To use this form, place your mouse cursor beside the "Click Here" and click. Date format is MM/DD/YYYY.
Use the TAB key to advance to the next field. The gray boxes and the text in them will not appear on the printed form.

State of Illinois
Department of Human Services

RECONCILIATION APPOINTMENT NOTICE

There are 4 lines for the address (City, State and Zip are in separate fields)
Click below this box to type Name & Address Use the TAB key to move from field to field

CLICK HERE >

DATE: _____
CASE NAME: _____
CASE NUMBER: _____
OFFICE: _____

A reconciliation appointment is scheduled for you on: DAY _____ TIME_____

The purpose of this meeting is to (See box checked below):

( ) Decide if you had good cause for failing to meet the following requirement:

You must attend this appointment to avoid a sanction. You may have a representative with you at this appointment if you wish. If you are sanctioned, your cash assistance will be **reduced** or **stopped** during the sanction period. If you failed to cooperate with Child Support Enforcement, your medical benefits will also stop. You have the right to appeal a sanction decision. (See bottom of page.)

If we decide that you had good cause for failing to meet the requirement, you will not be sanctioned.

If we decide that you **did not** have good cause for failing to meet the requirement, you may sign an agreement to cooperate. If you fulfill the agreement, you will not be sanctioned.

If you do not come to this meeting and we do not hear from you, you will be sanctioned. Your benefits will go down or stop.

( ) Settle a disagreement regarding your family plan and the activities in it.

It is important that you please:
- be on time. If you are late, you may be considered absent;
- bring this notice;
- bring identification, like your medical card; and
- bring proof of good cause if you failed to meet a requirement.

Contact your worker, _____, at _____ to reschedule or make other arrangements for an interview if you have a good reason why you cannot attend the above appointment.

If you failed to meet a requirement and you do not complete the reconciliation agreement or have good cause, you will be sanctioned. During the sanction period, your assistance will be reduced or stopped. You have 60 days after the date on the sanction notice to appeal the sanction decision and be given a fair hearing. Such appeal must be filed with the Department in writing or by calling toll-free, 1-800-435-0774. Your local office will help you fill out the appeal form, if you wish. You may represent yourself at this hearing or you may be represented by anyone else, such as a lawyer, relative or friend.

Reset Form