

## **The Application for Benefits Eligibility (ABE)**

**An Introduction for Community Partners, including certified Illinois Navigators (Navigators, In-Person Counselors and Certified Application Agents)**

Illinois Department of Healthcare & Family Services  
Illinois Department of Human Services  
March 2014

# Welcome!

The State of Illinois has a new web-based application portal for Medicaid, SNAP and cash benefits, called ABE, the Application for Benefits Eligibility. We developed this overview to assist you in helping customers complete benefit applications in ABE.

A few notes on recent changes to the Illinois Medicaid program before we begin:

- Throughout this document “Medicaid” refers to all health coverage programs provided by HFS, including All Kids; FamilyCare; AABD; the new ACA Adult group; coverage for undocumented pregnant women and children; and other health coverage financed by HFS using only State funds.
- Beginning October 1, 2013, individuals and families traditionally eligible for Medicaid can use ABE to apply and get coverage right away. Those immediately eligible, including three months of coverage retroactive from the month of application, are:
  - Children
  - Parents and other caretaker relatives raising dependent children
  - Pregnant women
  - Seniors
  - Persons with Disabilities
  - Blind Persons
- Beginning October 1, 2013, members of two new eligibility groups – ACA Adults and Former Foster Children – may apply for Medicaid coverage through ABE.
- As of October 1, 2013, we started applying new federal Medicaid eligibility rules, including the new Modified Adjusted Gross Income (MAGI) standard. The ABE Application includes questions on household composition, tax filing status and income.

If you have used either the All Kids/FamilyCare Online Application or the DHS Web Benefits Application, ABE application questions will be familiar, although some terms may have changed.

In this overview, we will share screen shots of key pages in ABE so you know what to expect. This Guide does not include every page in ABE

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**Section 3:** Completing an ABE Application

**Appendix:** Appointing an Authorized Representative

## What is ABE?

- ❖ ABE stands for **A**pplication for **B**enefits **E**ligibility, Illinois' new combined online application.
- ❖ Anyone can apply for **Medicaid, SNAP, cash benefits and the Medicare Savings Program** through ABE.
- ❖ ABE also offers an **“Am I Eligible?” screening tool** to determine if a person is likely eligible for benefits before completing a full application. The screening tool, however, is not a substitute for a full application.
- ❖ Applicants are also able to use ABE to **upload verification documents** to support their application.
- ❖ Applicants can start an application, **save it and then return to it later to complete and submit it**. Unfortunately, once an application is submitted, changes cannot be made using ABE. Instead, an applicant must communicate changes to the office that is processing the application. This information can be found on the summary page of the ABE application.
- ❖ **Community partners, including Illinois Navigators, can help someone complete his or her own application.**
- ❖ **All Kids Application Agents (AKAAs)** will submit benefits applications through ABE on behalf of Applicants for all programs – Medical, SNAP and cash.
- ❖ **MPE Providers** who are enrolled with the Department of Healthcare and Family Services (HFS) to presumptively enroll pregnant women in Medicaid may also use ABE.
- ❖ **In the future**, customers will be able to check their benefit status, make updates to their accounts and renew their benefits through ABE.

## ABE & The Affordable Care Act

- ❖ ABE can be used by anyone seeking Illinois Medicaid coverage, including new groups covered as a result of national health care reform under the Affordable Care Act.
- ❖ Beginning January 1, 2014, Illinois covers **two new eligibility groups** under Medicaid.
  - **ACA Adults** must meet the following eligibility criteria:
    - adults age 19 through 64
    - not otherwise eligible for other medical assistance
    - not eligible for Medicare
    - income at or below 138% FPL (a 5% income disregard is built in).
  - **Former Foster Care Young Adults:**
    - persons age 18 up to age 26 who were receiving Illinois Medicaid benefits when they aged out of the state foster care system, and are not otherwise eligible under Family Health Plans or AABD
    - no income or resource test for this group.
- ❖ **Modified Adjusted Gross Income (MAGI)** is the new national methodology for determining eligibility for Medicaid for children, parents or other caretaker relatives, pregnant women and ACA Adults. MAGI governs how states count income and household composition for these groups. It is similar to the way income is counted for federal income tax purposes. MAGI rules will **not** be used for AABD eligibility for seniors, blind persons or persons with disabilities.
- ❖ It is important to remind existing Medicaid recipients that **Medicaid, including All Kids and FamilyCare, meets the ACA requirement for health coverage.** There is no need for existing customers to reapply. There are no new or additional Medicaid benefits available to current recipients as a result of the ACA.

## Is ABE the Right Place to Begin?

- ❖ ABE is always the right place to start to apply for SNAP or cash assistance.
- ❖ For Medicaid, begin an application in ABE if, based on the Applicant's income, you are fairly certain that they will qualify (part of a new eligibility group, current SNAP recipient, etc.).
  - If you are not sure if the client is eligible for Medicaid, go to [www.GetCoveredIllinois.gov](http://www.GetCoveredIllinois.gov) and click on "Explore Your Health Coverage Options." Here you will answer a couple of questions and will be referred either to ABE to apply for Medicaid, or to <http://www.Healthcare.gov> to apply for private insurance through the Federal Health Insurance Marketplace. Financial help may be available through the Marketplace to help lower the cost of private insurance.
  - You can learn more about the Illinois Marketplace and available financial assistance at [www.Healthcare.gov](http://www.Healthcare.gov) or by calling 1-800-318-2596.
- ❖ There is no wrong door – an application received by the Marketplace that looks to be eligible for Medicaid will be sent to the State – and vice versa - applications found to be ineligible for Medicaid will be sent to the Marketplace.

## Completing an Application in ABE

- ❖ We strongly encourage everyone – community partners, health care providers and the general public to use ABE to apply for Medicaid, SNAP, cash assistance and the Medicare Savings Program. ABE has a number of features to ensure that application data is transferred accurately and efficiently to caseworkers for processing.
- ❖ Applicants should include as much information as possible in their ABE application.
- ❖ Expect to spend 30 to 45 minutes completing an application for benefits.
- ❖ ABE does not replace the need for caseworker interviews for SNAP and cash benefits; Applicants will be contacted within 14 days for this interview. In most cases, interviews can be completed over the phone.

## Navigating in ABE

Please review the following tips on navigating through ABE.

- Do not use the Internet browser's back, forward or stop buttons while in the application. Use the buttons provided at the bottom of each page of the application.
- Use the "Save & Exit" button to save the information already entered and return to the application later.
- Your ABE session will time-out after 30 minutes of inactivity. You will need to log-in again to continue.
- To protect your personal data, be sure to log-out of ABE after submitting your application or if you step away from your computer.

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 **abe.**  
illinois.  
gov

**ABE**  APPLICATION  
FOR BENEFITS  
ELIGIBILITY

[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](#)



## The ABE Homepage

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](#)

ABE Partner Login Links:

[AKAA, MPE and CountyCare Login](#)

[Community Partner](#)

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](#).

Part of... **GetCoveredIllinois**  
The Official Health Marketplace

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

### Key to the ABE Homepage:

- #1. User ID and Login – Applicants who have already started or submitted an application can enter their User ID and password here to continue working or check their status. First-time users click the blue, “Apply for Benefits” button (#5) to create a User ID and password.
- #2. MPE Providers and All Kids Application Agents have a separate log-in process (#2). They can also use this link to update registration information.
- #3. To register as a Community Partner or update community partner registration information, click on this “Community Partner” link (#3) or the blue, “Apply for Benefits” button (#5)
- #4. To reach an anonymous screening questionnaire to help determine if a person is potentially eligible for benefits, click the blue “Am I Eligible” button (#4).
- #5. To start a benefits application, click on the blue “Apply for Benefits” button (#5).

## **Section 2: Assisting Applicants as a Community Partner**

## Assisting Applicants as a Community Partner

A Community Partner is any organization or agency that assists or supports Illinoisans in need in accessing supportive benefits. Community Partners in ABE include organizations certified as Illinois Navigators, In-Person Counselors and Certified Application Agents.

Community partners can help individuals complete their own application or make computers available for individuals to complete their own applications (such as a library or job training center).

Assisting with an ABE application may require that Applicants share sensitive personal and health information. Before assisting someone with an ABE application, be sure to review your organization's policies and procedures related to privacy and handling of confidential information including personally identifiable information (PII) and protected health information (PHI). Community Partners are expected to uphold strict privacy and confidentiality standards.

Community Partners need only register in ABE for purposes of creating an Agency number, which identifies applications created by the organization or staff member. There is no need for community partner staff to log into ABE or create ABE user accounts, user IDs or passwords. Instead, your job is to assist customers in setting up their own unique user IDs and passwords, as described in the attached [Guide to ABE for Community Partners](#). **You will want to make sure that the applicant you are helping logs out of ABE when finished or that you log out.**




Submitting ABE applications under a Community Partner's own user account is **inappropriate**. As long as the agency number is put in the appropriate box in the ABE application, that application will be counted for that Community Partner.

## Registering as a Community Partner

If you are a Community Partner, before you begin assisting customers, register your organization. Illinois Assisters will use their individual federal ID numbers when asked for their agency or individual name when registering as a Community Partner. Return to this page to update your agency information.



*You reach this screen by clicking the blue, "Apply For Benefits" circle on the ABE homepage.*

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

 **Print**  **Help**

### 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](#)

 **Back**  **Next** 



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## Registering as a Community Partner

After choosing “Register as a Community Partner” on the previous page, you will be brought to the Welcome page. Click as indicated by the red arrow.



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 :

If you have forgotten your passcode, [here](#).

## Registering as a Community Partner

You will be asked to provide information about your organization or agency.

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

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

**Print** **Help**

**Helping With Applications**

To register as a Community Partner, answer the questions below and click the Next button.

If you are already registered as a Community Partner, you may update your information below. Then click Next button.

\* Agency or Individual Name :

\* Agency Type :

What kind of assistance do you provide with online applications? :

Website :

\* Street Address : :

\* City :  \* State :  \* Zip Code :

\* Phone Number :    Ext :

\* Email Address :

\* Secret Question1 :

\* Answer to Secret Question1 :

\* Passcode (must be a 4 digit number) :

\* Please re-type your passcode :

Illinois Navigators should enter their 13-digit Federal ID number.

You will need your passcode to update your registration information. Community Partners do not need to log into ABE.

Once you have completed the information, ABE will assign an agency number. Each Individual Assister should register as a separate Agency and get their own Agency Number. Non-Assister Community Partners can share one agency number within the agency.

**Community Partner Registration Successful**

Thank you for registering as a Community Partner.

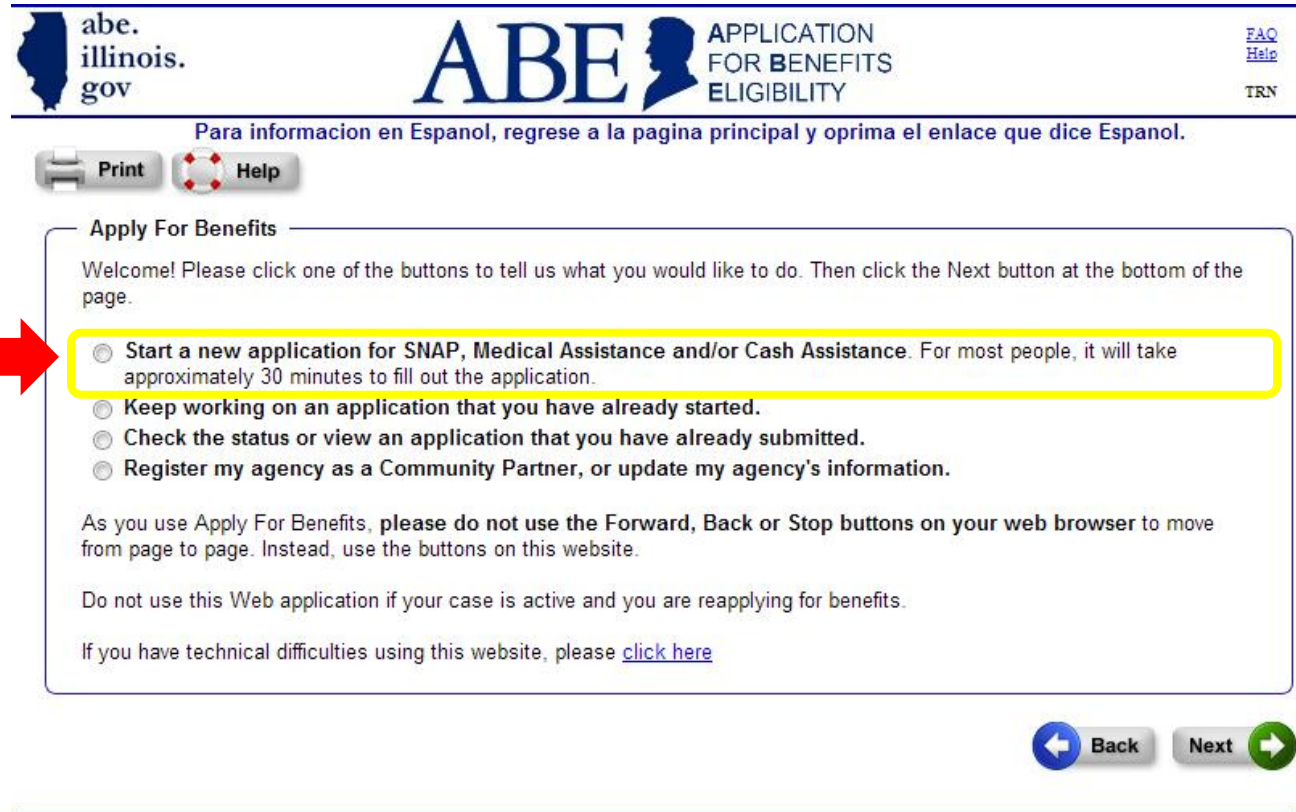
Your Agency Number is: 8

**Next**



## Starting a New Application

After registering, Community Partners will click on the blue, “Apply for Benefits” button on the ABE homepage and begin assisting Applicants by choosing “Start a New Application.”





abe.illinois.gov

**ABE** APPLICATION FOR BENEFITS ELIGIBILITY

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

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

 **Print**  **Help**

### 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.**
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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](#)

 **Back**  **Next** 




## Creating a User Account

The first time Applicants enter ABE, they will need to create an account so they can come back into the system later to check their application status or save their information and return to the application later. As a Community Partner, you should assist Applicants in setting up their own unique personal ABE user name and password.

There is no need for Community Partner staff to create their own ABE user accounts, user IDs or passwords. Instead, your job is to assist customers in setting up their own unique user IDs and passwords.



Submitting ABE applications under a Community Partner's own user account is **inappropriate**. As long as the agency number is put in the appropriate box in the ABE application, that application will be counted for that Community Partner.

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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

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# Creating a User Account



Para informacion en Espanol, regrese a la pagina principal y oprima el enlace que dice Espanol.  
[Home](#) | [Am I Eligible?](#) | [Apply For Benefits](#)



### Setting Up Your Account

There are three more steps to setting up a secure account. Keep in mind that this is a secure website. By law, we must keep your information private and secure.

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

Some items have a star (\*) next to them. You must fill these items in before you can create your account.

### 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 :

### Step 3: Secret Questions

We are also asking two "secret questions" that you can use if you ever need to recover your password. Click on the box to choose a question that only you know the answer to. Then fill in your answer (Answer must be at least five characters long). It is a good idea to write down the answer you give, since you will need to type it in exactly the same way if you lose your password.

\* Secret Question1 :

\* Answer to Secret Question1 :

\* Secret Question2 :

\* Answer to Secret Question2 :



## Creating a User Account



[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.

## **Section 3: Completing an ABE Application**


## A Few Things about the Application Process

### Apply For Benefits

Before you get started on your application, there are a few things you should know:

- ✓ If you live in Illinois, you may apply for the following benefits using this online application:
  - **SNAP - Supplemental Nutrition Assistance Program (formerly Food Stamps)**
  - **Cash Assistance** including:
    - **TANF - Temporary Assistance for Needy Families, and**
    - **AABD - Aid to the Aged, Blind, and Disabled**
  - **Health Coverage**
    - o Some people will qualify for Medical Assistance. This program is often called public aid or the medical card.
    - o Some people will qualify to buy an affordable private health insurance plan that offers comprehensive coverage if they do not qualify for Medical Assistance. Some people will also qualify for help to pay premiums for health coverage.

#### **Special Message for people who live in Cook County and need Health Coverage Now.**

If you live in Cook County, you are older than 18 and younger than 65, and you are not raising a child, you might be eligible for CountyCare. With CountyCare your health coverage can start before January. You can apply for CountyCare by calling 312-864-8200 .

- ✓ You have the right to submit your application right away. The date DHS or HFS receives your application is your application date and may affect the date your benefits start. If your application is received or filed online after close of business on a business day, the date of application is the following business day. Business days are Monday through Friday most weeks and state business closes at 5:00 p.m. Weekends and state holidays are not business days. If you submit your application before you answer all the questions, it may take longer to decide if you qualify for benefits.
- ✓ To submit your application for SNAP, CASH or Medical assistance right away, click on the "Save & Exit" button at the bottom of any page within the online application and choose the "Only set my application date" option. Your application will be sent to DHS or HFS office with only the information you have entered. You will still need to provide additional information and will not be able to change your answers or add information to your application. A worker will contact you to gather all of the other information that we will need to make a decision.
- ✓ If you prefer a paper form, click the link below for our paper form. You can click in the fields to answer the questions or print the form and fill out by hand. When you are done the form can be printed and mailed, faxed or brought in-person to an Illinois Department of Human Services office.

[Paper form to apply for Cash, Medical and SNAP benefits\(PDF\)](#)

## A Few Things about the Application Process (continued)

### A Few Things You Should Know

#### What if I need food right away?

If you are applying for SNAP you may be entitled to receive those benefits right away if:

- your gross non-exempt income and liquid assets are less than your monthly rent or mortgage payment and the appropriate utility standard; or
- you have liquid assets of \$100 or less and your gross monthly income for the month of application is less than \$150; or
- you have liquid assets of \$100 or less and at least one person applying is a migrant who is "out of funds."

#### How long does it take to get my benefits?

It usually takes up to 30 days to get your SNAP benefits unless you need food right away and have little or no money. Cash and Medical applications take up to 45 days. Applications for Medical only based on disability take up to 60 days.

#### How much do I get?

That depends on your family size, your income and your expenses. If you are eligible for SNAP, benefits start from the date you apply. To see if you may be eligible for SNAP, click on the following link: [SNAP Eligibility Calculator](#).

#### 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. If you are applying for TANF cash assistance you may be required to come to the office for an interview. However, if you cannot 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 Medical only, no office interview is required.


#### What information will I need to give you?


- Proof of your identity such as a driver's license or photo I.D.
- Full names and date of birth for everyone that is applying for benefits
- Social Security numbers for everyone applying. If Social Security numbers are pending, supply the date(s) the application(s) were made.
- Proof of where you live
- Information about all of the income everyone receives
- The Alien Registration Number for any person who is applying if he/she is not a U.S. citizen
- If you are applying for Cash or AABD Medical Benefits, information about the value of everyone's cash, checking and savings account
- Amount of child or spousal support paid and the names of absent parents
- Amount of housing costs
- What utilities you pay
- Amount paid for care of a child or disabled adult

## Acknowledge Penalties for False Information

The Applicant, not someone assisting with the application, should read and indicate understanding and acceptance of the Fraud Penalty Affidavit.

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

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

Hello, Mary. You are logged in.  **Print**  **Help**

**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](#)

 **Back**  **Next** 

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## Getting Started

Illinois Navigators and other Community Partners directly helping people complete their ABE Application would identify themselves by entering their agency number in the Community Agencies section and selecting the second option highlighted below.

The screenshot shows the ABE Application for Benefits Eligibility website. The header includes the Illinois state logo, 'abe.illinois.gov', the 'ABE APPLICATION FOR BENEFITS ELIGIBILITY' title, and an 'FAQ TRN' link. A message in Spanish is displayed: 'Para informacion en Espanol, regrese a la pagina principal y oprima el enlace que dice Espanol.' Below this, the user is logged in as 'Mary' and there are 'Print' and 'Help' buttons.

The main content area is divided into three sections:

- Using Our Self Service Site**: A text box explaining that users can skip questions if using their own computer. A 'Next' button is highlighted.
- Community Agencies**: A text box explaining that agency numbers are entered here. A yellow box highlights an empty input field, with a callout: 'Ensure your Community Partner number appears here.'
- Applying on Your Behalf**: A text box asking who is applying. A list of radio button options is shown, with the second option highlighted: 'A staff person or volunteer at an agency that helps people'. A callout points to this option: 'More information on Approved Representatives is available in the Appendix.'

At the bottom, there are 'Back', 'Save & Exit', and 'Next' buttons.

## Select the Programs the Applicant is Applying For

ABE provides a detailed overview of available benefits. ABE will “customize” the application to gather only the information needed for the requested benefits.



[FAQ](#)

Hello, Julie. You are logged in.



0% 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 healthcare coverage 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 healthcare coverage.

**Aid to the Aged, Blind and Disabled (AABD) Cash** is for persons who are aged, blind and/or disabled who need money. A person who is eligible for the AABD Cash program receives cash and healthcare coverage.

**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 the Illinois Link Card.

**Healthcare Coverage:** You may qualify for [Healthcare coverage](#). Some people call this program public aid or the medical card. Check the box for any month shown below if you have medical bills for that month and you want to apply for help to pay them.

February  January  December

If you do not qualify for [Healthcare coverage](#), you may qualify to buy an affordable private health insurance plan that offers comprehensive coverage. You may also qualify for help to pay your premiums for healthcare coverage. If you qualify to buy healthcare coverage, you may not be able to get coverage for prior months

**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](#).





## Applicant Information

Applicants will be asked identifying information. The red asterisks (\*) indicate required 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 > ▼

## Applicant Information (continued)

### Where You Live

Please tell us where you live. If you are homeless right now, please check the "I am homeless" box. If you are homeless but you have a mailing address, please check the box and type your address in the Mailing Address section. If you are homeless, you may also use the county office address in the Mailing Address Section.

\* Street Address :

\* City :

\* State :

\* Zip Code :

How many days each month does this person stay at this address?

I am homeless right now.

If you are homeless, please use the mailing address of the closest DHS office. [Click here](#) to find the closest office.

### Mailing Address

If you do not want us to send any notices about your benefits to the address you have given above, please give us an alternate mailing address where we can send your mail. If it is okay to send mail to the address given, please leave this section blank.

Street Address or P.O. Box Number :

City :

State :

Zip Code :

### Contact Information

Please tell us how we can get in touch with you. For the phone numbers, please be sure to include area codes. If you do not have one of the items we ask for, just leave it blank.

Home Phone :

Work Phone :    Ext :

Cell Phone :

Message Phone :

Email Address :

What is the best way to get in touch with you during the weekday?

If you are deaf or hard of hearing and you have asked us to get in touch by phone, what method do you use?

What is the best time to call you during the weekday?



## Data Collection

ABE will ask for several categories of information as indicated on the left-hand navigation bar. Applicants can save their data at any point and return to finish the application later. At the end of each data collection “module,” the Applicant will review a summary of the information entered and have the opportunity to go back and make changes.

The following pages are just a sample of the types of questions included in ABE.

The screenshot displays the ABE (Application for Benefits Eligibility) web interface. At the top left is the 'abe.illinois.gov' logo. The main header features the 'ABE' logo and the text 'APPLICATION FOR BENEFITS ELIGIBILITY'. A link for 'FAQ TRN' is located at the top right. Below the header, a message reads 'Hello, Mary. You are logged in.' with 'Print' and 'Help' buttons. A progress bar shows '15% Complete'. The left-hand navigation bar includes buttons for 'Start', 'People', 'Liquid Assets', 'Other Assets', 'Job Income', 'Other Income', 'Housing Bills', 'Other Bills', 'Finish', and 'Submit'. The 'People' button is highlighted with a yellow circle. The main content area is divided into two sections: 'People In Your Home' and 'Personal Information'. The 'People In Your Home' section shows a person icon labeled 'Mary' and asks for more information. The 'Personal Information' section contains fields for First Name (Mary), Middle Initial, Last Name (Doe), Gender (Female selected), Date of Birth, and Marital Status, along with a language preference dropdown.

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.

Hello, Mary. You are logged in.

15% Complete

**Start**

**People**

Liquid Assets

Other Assets

Job Income

Other Income

Housing Bills

Other Bills

Finish

Submit

**People In Your Home**

You have already told us about the following person :

Mary

Please give us more information about Mary

**Personal Information**

If this person has the same first name as someone else in your home, [click here](#) .

\* First Name :  Middle Initial :  \* Last Name :

\* Gender :  Male  Female

\* Date of Birth : MM DD YYYY  
 /  /

\* Please Confirm Date of Birth : MM DD YYYY  
 /  /

\* What is this person's marital status?

What language does this person prefer to use?

# Data Collection: Examples

abc.illinois.gov **ABE** APPLICATION FOR BENEFITS ELIGIBILITY EAC UAT

Para información en Español, regrese a la página principal y oprima el enlace que dice Español.  
Hello, UAT. You are logged in.  
Currently Working At: **Helping Hands of Springfield**

15% Complete

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

### People In Your Home

You have already told us about the following person :

Mary

Please give us more information about Mary

### Personal Information

If this person has the same first name as someone else in your home, [click here](#) .

\* First Name :  Middle Initial :  \* Last Name :

\* Gender :  Male  Female

\* Date of Birth :

\* Please Confirm Date of Birth :

\* What is this person's marital status?

What language does this person prefer to use?

### Program Selection

Please check the box for the program this person is applying for. If you do not check a box, this person will not be applying for that program.

SNAP  
 Medical Assistance

### Tax Information

\* Is this person planning to file taxes this year?

Yes  No  I don't know

### Citizenship Information

Keep in mind that you do not have to answer these questions if this person is not applying for benefits.

Social Security Number :

Please Confirm Social Security Number :

Is this person a U.S. citizen?  Yes  No

If you or any other member of your SNAP unit are not applying for SNAP benefits because you do not wish to provide information about your immigration status, you do not have to give us that information. The failure to provide immigration information will not affect processing for the remaining members of the SNAP unit. However, any member of your SNAP unit who is applying for SNAP benefits for himself or herself has to provide information on their immigration status.

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

If this person is not a U.S citizen, and is a documented alien, what is their date of entry?  Ex: mm/dd/yyyy

What is this person's alien registration number?

Is this person a sponsor for an immigrant?  Yes  No

### Ethnicity

Please select this person's ethnicity. You do not have to answer this question if you do not want to. Your answers will not be used to make a decision about your benefits.

Hispanic/Latino  Non-Hispanic/Latino

### Race

Please select this person's primary race. You do not have to answer this question if you do not want to. Your answers will not be used to make a decision about your benefits.

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

“Tax Information” is a new application question related to the new MAGI eligibility standard for Medicaid.

## Data Collection: Examples

**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

Caseworker's Name :

Caseworker's phone number :

Did this person apply for benefits or receive benefits from Illinois in the past?  Yes  No

If yes, please give the name(s) under which this person applied / received ( Maiden name, alias, former spouse etc.)

If yes, enter the Social Security number provided by this person for the previous application or case. :  -  -

**People in the Home**

\* How many people are in your home? Do not forget to count yourself or the people who are temporarily out of your home for less than 30 days! If you are applying for burial assistance, do not forget to include people who are **deceased**. If you are not sure, [click here](#) to read more about what we are asking for.



## Data Collection: Examples

abe.illinois.gov

**ABE** APPLICATION FOR BENEFITS ELIGIBILITY

FAQ UAT

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

Hello, UAT. You are logged in.  
Currently Working At: Helping Hands of Springfield

Print Help

19% Complete

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

**How You Are Related**

Please tell us how the people in your home are related to each other.

**Mary's Relationship to Jane**

Mary is the Mother of Jane

\* Does Mary buy food or prepare meals with Jane?  
 Yes  No

Is Mary physically able to buy or prepare meals separately?  
 Yes  No

Is Mary claiming Jane as a tax dependent?  
 Yes  No

Is Mary filing taxes jointly with Jane?  
 Yes  No

Back Save & Exit Next

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

Tax filing questions are related to the new MAGI eligibility standard for Medicaid.

## Data Collection: Examples

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

### Job Income Information

Next, please tell us about the people in your home who have jobs or are self-employed.

### \*Current or Recent Job

Please check the box for anyone who has a job right now, has had a job in the last 3 months, or is on strike from a job right now. Do not check this box if the person is self-employed.

No one

  
Mary

### \*Self-Employment

Please check the box for anyone who is self-employed right now or has been self-employed in the last 3 months.


No one

  
Mary

### \*Refusal to Work

Please check the box for anyone who has quit a job, reduced work hours to less than 30 hours per week, or refused to take a job in the last 60 days?

No one

  
Mary

[← Back](#) [Save & Exit](#) [Next →](#)

# Data Collection Examples

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

**More About Mary's Job**

You have told us that Mary has a job or had a job in the past three months. Please answer the questions below to tell us more.

**Employer**

\* Name of Employer :

Employer Address :

City :  State :  Zip Code :

Employer Phone :

Job Title

When did Mary start this job?   
Ex: mm/dd/yyyy

Is Mary's payment from employment expected to continue for the next 30 days?  Yes  No

**Pay Information**

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

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

**Hourly Pay**

If Mary gets paid by the hour, please tell us the amount that Mary gets paid each hour. (Please give us Mary's regular rate of pay. We will ask about overtime and other kinds of pay below.) \$

Please tell us how many hours Mary works each week **at this rate**. If Mary's hours are not regular, try to estimate the number of hours he or she usually works at this hourly rate.

**Additional Pay**

How many hours does Mary work per week at a different rate of pay?

What is Mary's average rate of pay? \$

**Bonus or Commission Pay or Tips**

If Mary gets any other pay, such as bonus, commission pay or tips, please tell us the type of pay Mary earns and the amount per week. If the amount is not regular, try to estimate the average amount that Mary gets.

Type of pay	Amount	Frequency
<input type="text" value=" &lt; click here to choose &gt;"/>	\$ <input type="text"/>	<input type="text" value=" &lt; click here to choose &gt;"/>
<input type="text" value=" &lt; click here to choose &gt;"/>	\$ <input type="text"/>	<input type="text" value=" &lt; click here to choose &gt;"/>



# Data Collection: Examples

- 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 outside of your home in the past three months.



No one

 Jane

**\*Other Income**

Please check the box for anyone who gets any type of income or payments from a source other than a job, SSI or RSDI. For example, money given to you by family and/or friends.


No one

 Mary        Jane

**\*Room and Meals**

Please check the box for anyone who makes money by providing a room and/or meals to someone who is living in your home.

No one

 Mary

## Completing the Application: Signing & Submitting

Applicants will be asked to review the Rights & Responsibilities for each benefit program applied for and electronically sign the application.

### 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 Medical only, no office interview is required.

### SNAP - CLIENT RIGHTS AND RESPONSIBILITIES

**Read carefully! 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

### Cash / Medical Assistance - CLIENT RIGHTS AND RESPONSIBILITIES

**Read carefully! Ask your caseworker to explain anything you do not understand.**

To receive benefits, a person must have a valid Social Security Number (SSN) or proof that they have applied for one, unless exempt. If you or any member of your household wants to apply for assistance, but does not have a SSN, we can help you to apply for one. State law requires us to explain how your SSN is used by the State of Illinois.

✓ **Your Social Security Number (SSN)** will be used in the administration of the cash and/or medical program to check the identity of household members, prevent duplicate participation, and to facilitate making mass changes.

- The SSN will be used in computer matching and program reviews or audits and to

## Completing the Application: Signing & Submitting (continued)

### 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

Applicants are assigned to an office based on zip code, but they may also select an office

### 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 :

The Applicant, not someone assisting with an application, must complete the Electronic Attestation.



Back

Submit

## Submission Summary

After clicking “Submit,” the Applicant will be given a tracking number and the option of printing a copy of the application. The Applicant can upload verification documents by clicking “Next” from this page.

If the applicant needs time to gather proof documents, the applicant (with or without your assistance) can log back into ABE to upload documents until a State caseworker begins processing the application. See page 40 of this Guide for instructions.

**Be sure to logout of ABE if your session is complete!**

The screenshot shows the ABE (Application for Benefits Eligibility) submission summary page. The page header includes the Illinois state logo, the text "abe.illinois.gov", the "ABE" logo, and the text "APPLICATION FOR BENEFITS ELIGIBILITY". There are also links for "FAQ" and "UAT Maint UAT".

The main content area is divided into several sections:

- Hello, Lilly. You are logged in.** This section includes a "100% Complete" status, a "Print" button, a "Help" button, and a "Logout" button.
- Thank You!** This section contains a message: "Thank you! Your online application has been sent to the following office for processing:" followed by the mailing address: "South Loop FCRC, 1112 S WABASH, CHICAGO IL 60605-2351, Phone Number: (123) 456-7890".
- Keep Track of Your Application** This section highlights the tracking number: "Your tracking number for this application is T10012188." It also includes instructions: "Be sure to write this number down or print this page for your records." and information about response times: "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." and "You will get an answer about your SNAP application within 30 days." It also provides contact information for questions.
- Print Your Application** This section includes the instruction: "DO NOT MAIL THIS APPLICATION. Print or save it for your own records only." It also provides a "Print My Application" button and information about Adobe Acrobat Reader: "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." An "Adobe Get Reader" icon is shown.
- Your Next Steps** This section includes the instruction: "Based on the application you submitted, there are some steps that you may take to help us process your application. Click Next to continue."

At the bottom of the page, there are two buttons: "Back to ABE" and "Next".



## Submitting Verification Documents

In cases where applicants have social security numbers (SSN) for each person on the application [Note: SSNs cannot be required from those not applying for benefits, but are helpful], it is possible that additional proof may not be required since information can be verified electronically. The exception is if an applicant’s circumstances have changed recently and the electronic verification sources don’t yet reflect those changes.

If someone does not have a SSN, the application can still be processed. One of the great new features of ABE is the ability to securely submit verification documents with an application. Below are types of proof that may be necessary and the types of documents that may serve as proof to ensure the application is successfully processed.

An applicant does not need to collect all of these documents to submit an ABE application. If the caseworker needs additional information, the applicant will receive a written request in the mail.

**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	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.  If these are not available provide one item from each column for each U.S. citizen: <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													

## Submitting Verification Documents

ABE will provide an upload screen for each document category selected on the previous page. Documents are associated with each person applying for benefits on the Application.

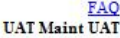


The screenshot shows the ABE (Application for Benefits Eligibility) interface. At the top left is the Illinois logo with 'IL' and 'RT'. The main header features the 'ABE' logo and the text 'Application for Benefits Eligibility'. A link for 'FAQ' is on the top right. Below the header, there is a navigation bar with links for 'Home', 'Am I Eligible?', 'Apply For Benefits', and 'Logout'. A user greeting 'Hello, Mary. You are logged in.' is displayed. On the right side, there are 'Print' and 'Help' buttons. The main content area is titled 'Mary's Proof of SSN' and contains instructions: '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.' Below this is a dropdown menu labeled '\* What type of document is this?' with 'Social Security Card' selected. A section titled 'Choose a File from Your Computer' includes instructions on how to upload a file and a 'Browse...' button. A link 'What file types are supported?' is also present. At the bottom of the form, there is a question: 'Would you like to upload another document to serve as Graeme's Proof of SSN?' with radio buttons for 'Yes' and 'No' (selected). Navigation buttons 'Skip This Document' and 'Next' are at the bottom. A green callout box with an arrow pointing to the 'No' radio button contains the text: 'Documents are associated with each person applying for benefits.'

## Returning to ABE to Upload Proof Documents

You may return to ABE to upload verification documents anytime up until a caseworker begins processing the Application.



When you log back into ABE you will see a summary of the Application you recently submitted, click [View].

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


Hello, Julie. You are logged in.  **Print**  **Help**

Welcome

Welcome. This page gives you a quick look at the status of your application for SNAP, Cash Assistance and Medical Assistance.

**What is the status of my Applications?**

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

Application Number	Date	Status	Details
T10012160	February 26, 2014	Submitted	 <b>View</b>

---

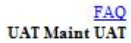


[HFS Home](#) | [DHS Home](#) | [HFS Brochures and Forms](#) | [DHS Forms](#) | [DHS Brochures](#)

## Returning to ABE to Upload Proof Documents (continued)

Click “View and Submit Types of Proof” [Next Steps]. From here, just follow the instructions on the screen.

If the “View and Submit Types of Proof” [Next Steps] button is not visible, a caseworker has already begun processing the application, and the applicant will receive instructions in the mail about proof documentation that may still be required to complete the Application.



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


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


Hello, Julie. You are logged in.

 **Print**  **Help**

**Summary of Application for T10012160**

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

Information	Details	Action
	<b>Application Summary</b>	 <a href="#">View and Print</a>
	<b>View and Submit Types of Proof</b> 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.	<b>Next Steps</b> 



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



## **ABE & the Integrated Eligibility System (IES)**

- ❖ The Integrated Eligibility System (IES) is the new caseworker portal for eligibility determination and case management.
- ❖ Once a customer submits an application in ABE, they are no longer able to make changes to their application in ABE, but they are able to view the information they submitted. Applicants should call the office where the application was sent for processing to report any changes.
- ❖ The new application will appear in an electronic inbox where a caseworker will take it from the queue and register it. The application status in ABE will change to “In Process.”
- ❖ The caseworker will schedule an interview with the customer, if necessary, and complete the data collection process. Interviews are required for SNAP and Cash Assistance.
- ❖ IES includes new electronic tools that interface with State and Federal data sources to verify information provided in the ABE Application. Applicants will be asked to provide required documentation for any information that cannot be verified electronically or to show proof of any information on the application that conflicts with electronic data such as a change in income due to a job loss or job change.
- ❖ The caseworker will then complete the determination of eligibility and the Applicant will receive a written notice of the decision in the mail. Applications for most Applicants who request but do not qualify for Medicaid will be automatically transferred to the Illinois Health Insurance Marketplace and will be used to determine what financial help would be available to reduce the monthly costs of buying health insurance through the Marketplace.

## **Thank you!**

Thank you for taking the time to review this overview and learn more about ABE - the Application for Benefits Eligibility. We hope you will find it a useful tool. If you have any questions about using ABE, please e-mail them to [ABE.questions@illinois.gov](mailto:ABE.questions@illinois.gov).

## Appendix: Appointing an Approved Representative

If the Applicant indicates on the application that an Approved Representative is applying on his or her behalf, the Applicant will be directed to this approval page to supply more information about their Approved Representative and provide an electronic signature.

Approved Representatives receive copies of all correspondence related to the person's application. Approved Representatives are also bound by federal and state law regarding conflict of interest and privacy and confidentiality of applicant information.

**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 :

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