

Get Covered Illinois & ABE:

A presentation for LTC Facilities & Community Care Programs



John Spears & Lauren Polite
IL Dept. of Healthcare &
Family Services
11/2013



The Affordable Care Act (ACA)

1. Encourages States to expand Medicaid

- IL SB26 (PA 98-104) did this – two new groups

2. Encourages States to create better, more convenient systems for signing up

- Illinois' ABE (Application for Benefits Eligibility)

3. Establishes Health Insurance Marketplace

- A place to compare and pick a private health insurance plan with financial help available to help make coverage more affordable.



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The Official Health Marketplace

A brand and a website

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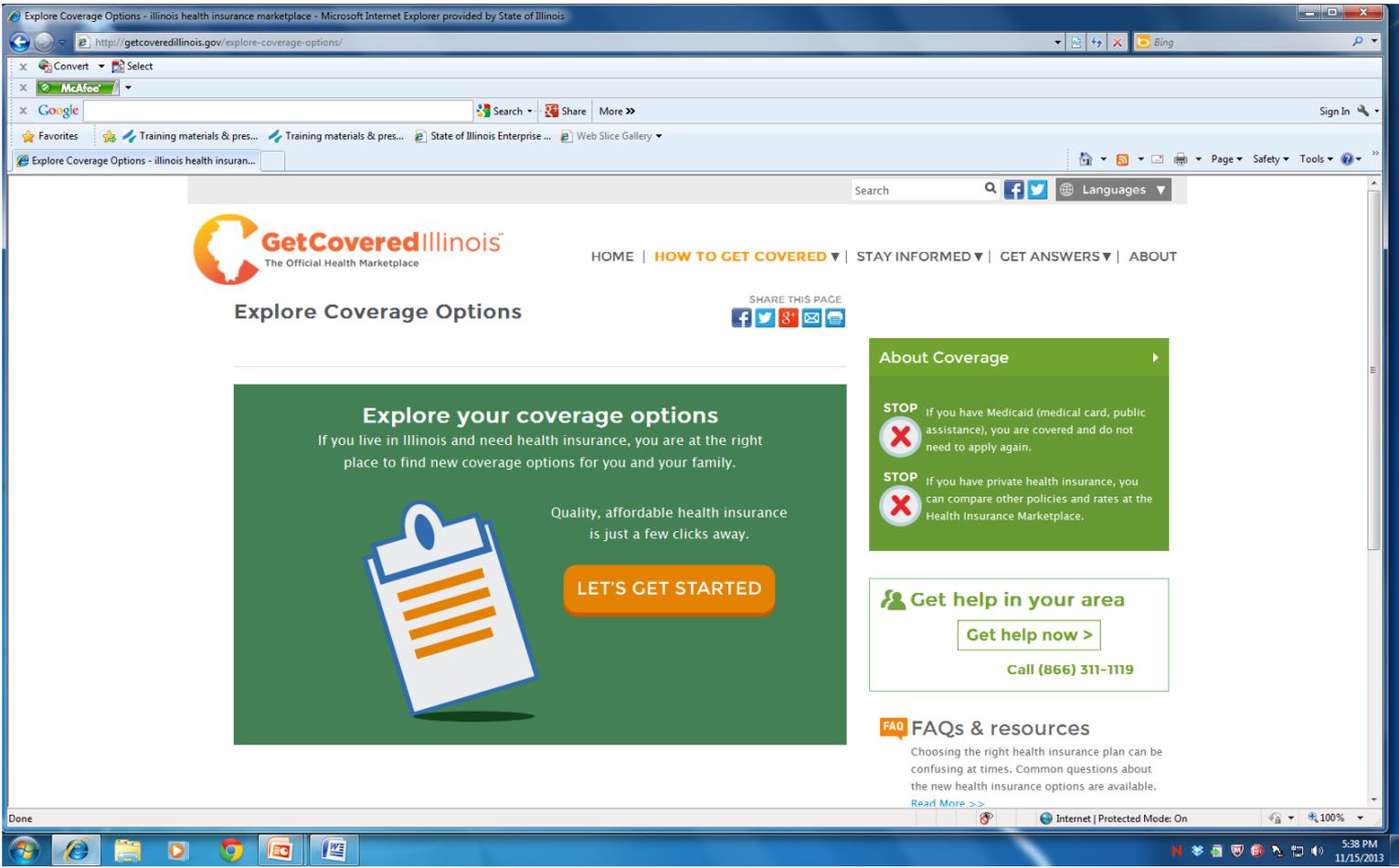
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Explore your health coverage options
Get ready now by answering a few quick questions to learn what you need to know. [See your options >](#)

Get help in your area
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Explore Coverage Options



Explore your coverage options
If you live in Illinois and need health insurance, you are at the right place to find new coverage options for you and your family.



Quality, affordable health insurance is just a few clicks away.

LET'S GET STARTED

About Coverage

STOP If you have Medicaid (medical card, public assistance), you are covered and do not need to apply again.

STOP If you have private health insurance, you can compare other policies and rates at the Health Insurance Marketplace.

Get help in your area

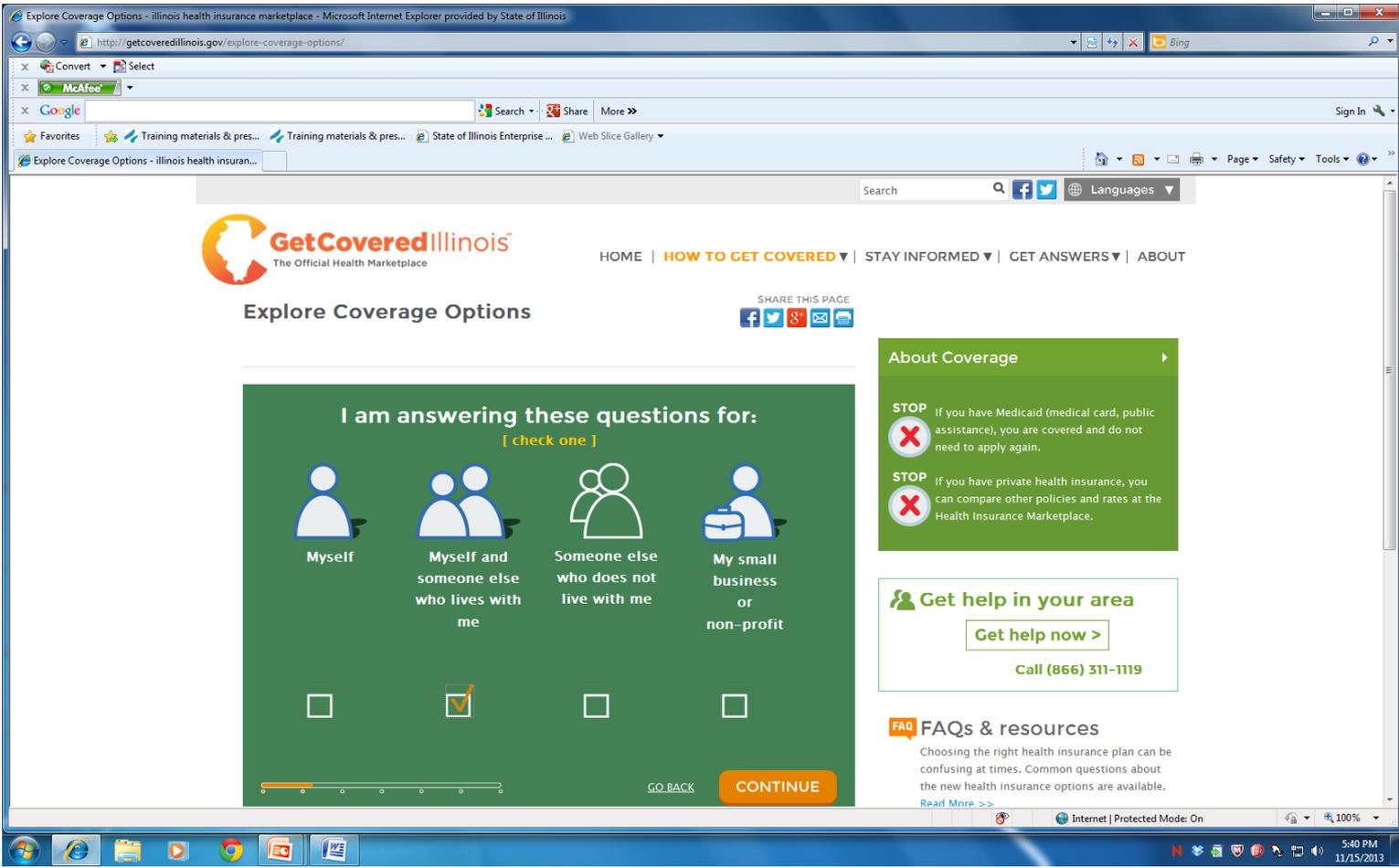
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FAQs & resources

Choosing the right health insurance plan can be confusing at times. Common questions about the new health insurance options are available.

[Read More >>](#)



Explore Coverage Options



I am answering these questions for:
[check one]

Myself	Myself and someone else who lives with me	Someone else who does not live with me	My small business or non-profit
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GO BACK CONTINUE

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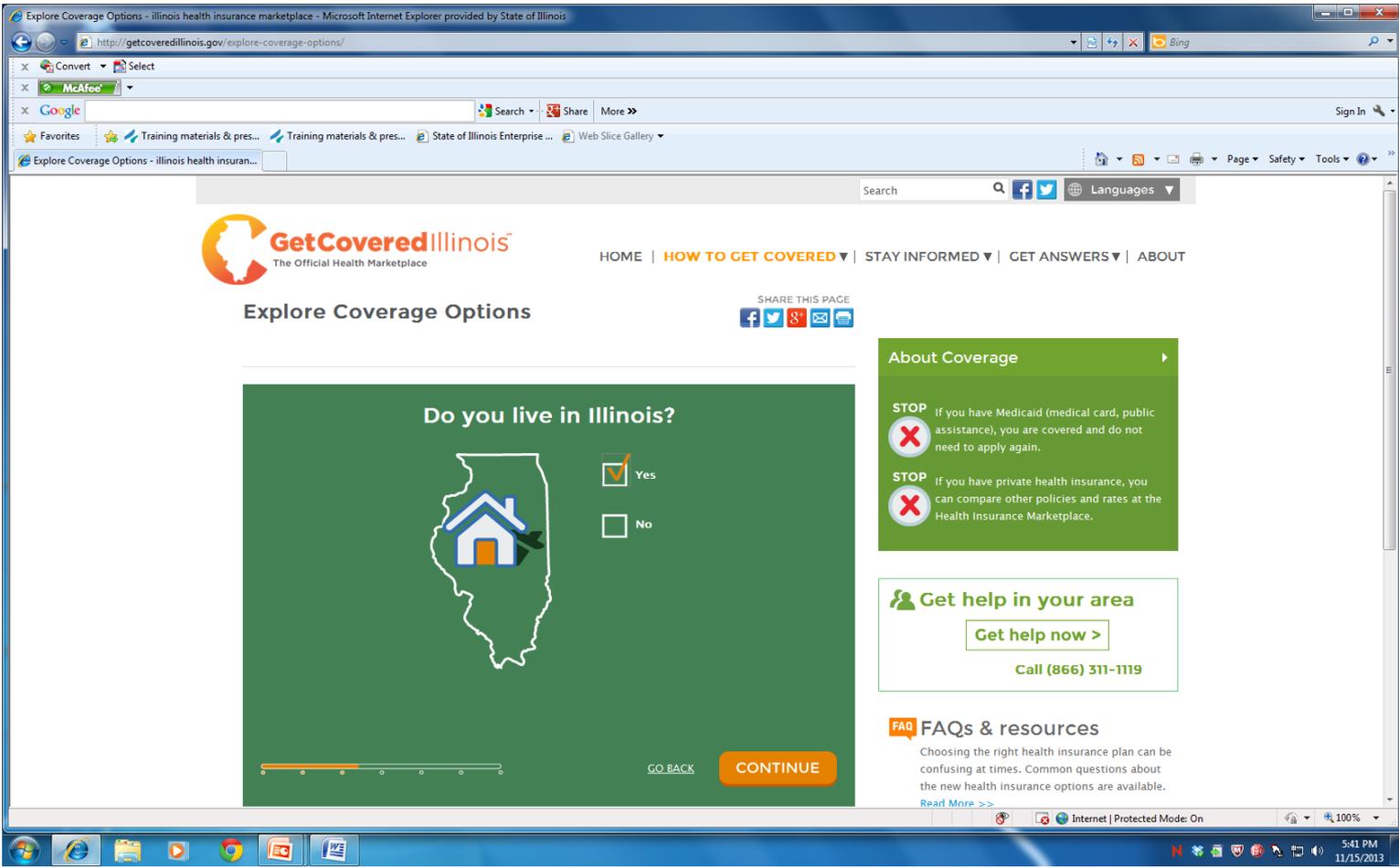
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Do you live in Illinois?



Yes

No

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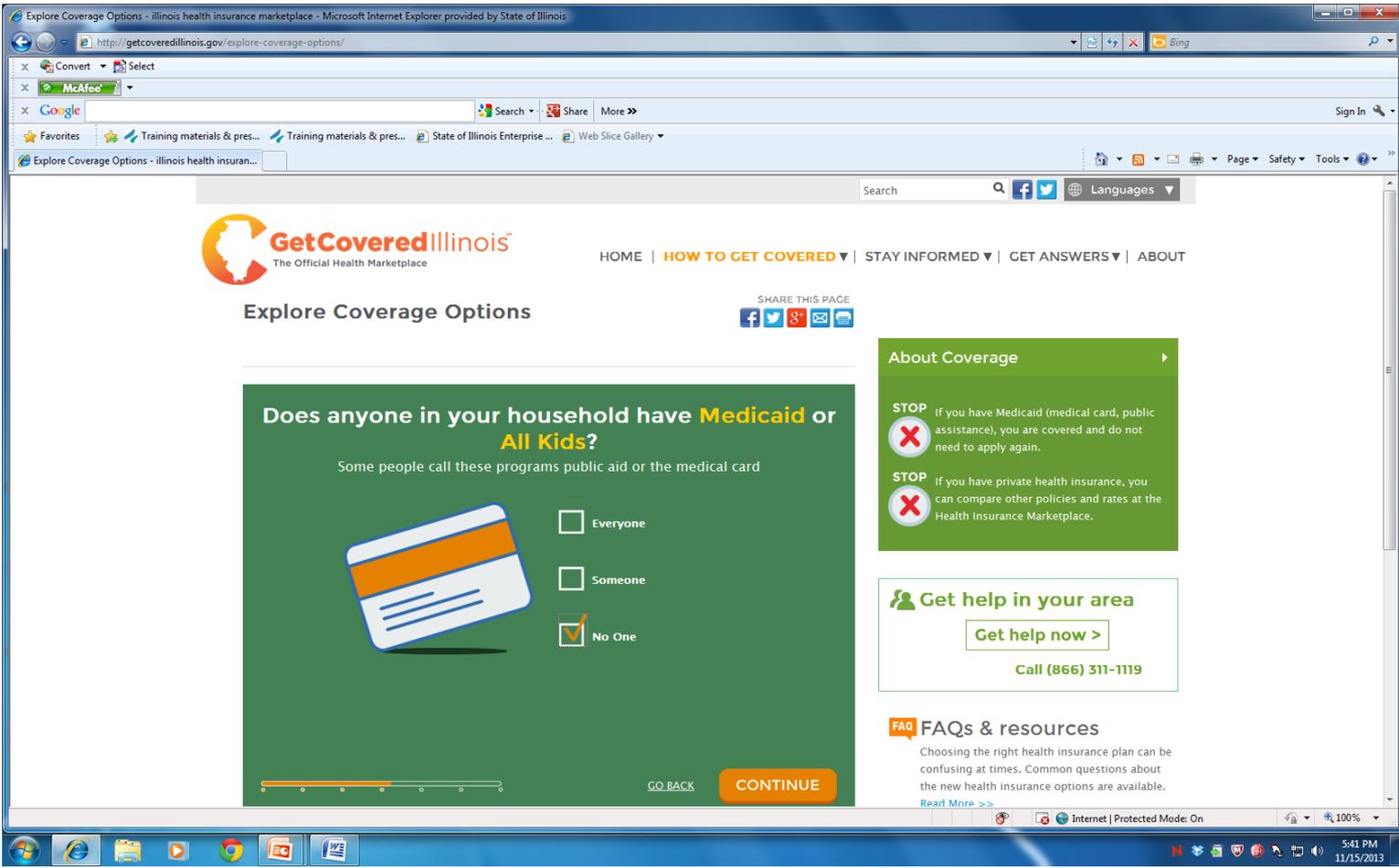
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Does anyone in your household have **Medicaid** or **All Kids**?

Some people call these programs public aid or the medical card



- Everyone
- Someone
- No One

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CONTINUE

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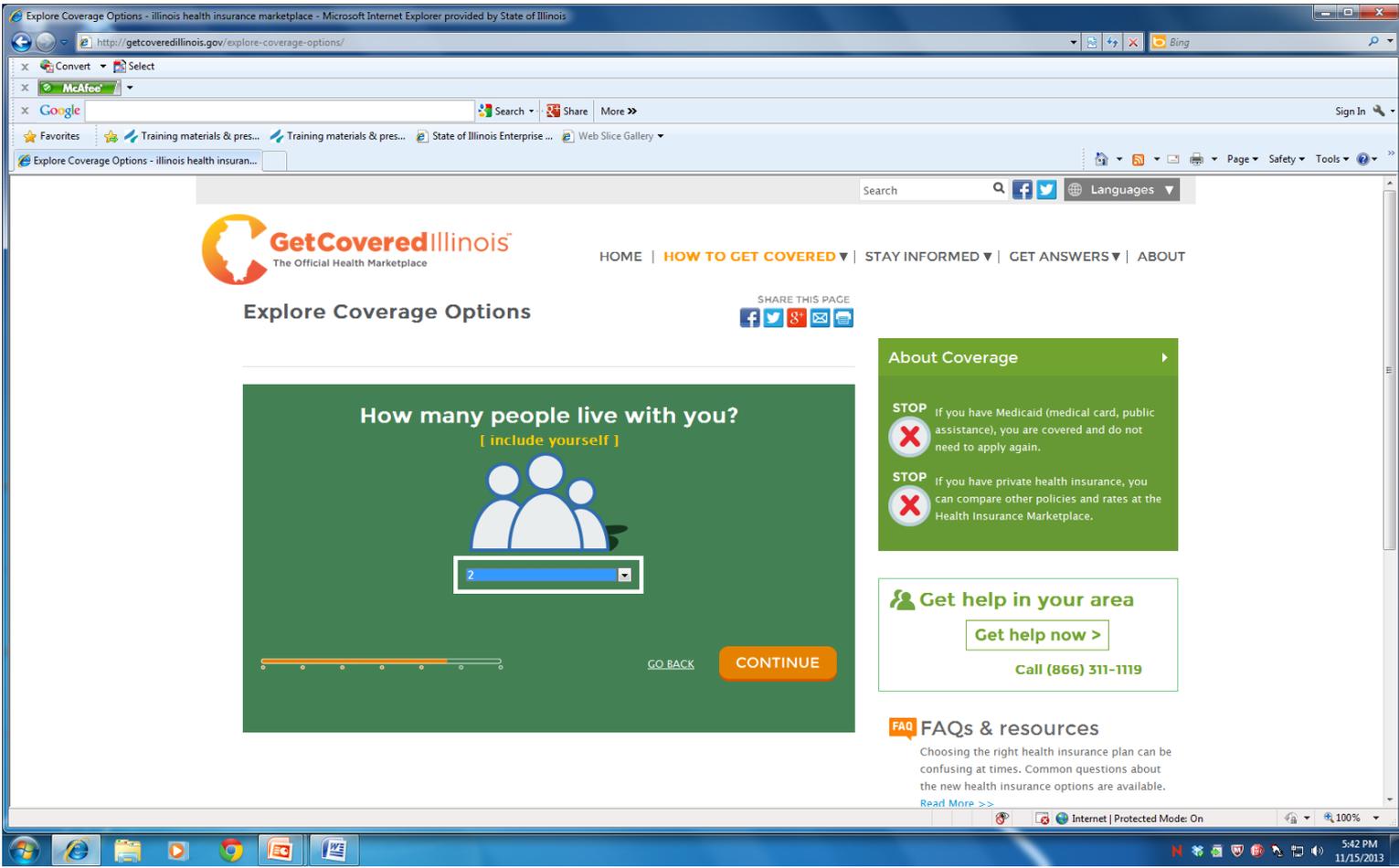
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How many people live with you?
[include yourself]



2

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Answer the following for anyone who needs health coverage

Is anyone 18 yrs old or younger?

yes no

Is anyone pregnant?

yes no

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Where do you and those you live with get money each month?

[check all that apply]

<input checked="" type="checkbox"/> Work or self-employment	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Disability benefits	<input type="checkbox"/> Rental income
<input type="checkbox"/> Retirement or pension	<input type="checkbox"/> Any other
<input checked="" type="checkbox"/> Social Security, also called SSA	

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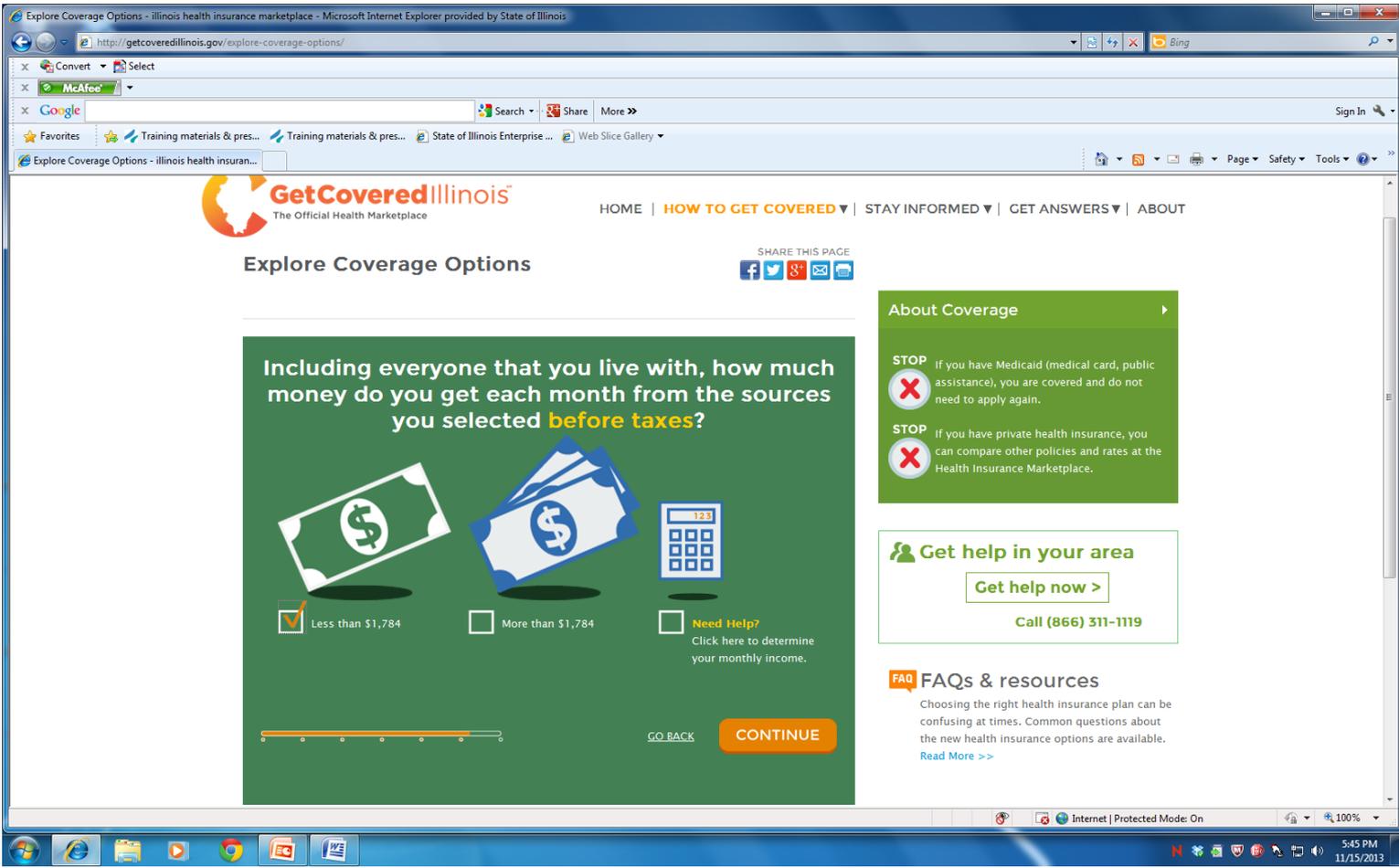
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Explore Coverage Options



Including everyone that you live with, how much money do you get each month from the sources you selected **before taxes?**

Less than \$1,784 More than \$1,784 **Need Help?**
Click here to determine your monthly income.

[GO BACK](#) [CONTINUE](#)

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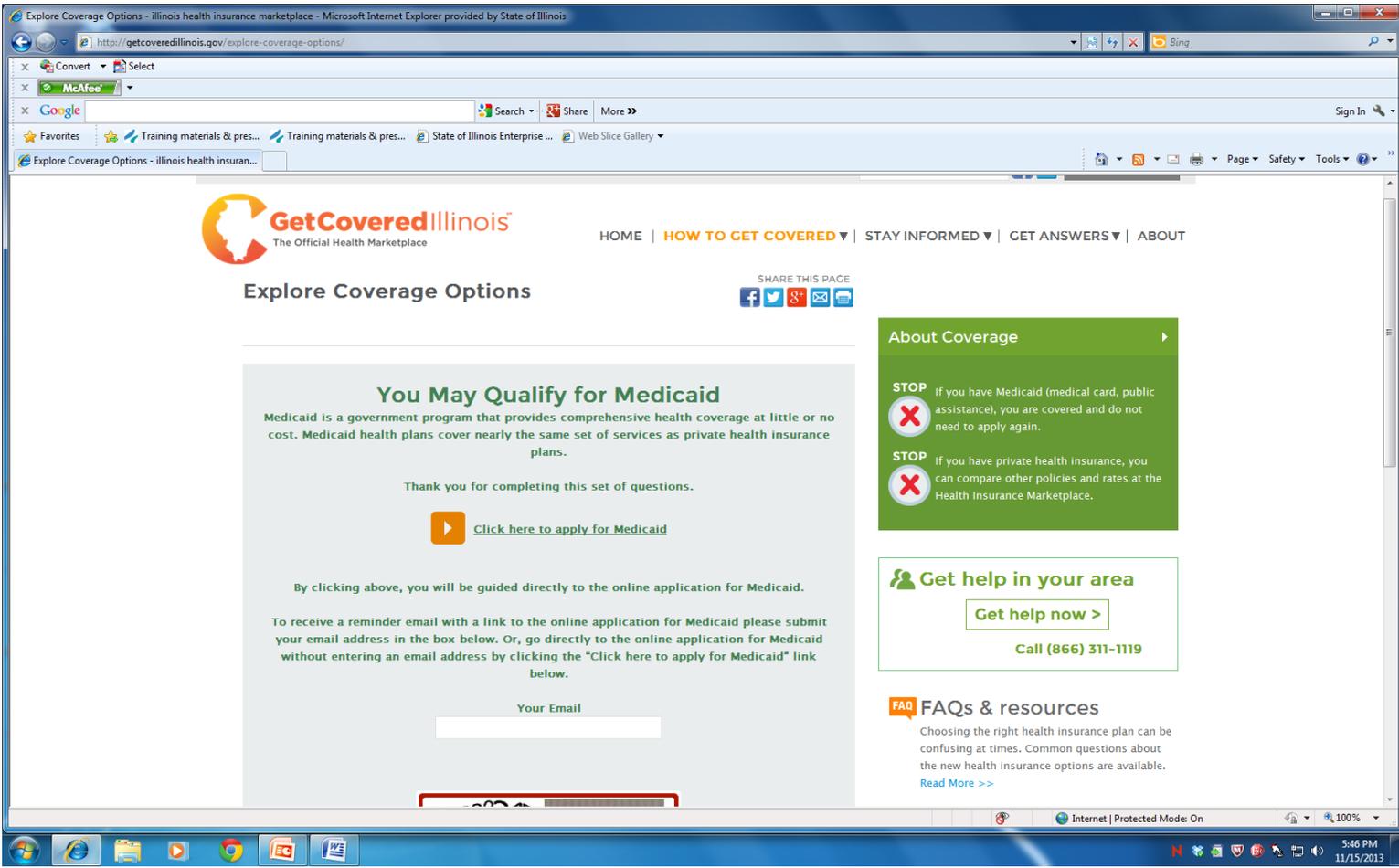
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You May Qualify for Medicaid

Medicaid is a government program that provides comprehensive health coverage at little or no cost. Medicaid health plans cover nearly the same set of services as private health insurance plans.

Thank you for completing this set of questions.

 [Click here to apply for Medicaid](#)

By clicking above, you will be guided directly to the online application for Medicaid.

To receive a reminder email with a link to the online application for Medicaid please submit your email address in the box below. Or, go directly to the online application for Medicaid without entering an email address by clicking the "Click here to apply for Medicaid" link below.

Your Email

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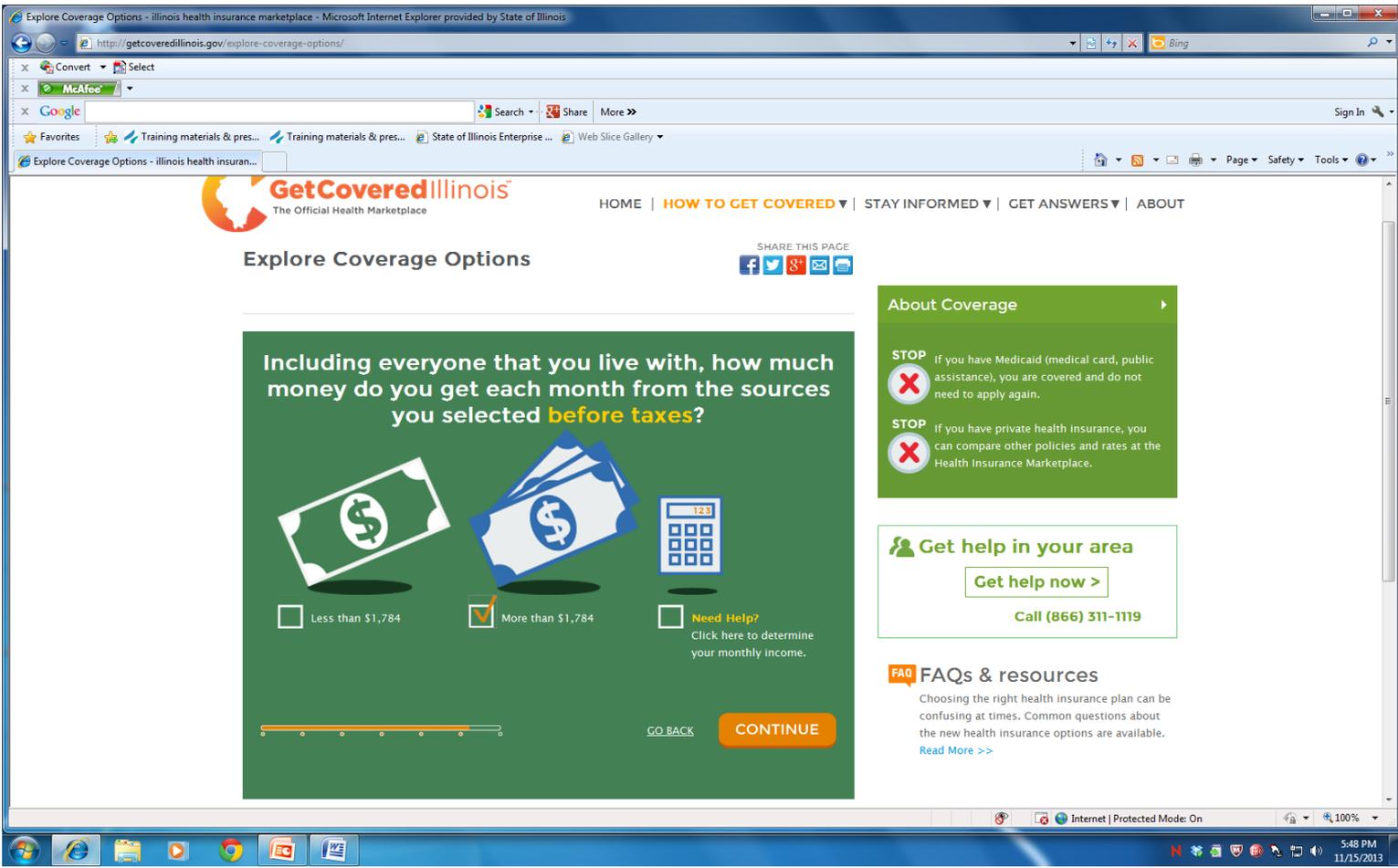
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Explore Coverage Options



Including everyone that you live with, how much money do you get each month from the sources you selected **before taxes**?



Less than \$1,784

More than \$1,784

Need Help?
Click here to determine your monthly income.



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CONTINUE

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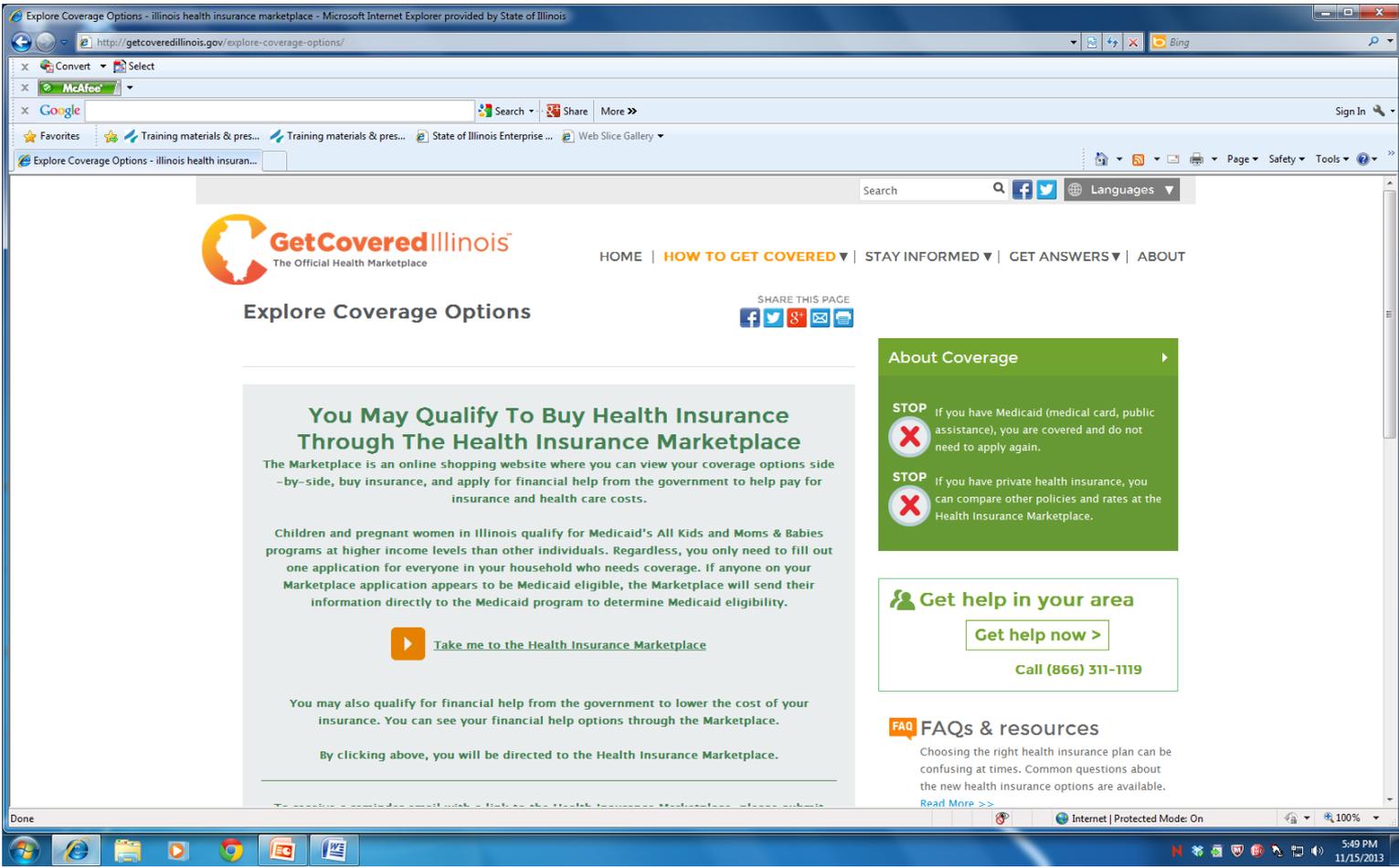
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You May Qualify To Buy Health Insurance Through The Health Insurance Marketplace

The Marketplace is an online shopping website where you can view your coverage options side-by-side, buy insurance, and apply for financial help from the government to help pay for insurance and health care costs.

Children and pregnant women in Illinois qualify for Medicaid's All Kids and Moms & Babies programs at higher income levels than other individuals. Regardless, you only need to fill out one application for everyone in your household who needs coverage. If anyone on your Marketplace application appears to be Medicaid eligible, the Marketplace will send their information directly to the Medicaid program to determine Medicaid eligibility.

 [Take me to the Health Insurance Marketplace](#)

You may also qualify for financial help from the government to lower the cost of your insurance. You can see your financial help options through the Marketplace.

By clicking above, you will be directed to the Health Insurance Marketplace.

About Coverage

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following links to find an agent or broker near you:

- Independent Insurance Agents of Illinois
- National Association of Health Underwriters
- National Association of Insurance and Financial Advisors

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See your options >

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Key terms

Learn more about the health care terms and

1. Illinois Stewardship Alliance	1.28 miles away +
LANGUAGES: English	
2. Family Guidance Centers	1.49 miles away +
LANGUAGES: English	
3. Springfield Urban League	1.49 miles away +
LANGUAGES: English	
4. Springfield Urban League Computer Lab	1.49 miles away +
LANGUAGES: English	
5. Central Counties Health Centers (Springfield location)	1.7 miles away +
LANGUAGES: English	

Done

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Meet ABE

Illinois' Application for Benefits Eligibility



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



LTC Application Approval Process

ABE application submitted



DHS Office registers application



DHS Office requests any additional proof including 2536 (Screening Results) & 3654 (Additional Information for LTC residents)



Approval/Denial Notice sent

Navigating the ABE System



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

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.

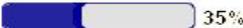
Along the way you will see these items, too:

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

Illinois.gov - IL Application for Benefits Eligibility (ABE) ACCESS Home Page - Microsoft Internet Explorer provided by State of Illinois

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

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abe.illinois.gov

ABE APPLICATION FOR BENEFITS ELIGIBILITY

[Español](#)
[FAQ](#)

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](#)



Am I Eligible?

Apply for Benefits!

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

All Kids Application Agent and MPE Provider Login

Community Partner

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](#).

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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](#)



Create an Account



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

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



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



Account Confirmation



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

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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](#)



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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

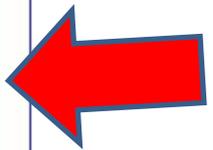
Some agencies (such as health clinics or community centers) are set up to help people use this site. If you are using this site at an agency that is setup their number will appear here. If a number doesn't show and you are working with an agency, please ask them for their number and enter here.



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



Save & Exit

Next



Applying for Medical Programs



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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 :

- -

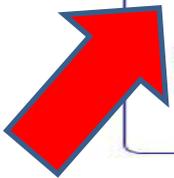
After you apply for benefits, you will get notices from your worker. Please click the button to let us know whether we should send your notices in English or Spanish.

English

Spanish

* What county do you live in?

< click here to choose > ▾



Residence Information

Is this person a resident of Illinois? Yes No

Does this person plan to stay as a resident of Illinois? Yes No

Did this person come to Illinois with a job commitment or looking for work? Yes No

Is this person a migrant or seasonal farmworker? Yes No

Where does this person live?

If this person lives in a facility, what is the name of that facility?

When did this person enter the facility?
Ex: mm/dd/yyyy

If this person lives in a facility, when did this person leave, or expect to leave, the facility?
Ex: mm/dd/yyyy



Veteran Information

Is this person a veteran? Yes No

Is this person on active duty? Yes No

Is this person a spouse of a deceased veteran? Yes No

Is this person a child of a deceased veteran? Yes No

Is this person a 100% disabled veteran? Yes No

Did this person apply for VA health care benefits? Yes No

Is this person receiving VA health care benefits? Yes No

Prior Benefits Information

Has this person moved from, or received assistance from, another state any time after August 1996? Yes No

If yes

State :

County :

What type of assistance?

Date received assistance from another state

Ex: mm/dd/yyyy

Date moved to Illinois :

Ex: mm/dd/yyyy

Entering Disability for those under 65

Illinois.gov - IL Application for Benefits Eligibility (ABE) AFB HouseHold MemberQuestions - Microsoft Internet Explorer provid
https://abe.illinois.gov/abe/access/accessController?id=0.12821476890980388

abe.illinois.gov **ABE** APPLICATION FOR BENEFITS ELIGIBILITY [FAQ](#)

Hello, test. You are logged in.

25% Complete

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

[Click here for Frequently Asked Questions](#)

***Blindness or Disability**
Please check the box for anyone who is disabled or blind.

No one

John

***Drug Felonies**
Please check the box for anyone who has been convicted of a drug felony occurring after August 22, 1996 and is in violation of parole or probation.

No one

John

***Other Food Stamp/SNAP Benefits**
Please check the box for anyone who is getting Food Stamp/SNAP benefits this month from another state.

No one

John

Back Save & Exit Next



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?

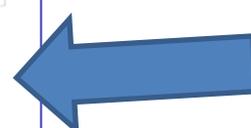
No

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

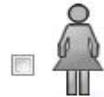
Money From Other Sources

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

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.

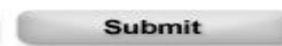
* First Name :

Middle Initial :

* Last Name :



Back



Submit

Hello, Mary. You are logged in.



100% Complete

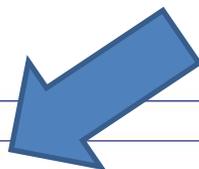
Logout

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

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
	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														
<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.

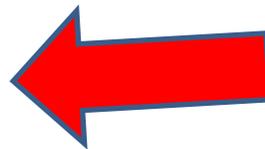
If you would like to skip providing for Mary's Proof of SSN, click 'Skip This Document' at the bottom of the page. Keep in mind this document may not meet all program rules. Your worker may ask for other proofs.

* 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

Approved Reps



- 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.

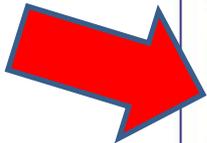
* First Name : Middle Initial : * Last Name :

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 :

ABE Issues

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

 **abe.illinois.gov**

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>

Questions?

