



HFS APPLICATION AGENT REQUEST



HFS Application Agents (HFSAA's) are community-based organizations that have ongoing contact with persons likely to be eligible for medical coverage under the State of Illinois' Medicaid Program. An Application Agent Agreement with HFS allows agency staff to provide technical assistance in completing online and paper application forms for individuals or families interested in receiving health, SNAP or TANF benefits under the Illinois Public Aid Code (305 ILCS 5/5-1 et seq.), the Illinois Insurance Code (215 ILCS 106/1 et seq.), and Titles XIX and XXI of the Social Security Act (42 U.S.C. 1396 et seq.). After becoming an ACAA agency staff will use the [Application for Benefits Eligibility \(ABE\)](#) Provider Portal to submit Applications on behalf of customers. Please complete this form to initiate your request to become an HFS Application Agent.

Agency Name _____ Phone Number _____

Agency Address _____

Director/Primary Agency Contact _____ FEIN _____

Contact Email _____

Medicaid Provider ID if already enrolled _____

Requester Signature _____ Date _____

Explanation of Need: Detailed description of why your agency wishes to become an Application Agent and what services the agency currently provides to the customer.