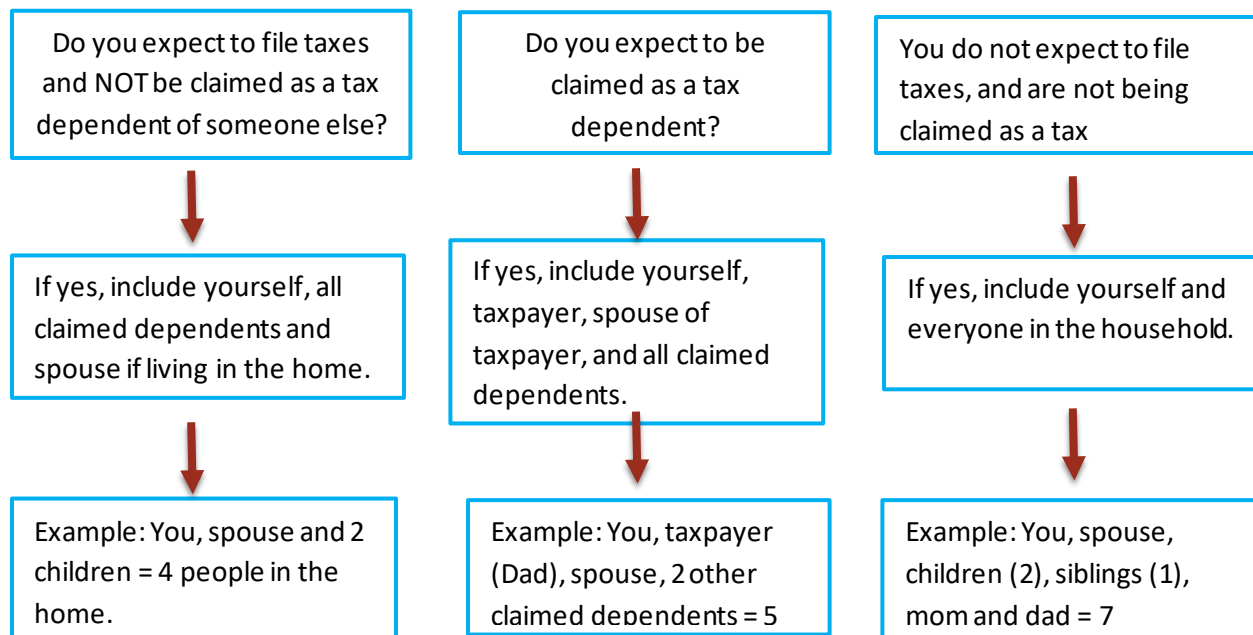


People in the Home

* 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 ▾

Back
Save and Exit
Next

- If applying for Healthcare Coverage, include people that live in your household AND include anyone you claim as a dependent on your federal tax return (even if they don't live with you).
- If you are age 19 or over and only applying for Healthcare Coverage, always include yourself and your spouse and children if they live with you. ONLY include your parents and others in the household **IF** they will claim you or you will claim them on your taxes.



6. In the **People in Your Home** section, enter information and answer the corresponding questions for each of the individuals included in the application, starting with Head of Household/Primary Account Holder.

Person 1 Person 2

Person 1
Primary Account Holder ?

People In Your Home


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

* Gender : Male Female

- If you are completing an application for a child, enter the parent or guardian's information first, even if this person doesn't need benefits. This will be the person that receives correspondence from the State.
- It is very helpful to have a daytime telephone number where we can reach you for your SNAP interview if requested or if we have questions. The faster we can reach you the faster we can get you benefits if you are approved.
- As you complete the **People** section of the application, you will be asked for the Social Security Number (SSN) and Citizenship status for each person. While you are not required to give an SSN on ABE when you apply, most applicants will need to provide the SSN or proof that they applied for an SSN to receive benefits. Supplying a SSN with the application can reduce the time it takes to approve your application. Some non-citizens, including children, pregnant women and seniors over age 65, may be eligible for medical benefits without an SSN.

The State will use your SSN to verify your citizenship. If you are a documented alien, try to tell us the document type you were issued and the Document Number (or A#). The ABE Help features can help you find the A# on your immigration documents.

Social Security Information

You do not have to answer these questions if this person is not applying for benefits. 

Social Security Number : - -

Please Confirm Social Security Number : - -

If this person does not have a Social Security Number (SSN), but has applied for one, when did he or she apply? Ex: mm/dd/yyyy

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

- If you are a U.S Citizen select YES
- 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 services).
- 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.
7. Once you have answered the questions for all of the household members, click **[Next]** and the **Household Summary** page comes up. Review the information, check if it is correct, and make any changes. Once all information is correct, click **[Next]**.

Identity Proofing

- Next, a screen displays with a series of multiple choice questions that only you would know, things like past addresses, family members names, etc. Answer these questions and click **[Next]**.
- If the ID Proofing service is able to use your answers to verify your identity, ABE will continue the application process and will later show you the information it could verify electronically

If you were not able to answer the questions correctly, you will be asked to contact the identity verification help desk to continue your application. When you call, you will be given a code to enter into ABE. Or, you can proceed by clicking **[Verify Identity Later]**

- **If you cannot complete the ID Proofing process and choose “Verify Identity Later”, don’t worry.** You can still submit your application and it won’t affect your eligibility. ABE just won’t be able to electronically verify your information – a caseworker will do it in the office. If you receive the pop-up page below, click **[Verify Identity Later]** to continue with your application.



Verify Your Identity

We were unable to verify your Identity.
Click Verify Identity Later to continue your application.

Continue Data Collection

8. Depending on the benefits you applied for and your responses to earlier questions, you will be asked for information about your resources (assets), income, housing bills, and other expenses. **Be sure to include ALL income on the form. If you are applying for medical benefits *only*, for most people all that is considered is your monthly income.** Assets are considered for *some* groups such as Seniors.

Income Tips:

- If you just started a new job or your job just ended, make sure to answer income start/end date questions (highlighted in blue) so that your income is calculated correctly for all months requested.



Hello, Blue. You are logged in.

61% Complete

Apply for Coverage

- ✓ Start
- ✓ People
- Liquid Resources
- Other Resources
- Job Income**
- Other Income
- Housing Bills
- Other Bills
- Finish

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

- Fill out either the first box – “Pay information” **OR** the 2nd box - “Hourly pay” (both highlighted in Yellow)– **filling out both boxes will lead to conflicting information which could delay processing of your application.**

Pay Information

How often does Blue get paid? This is Blue's **pay period**.

How much does Blue get paid each time they are paid? \$

Hourly Pay

Does Blue get paid by the hour? Yes No

Bonus, Commission Pay or Tips

Does Blue get any other pay, such as a bonus, commission pay, or tips? Yes No

Job End

Is this job ended or going to end? Yes No

Does Blue have any other jobs? Yes No

Self-employment tips:

- Fill out as much information as you can for self-employment.
- Include your gross income as well as your expenses – we may be able to deduct allowable expenses from your gross income amount for self-employment, which could make a difference regarding your eligibility.

Hello, Blue. You are logged in.

63% Complete

Apply for Coverage

✓ Start

✓ People

Liquid Resources

Other Resources

Job Income

Other Income

Housing Bills

Other Bills

Finish

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

Does Blue have any other self-employment? Yes No

- The labels on the left navigation bar indicate the section you are visiting. A check mark will indicate the sections you have completed. A summary page displays at the end of each section you complete to allow you to review the information entered and make changes.

9. Some things to know:

- If you are applying for SNAP or Cash Benefits, you will be asked about your availability to come into a local Family Community Resource Center (FCRC) to be interviewed or you may request a SNAP interview by phone.
- There is also an opportunity for you to add comments you would like the caseworker reviewing your application to see.
- If it looks like you may be eligible for **Expedited SNAP** benefits, you will be asked a few more questions.

10. When you've finished answering all of the questions, the **Signing Your Application** page displays. Take time to review the **Rights and Responsibilities** section.

Signing Your Application

You are just a few minutes away from submitting your application. To do so, you will need to:

- Read the Rights and Responsibilities we have listed below.
- Check the signature box and type your name below to sign your application.

Do I have to come to the office to be interviewed?

If you are applying for Cash or SNAP benefits we will schedule an interview within 14 days, usually at our office. However, if you can not come to the office because of problems with work, health, transportation or child care we can talk with you over the phone. If you are applying for TANF cash assistance you must come to the office for an interview. If you are applying for Healthcare only, no office interview is required.

SNAP - CLIENT RIGHTS AND RESPONSIBILITIES

Read carefully before signing this application. Ask your caseworker to explain anything you do not understand.

Because the SNAP program requires a social security number (SSN) for every member of your household who is applying for SNAP benefits, we are explaining how your SSN is used by DHS.

What does DHS do with your Social Security Number?

The SSN will be used in the administration of the SNAP program to check the identity of household members, prevent duplicate participation, and to facilitate making mass changes. If you or any member of your household wants to apply for SNAP benefits, but does not have a SSN, we can help you to apply for one. The SSN will be used in computer matching and program reviews or audits and to make sure the household is eligible for SNAP benefits, other federal assistance programs, and federally assisted state programs, such as school lunch, TANF, and Medicaid. This may result in criminal or civil action or administrative claims against persons fraudulently participating in the SNAP program. We do not require a social security number for any member of your household who is not eligible for the SNAP program or who does not wish to apply.

Healthcare Coverage - CLIENT RIGHTS AND RESPONSIBILITIES

Read Carefully - These are your Rights and Responsibilities as an applicant for Healthcare benefits.

1. We will keep what you tell us private as required by law.
2. Be sure to answer the questions correctly. We may check all information on your application. You must help us if we ask you to prove that your information is correct.
3. We will use the information you provided as well as information from other sources such as Social Security benefits, unemployment insurance, unearned income and wages from employment to decide if you qualify.
4. You agree the state may seek reimbursement for services the state covered for your family if those services should have been paid for by any other health coverage your family may have.
5. If we pay medical bills for you, you give your right to collect medical support payments to the State of Illinois. You must help us if we ask you to establish

11. The office that will process your application will also show on this page. This assignment is made based on your zip code and sometimes program requests. Unless the application is being sent to a special program office, you have the option to choose any office in the State using the **Service Office** drop-down list. If you apply for healthcare coverage only and are approved, your application will be sent to a different (central) office to maintain the case after it's processed.

Office Information

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

Uptown FCRC
2112 W LAWRENCE AVE
CHICAGO IL 60625-2495
Phone Number: [\(773\) 907-4100](tel:7739074100)

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

Service Office:

12. At the bottom of the **Signing Your Application** page, read the **Fraud Penalty Affidavit** and acknowledge by selecting the checkbox.
13. Enter your **First Name** and **Last Name** in the fields and acknowledge the **Electronic Attestation** as your electronic signature by clicking the checkbox. Click **[Submit]**.
14. The submission of your application may take a few moments. Do not click the **[Back]** button or leave the page before you receive a confirmation.

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 & Healthcare Coverage](#)

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 :

15. When the application has been successfully submitted, an **Application Summary** page comes up with your **Application Number**. You may also print a copy of the application by clicking the **[Print My Application]** button.
16. Review the **What's Next Guide** for helpful information, including communication time frames, and how to access new benefits. We recommend that you print this guide.
17. If you have "Proof" documents to submit with your application, click **[Next]**. Otherwise, click **[Logout]** to end your session.

Section 4: Uploading Documents

What documents do you need to upload with your application? If you entered a valid Social Security Number (SSN) or immigration information, a lot of the information you entered in the application will be verified electronically. If you were able to complete the **Identity Proofing** process, after you submit your application, a page will display listing what was checked electronically and the documentation you may still need to provide.

If you did not complete the **Identity Proofing** process, a caseworker will verify your information using the same electronic data sources. We recommend uploading proof of expenses and recent paystubs showing the past 30 days, especially if you recently changed jobs.

1. From the **Application Summary** page, click **[Next]** and the **Submit Your Documents** page displays.
2. Review the categories and types of proof documentation available. Be sure to label the documents correctly so they will not be missed by the Caseworker. Click **[Next]**.
3. Select category(s) of documents you would like to submit. Click **[Next]**.
4. Indicate the type of document you have, in this example, the category is *Proof of Relationship* and the document is an *Adoption Record*.
5. Choose the file from your computer using the **[Browse]** button. Indicate whether you have additional documents for this person in this category. Click **[Next]**.



Tip: If you are planning to upload proof documents, upload them to the computer prior to beginning your Application.

Mary's Proof of Relationship

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

If you would like to skip providing for Mary's Proof of Relationship, 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.

The types of files supported for upload are: jpg, jpeg, tif, tiff, png and pdf.

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

6. You can add up to 10 documents at a time. The largest possible size of each document is 2MB. Select the person on the application the document is associated with and the document category from the drop downs. Click **[Add]**.

| 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:

Type of Proof

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

7. Once all of your documents are uploaded, click **[Submit]**. The documents are now available for caseworkers to review along with your application.
8. Be sure to **Logout of ABE** if you have finished.

Once you have submitted an Application you can set up a Manage My Case Account in ABE. Refer to the Manage My Case Guide for more information.



Section 3 and 4 Knowledge Check

1. If I do not have a social security number – what are some documents/information I can provide if I am a documented non-citizen?
 - A. Proof of documented status, IE: Alien registration card, Certificate of Naturalization, alien status code, proof that I have applied for a Social Security Number, etc.
 - B. Statement from employer
 - C. Letter stating I am documented
 - D. All of the above

Correct answer A – “Correct – great job”

If customer answers B – “Incorrect – a statement from employer is not acceptable for documented status”.

If customer answers C – “Incorrect – a letter stating you are documented is insufficient – we would need verification for documented status”.

If customer answers D – “Incorrect - a statement from employer is not acceptable for documented status and a letter stating you are documented is insufficient – we would need verification for documented status”.

2. If I am undocumented – I will not be able to receive benefits.
 - A. True
 - B. False

Correct answer: B False “Correct – great job”

If customer answers A – “Incorrect – there are certain circumstances where an individual could be undocumented and still be approved for requested services”.

3. What questions should I complete on the income tab if I lost my job or started a new job recently?
 - A. Name of employer, When did job start, Is payment from employment expected to continue for the next 30 days, and Pay information section OR Hourly pay section.
 - B. Fill out every section on employer tab



C. Pay information only

D. All of the above

Correct answer: A. “Correct – Great job”

If customer answers - B – “Incorrect, if you fill out every section on employer tab this could result in conflicting information for wage amount”.

If customer answers – C – “Incorrect, if you fill out pay information only – we will calculate this information for ongoing months and 3 months back – if you just started a job or ended a job – these wages will still be calculated for all months – we would also need to request information about employer if name of employer is left blank”.

If customer answers - D – “Incorrect, if you fill out every section on employer tab this could result in conflicting information for wage amounts and if you fill out pay information only – we will calculate this information for ongoing months and 3 months back – if you just started a job or ended a job – these wages will still be calculated for all months – we would also need to request information about employer if name of employer is left blank”.

4. I should complete ALL of the sections on employer tab.

A. True

B. False

Correct answer: B – “Correct – greatjob”

If customer answers – TRUE - “Completing pay information section AND hourly pay section will result in conflicting information – please only complete pay information section **OR** hourly pay section”.

