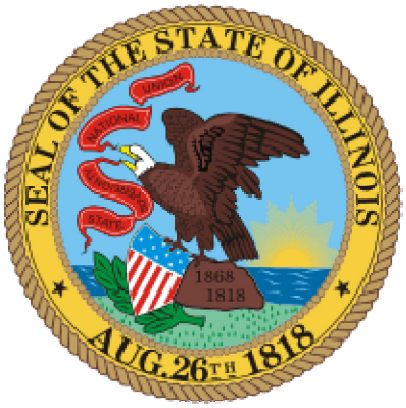

The Application for Benefits Eligibility (ABE)

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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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 applicati**on.
- **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 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 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.

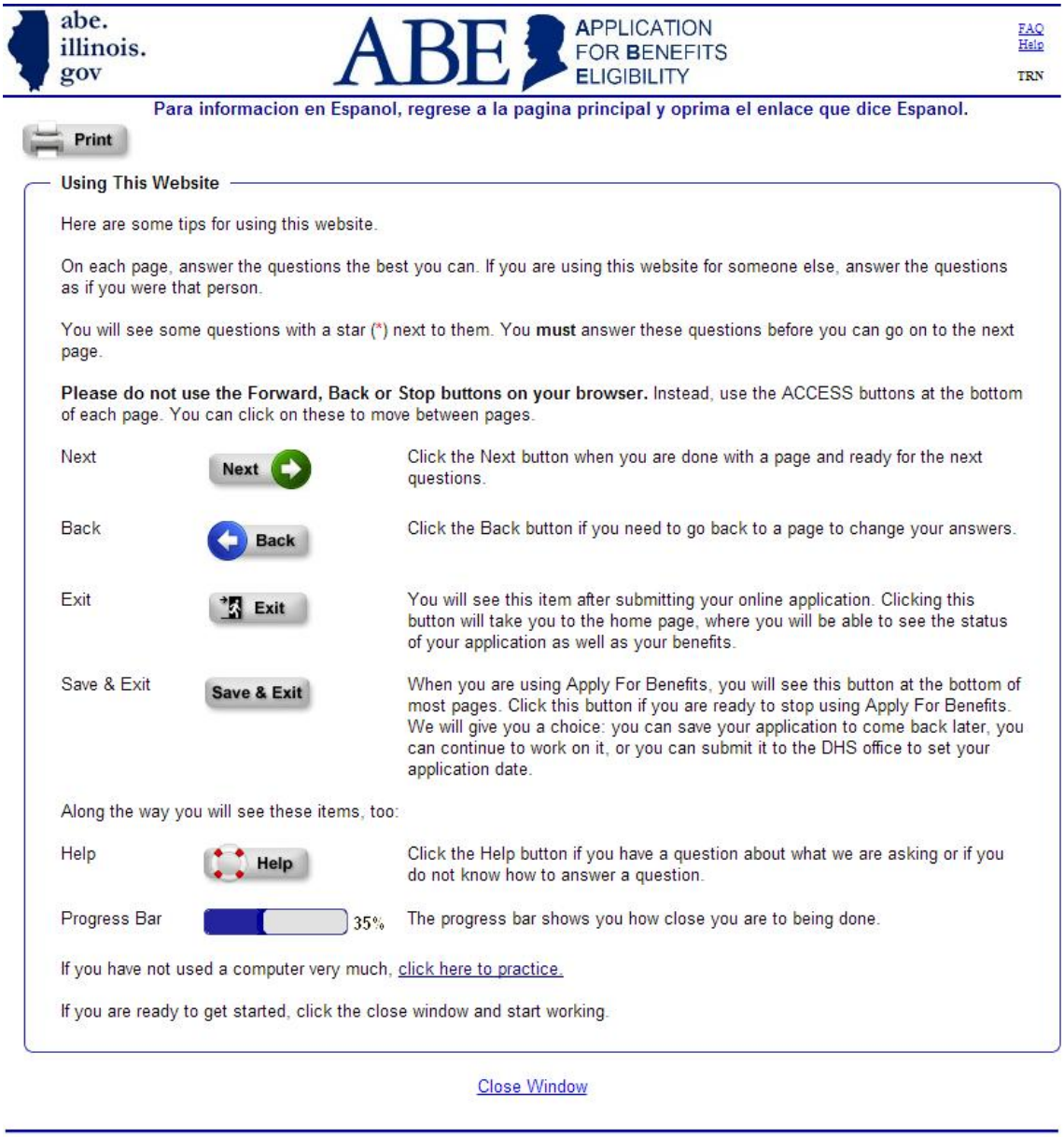
Completing an Application in ABE

- 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.



The ABE Homepage

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.

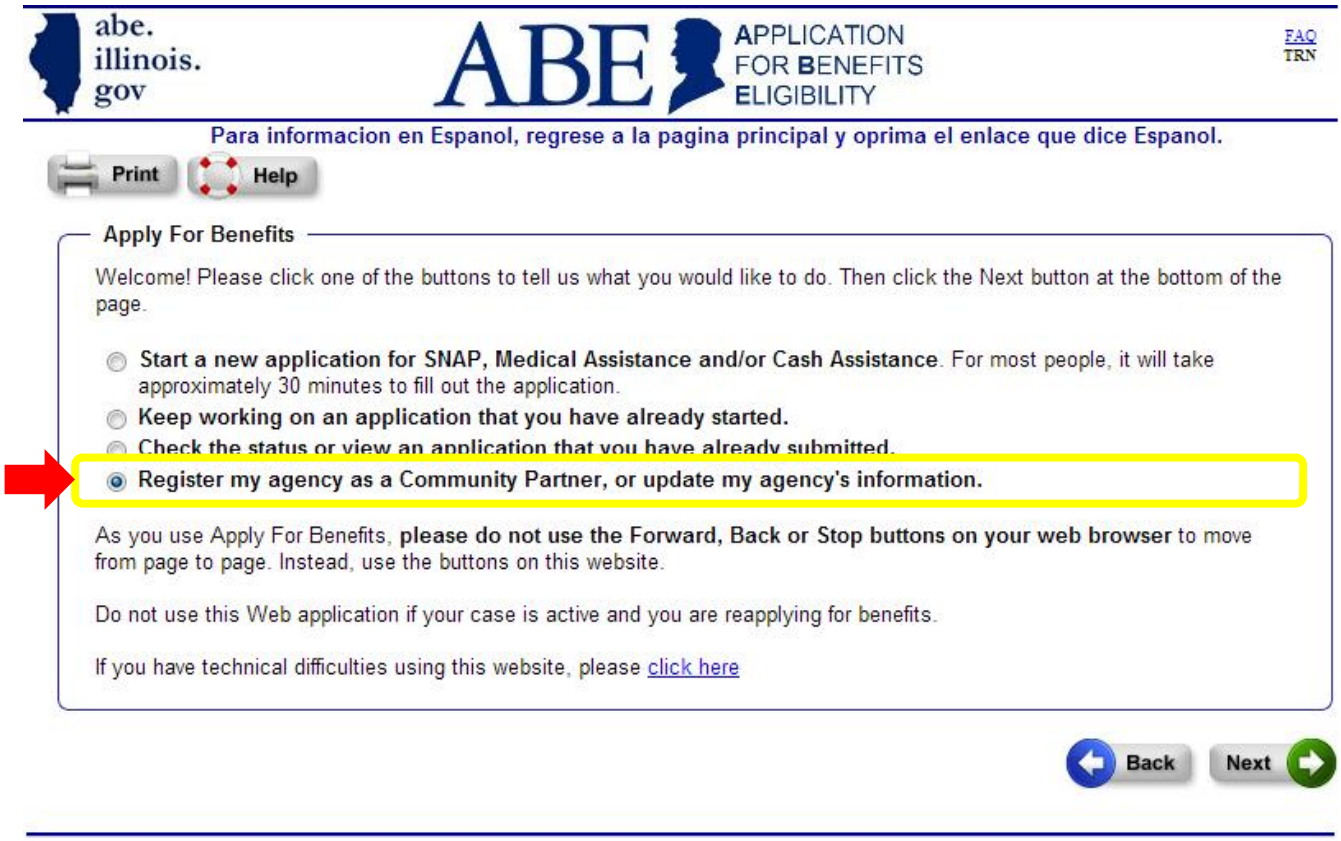
Community Partners need only register in ABE for purposes of creating an Agency number, which identifies applications created by the organization or staff member. There is no need for community partner staff to log into ABE or create ABE user accounts, user IDs or passwords. Instead, your job is to assist 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

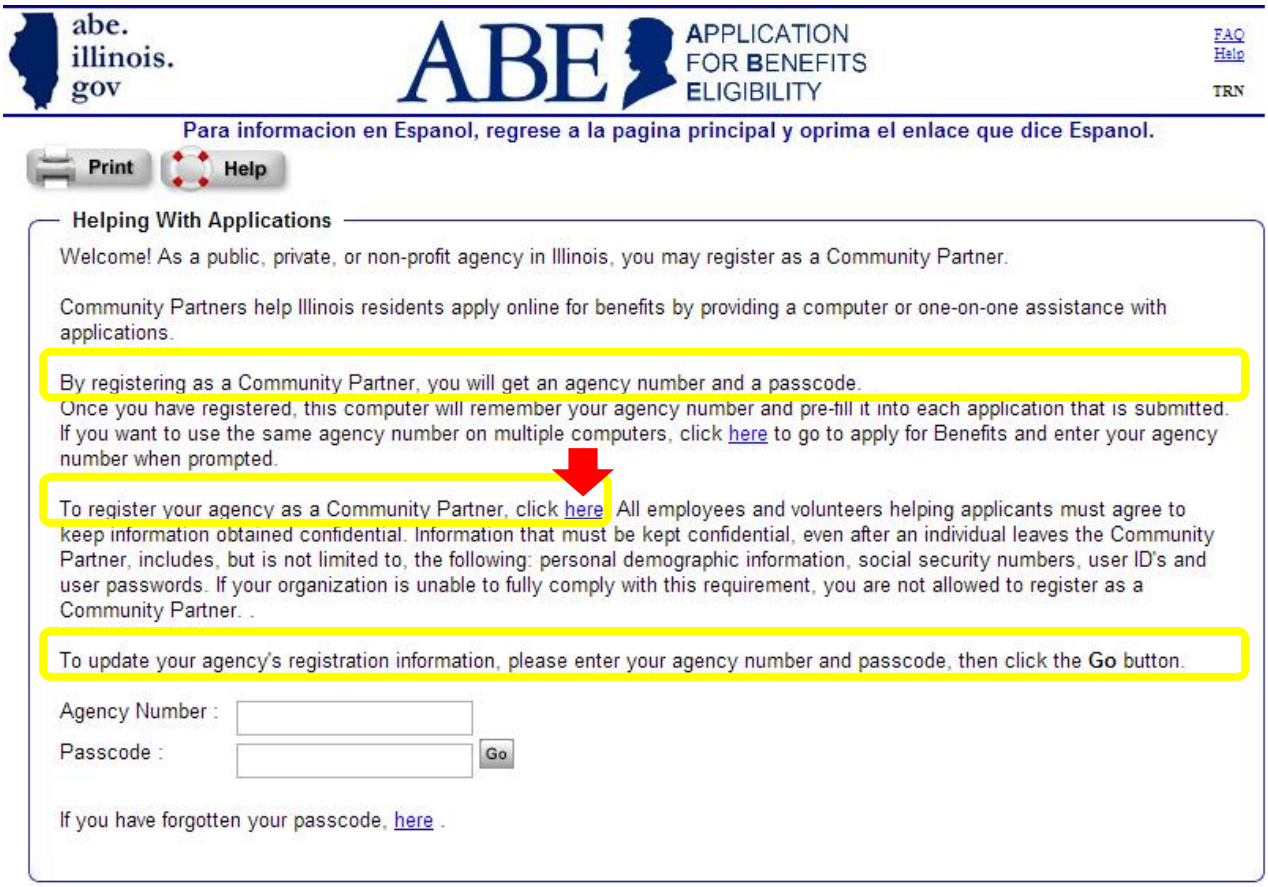
If you are a Community Partner, before you begin assisting customers, register your organization. Illinois Assisters will use their individual federal ID numbers when asked for their agency or individual name when registering as a Community Partner. Return to this page to update your agency information.

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



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.



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 :

< click here to choose >

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

< click here to choose >

Website :

* Street Address: :

* City : * State : * Zip Code :

< click here to choose >

* Phone Number : Ext :

* Email Address :

* Secret Question1 :

< click here to choose >

* 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

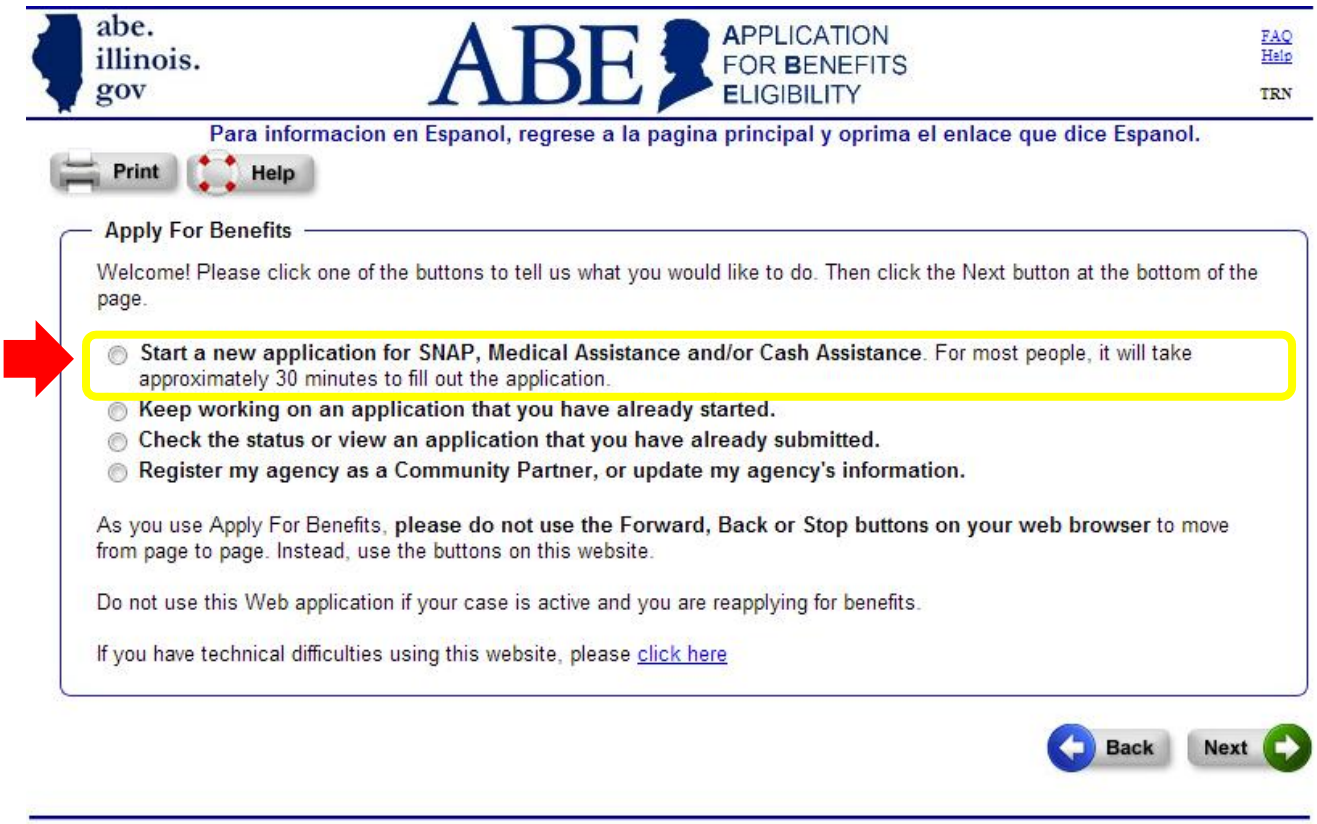
Thank you for registering as a Community Partner.

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.”

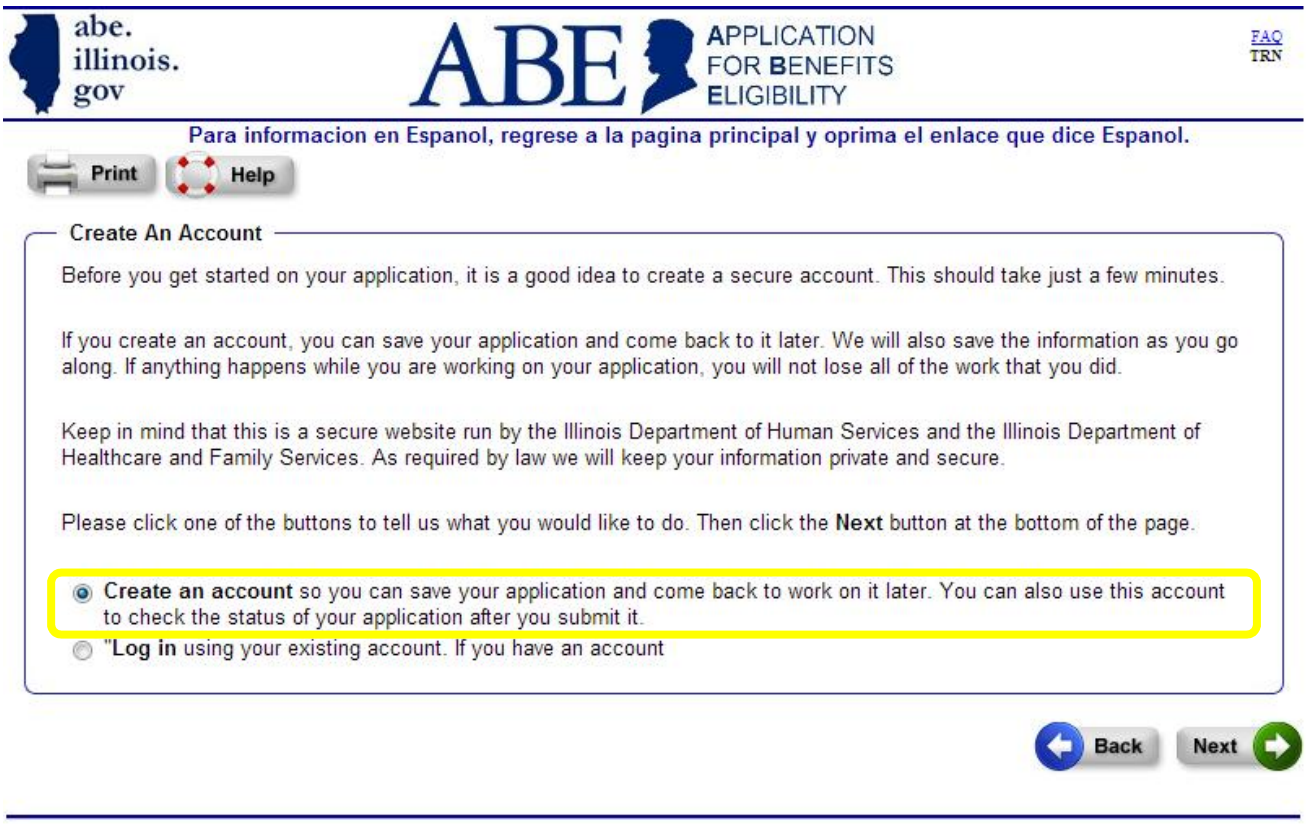


Creating a User Account

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.



Creating a User Account

abe.illinois.gov

ABE APPLICATION FOR BENEFITS ELIGIBILITY

FAQ
TRN

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

Home | Am I Eligible? | Apply For Benefits

Print Help

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 : < click here to choose >

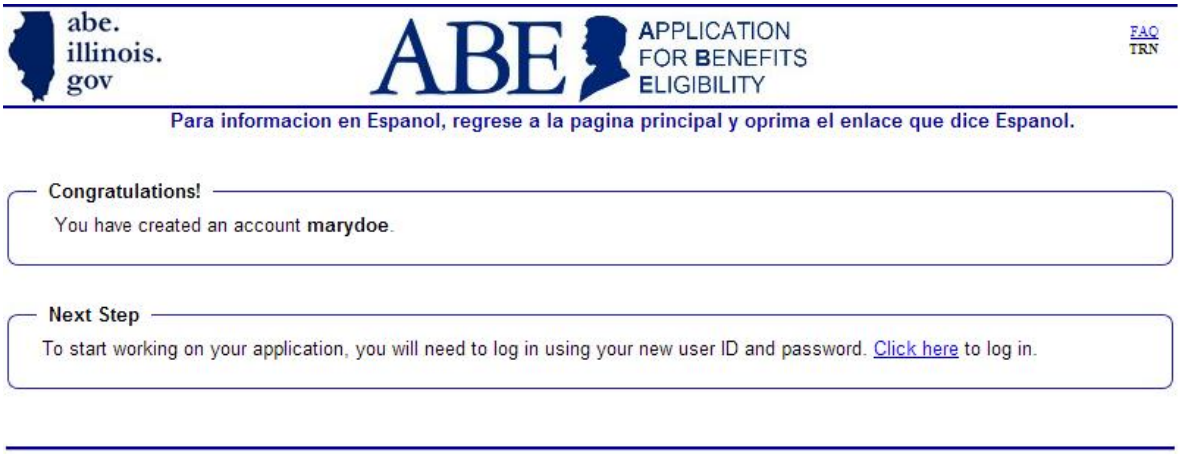
* Answer to Secret Question1 :

* Secret Question2 : < click here to choose >

* Answer to Secret Question2 :

Back Create Account

Creating a User Account



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**
  - Some people will qualify for Medical Assistance. This program is often called public aid or the medical card.
  - 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 Â? application dateÂ? 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?

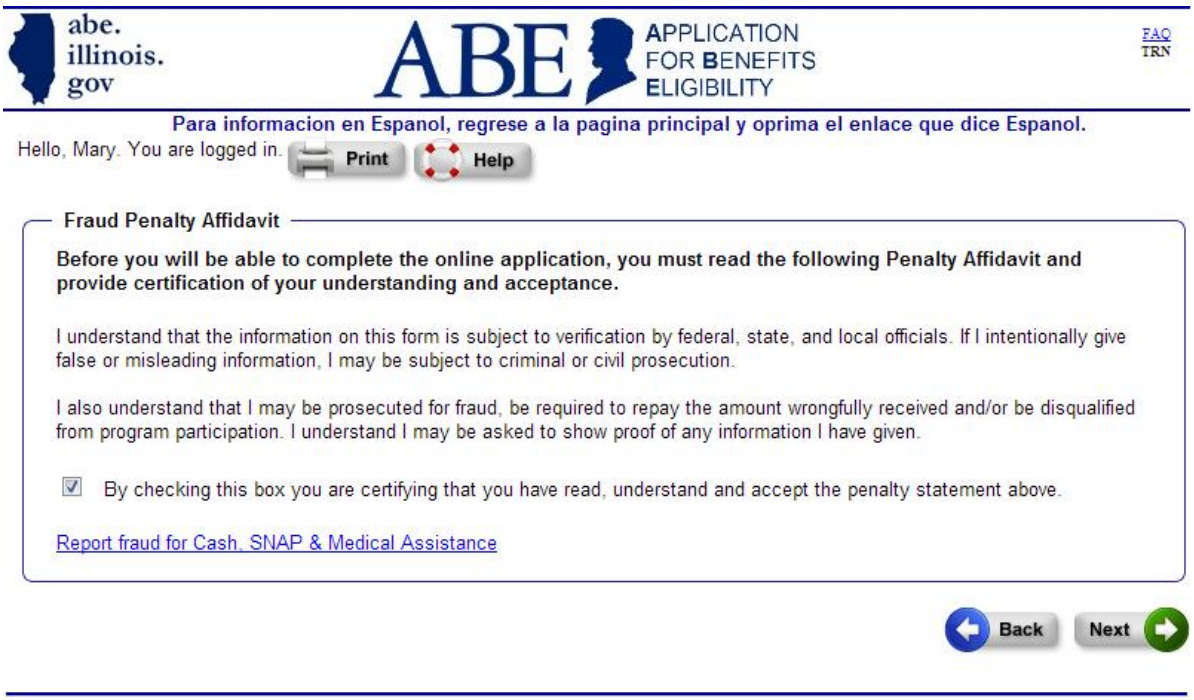
If you are applying for Cash or SNAP benefits we will schedule an interview within 14 days. If you are applying for TANF cash assistance you may be required to come to the office for an interview. However, if you cannot come to the office because of problems with work, health, transportation or child 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.



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.

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. Print Help

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.

Ensure your Community Partner number appears 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

Back Save & Exit Next

More information on Approved Representatives is available in the Appendix.

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.

abe.illinois.gov

ABE APPLICATION FOR BENEFITS ELIGIBILITY

FAQ

Hello, Julie. 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 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 quailfy 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.

Back Save & Exit Next

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 : Illinois * 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 : Illinois 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? < click here to choose >

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

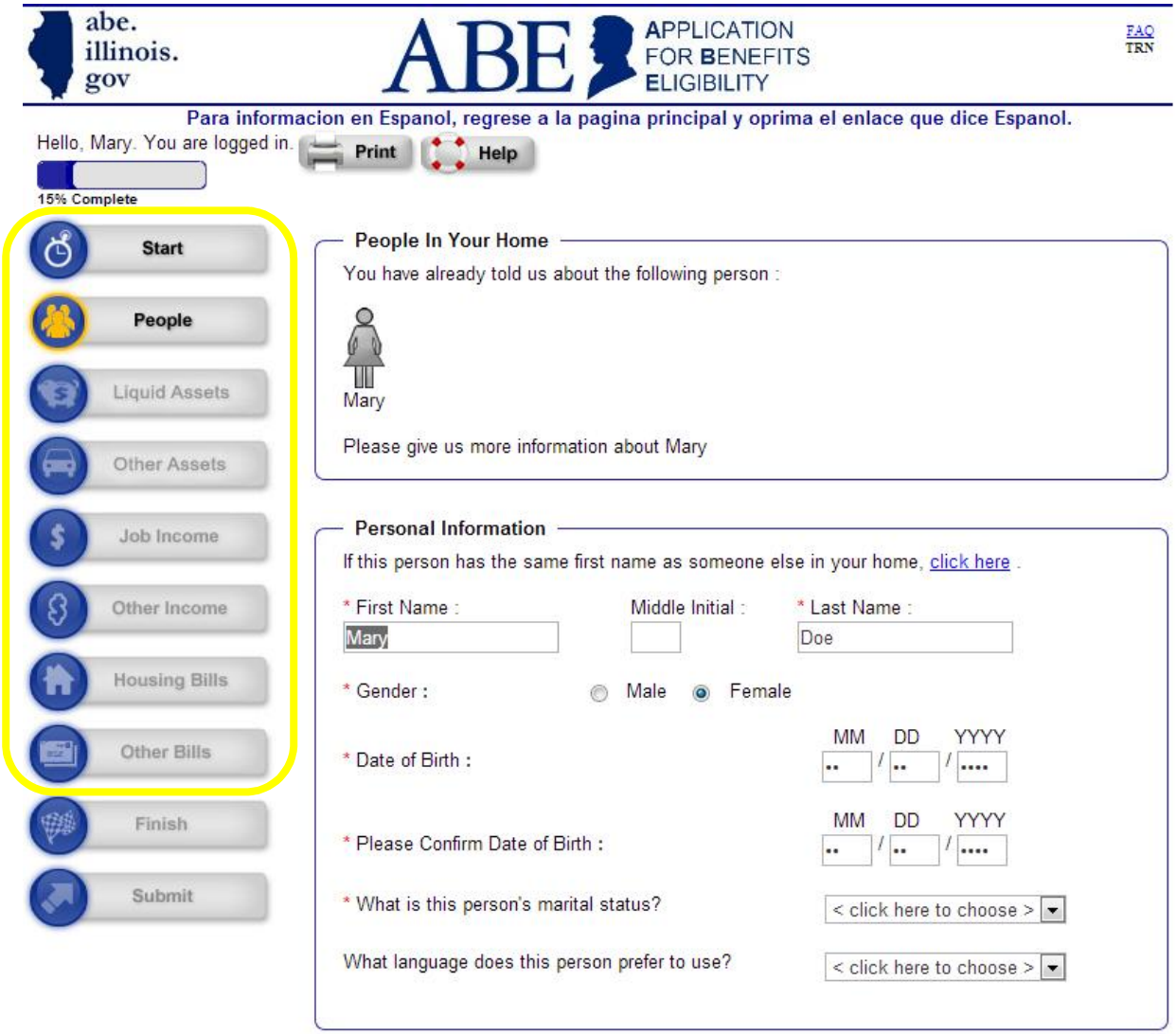
What is the best time to call you during the weekday? < click here to choose >

Back Save & Exit Next

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.



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

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 : Mary
Middle Initial :
* Last Name : Doe

* Gender : Male Female

* Date of Birth : MM DD YYYY

* Please Confirm Date of Birth : MM DD YYYY

* What is this person's marital status? < click here to choose >

What language does this person prefer to use? < click here to choose >

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
Black / African American
White
Asian
Native Hawaiian / Other Pacific Islander
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? [In this Home]

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 : [< click here to choose >]

County : [ ]

What type of assistance? [< click here to choose >]

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

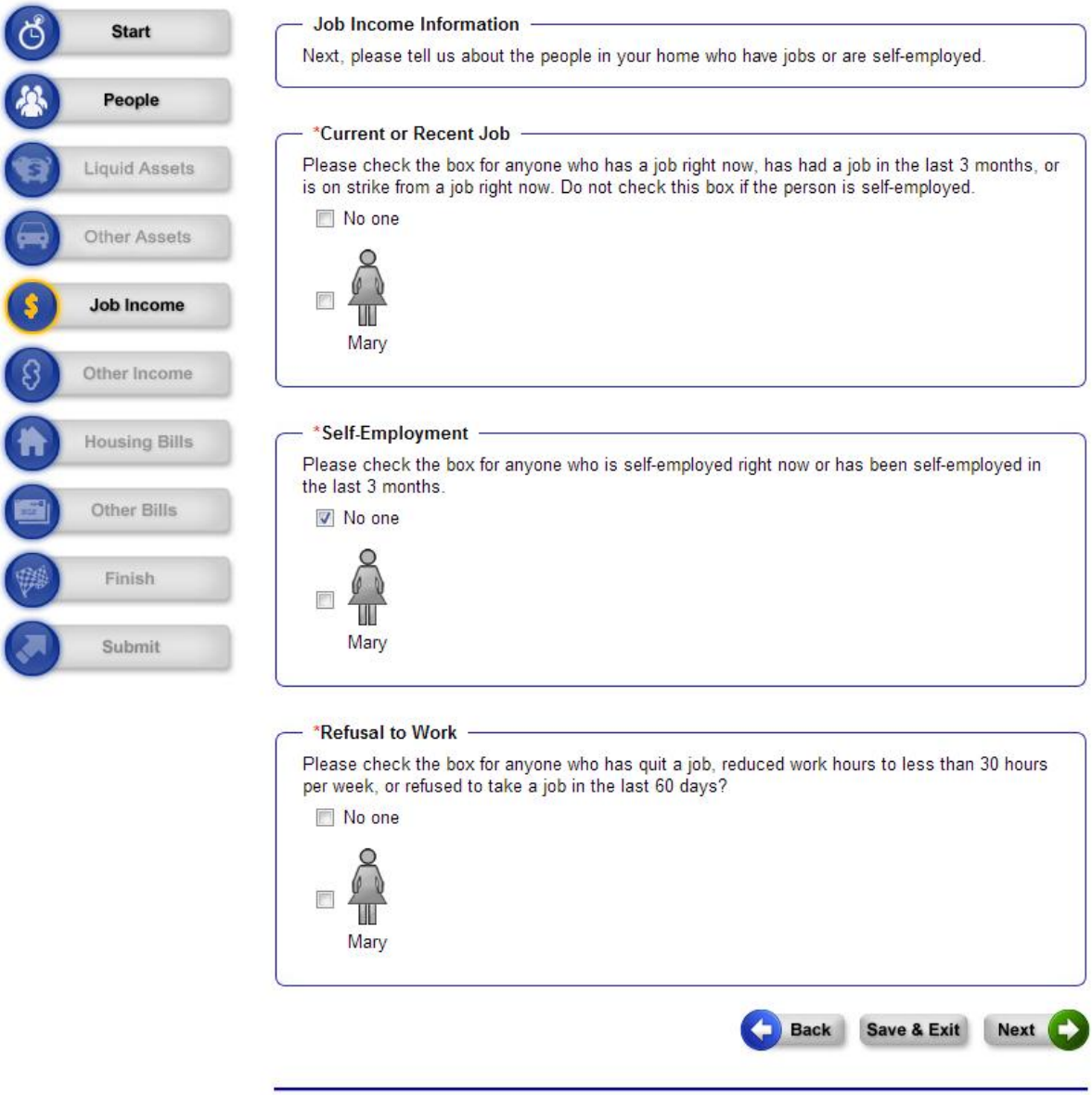
Is Mary filing taxes jointly with Jane?
Yes No

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



Data Collection Examples

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 : Address :

City : State : Zip Code :

Illinois

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.** < click here to choose >

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?

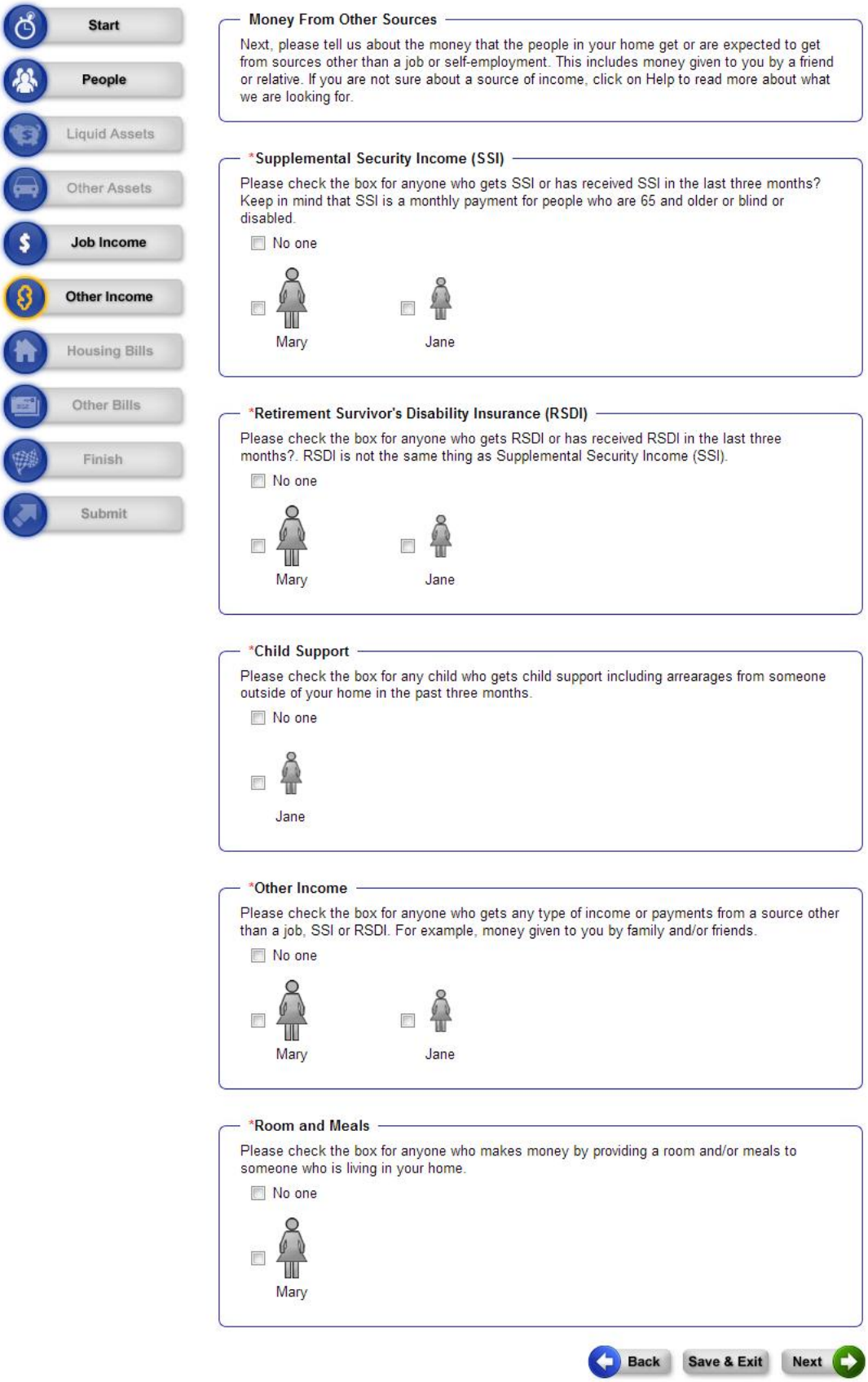
What is Mary's average rate of pay? $

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
< click here to choose >	$	< click here to choose >
< click here to choose >	$	< click here to choose >

Data Collection: Examples



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 :

Back Submit

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

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 39 of this Guide for instructions.

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

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.

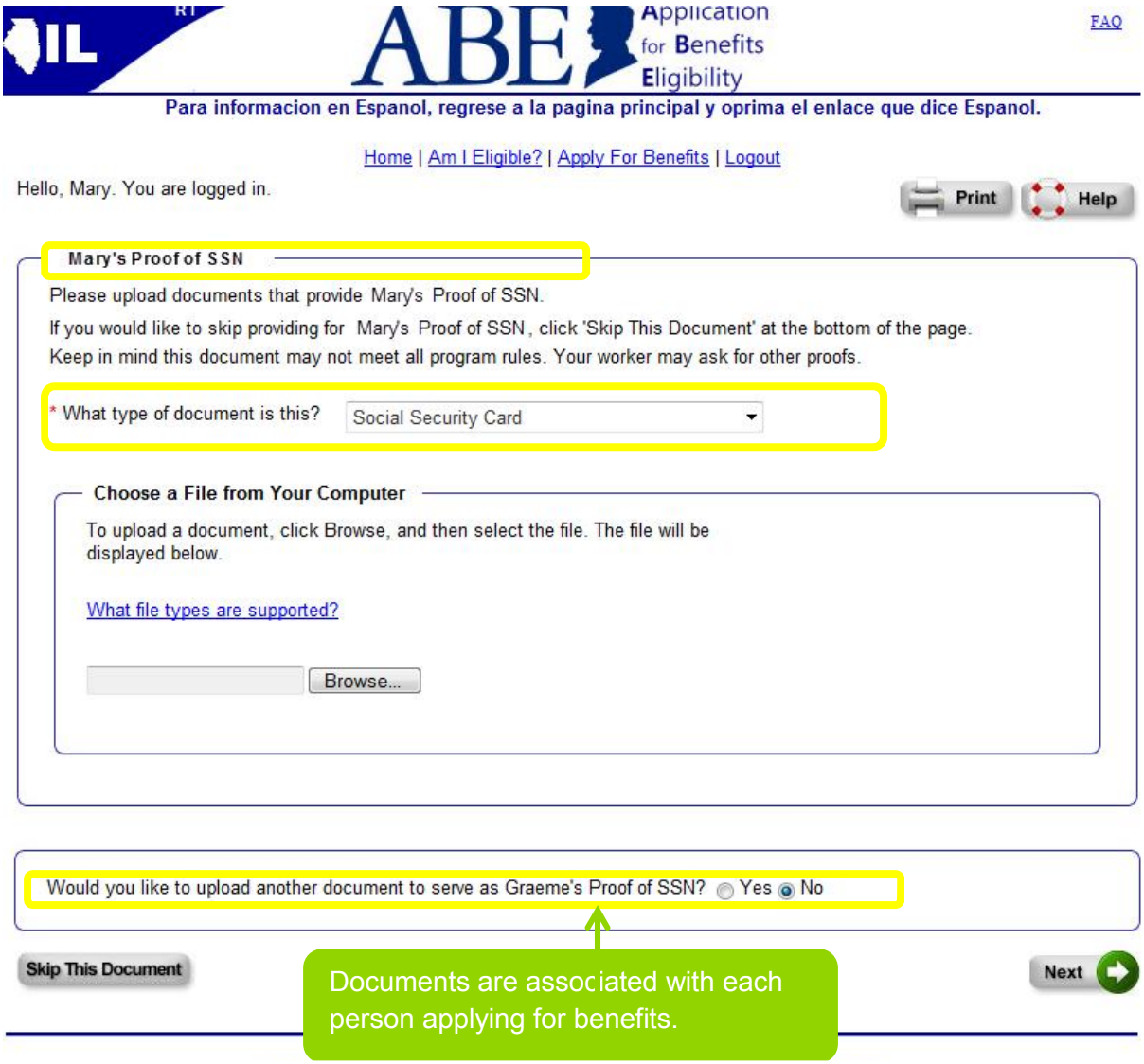
Submit Your Documents

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
	☐ 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: Place of birth: Certified copy of a birth certficate from the state or county where the person was born; Final adoption decree; Official military record that shows a place of birth; Papers showing the person was employed by the U.S. government before 1976. Identity: Driver's License; State issued ID card; School ID; U.S. Military ID; U.S. military dependent card; 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
	☐ Proof of Illinois Residency	Illinois driver's License, rent/ lease/ mortage 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 addresss.
	☐ Proof of SSN	Social Security Card
	☐ Proof of living with	Proof of a child living with a parent or caretaker relative

Submitting Verification Documents

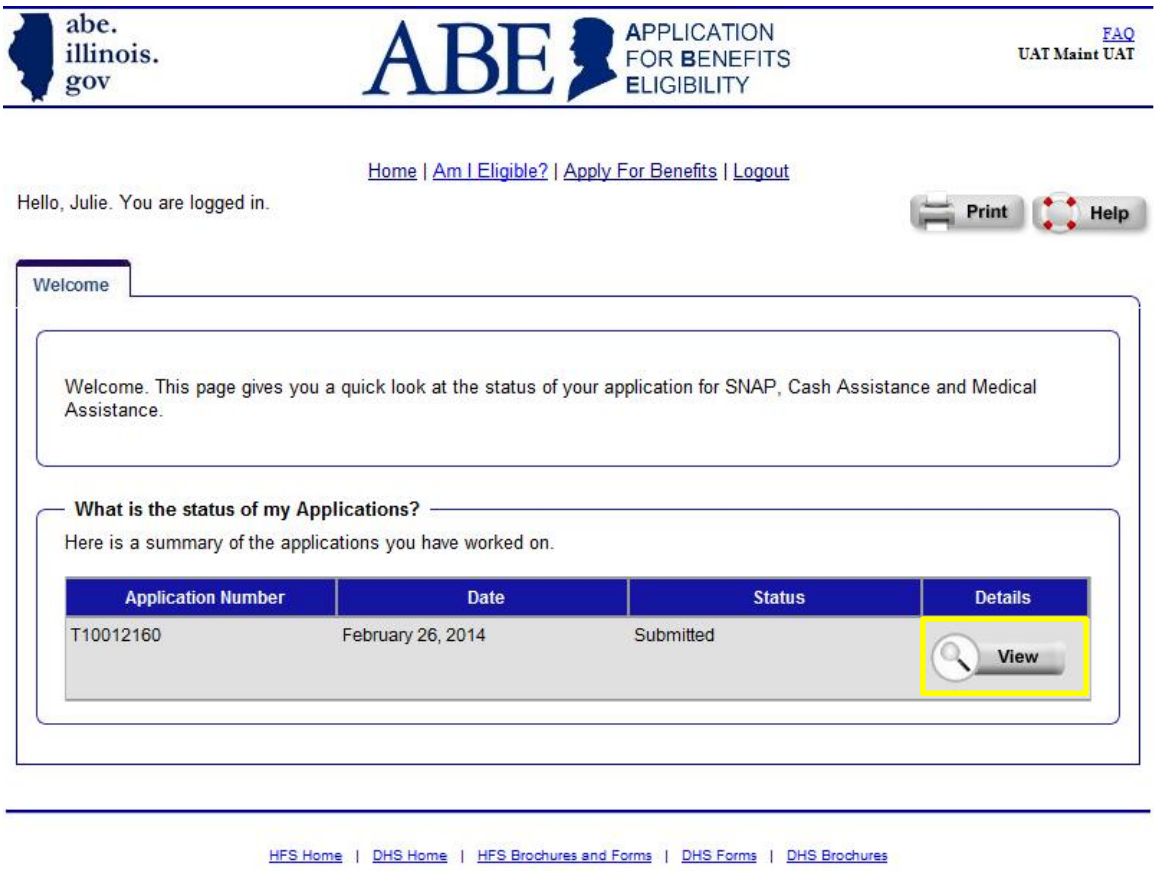
ABE will provide an upload screen for each document category selected on the previous page. Documents are associated with each person applying for benefits on the Application.



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.

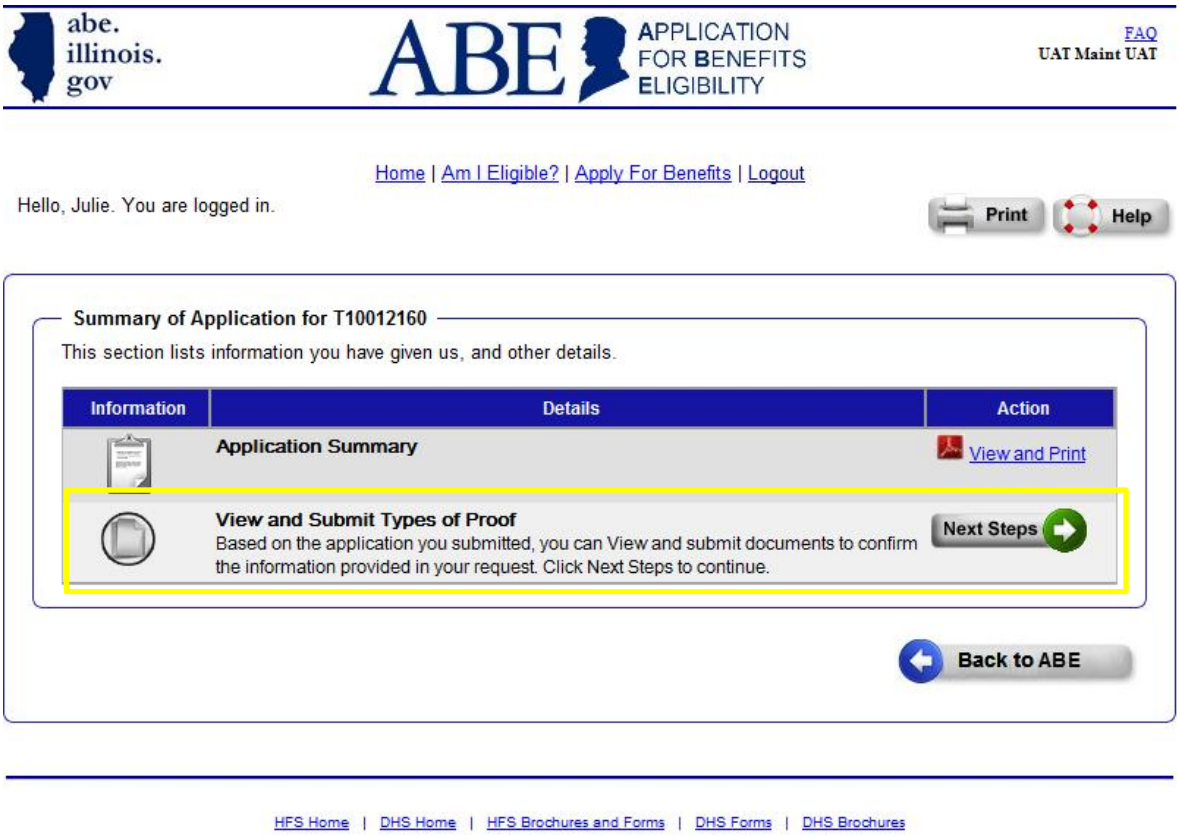
When you log back into ABE you will see a summary of the Application you recently submitted, click [View].



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.

<u>If the "View and Submit Types of Proof" [Next Steps] button is not visible</u>, 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.



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."

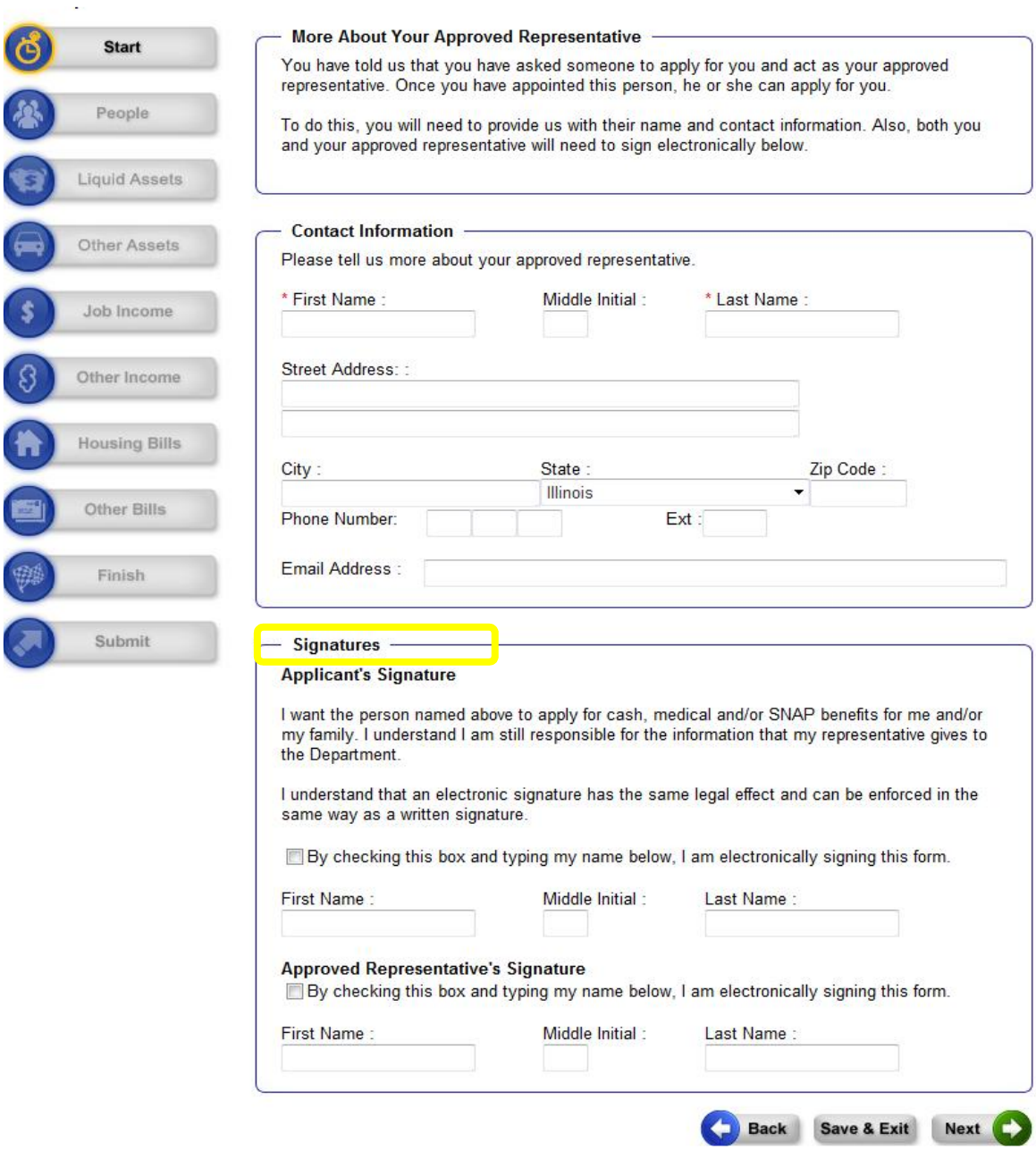
- The caseworker will schedule an interview with the customer, if necessary, and complete the data collection process. Interviews are required for SNAP and Cash Assistance.

- 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.

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.