State of Illinois
Department of Human Services

6A(Permanent)

REQUEST FOR DETERMINATION OF EMPLOYABILITY STATUS TRANSITIONAL ASSISTANCE PROGRAM

Name: _____ Case Number: _____

Address: Case Worker: _____

Part I - Request

I believe I am not able to work because:

- ☐ I feel that I am disabled.
- ☐ I am under 20 and I go to high-school full-time.
- ☐ I am 55 or older and have a limited work history.
- ☐ I am temporarily ill or incapacitated.
- ☐ I do not have a high school diploma or GED and feel that I have trouble finding a job because I can't read very well.
- ☐ I take prescription medicine regularly to control seizures, severe high blood pressure, or diabetes.
- ☐ I must take full-time care of someone who lives with me because of their health.
- ☐ I cannot work because I have a substance abuse (including alcohol) problem.
- ☐ I am homeless due to a court-ordered evacuation, domestic violence, fire, or natural disaster which happened within the last six months.

Signature: _____ Date of Request _____

Part II Disposition of Notice (To Be Completed by Local Office Staff Only)

Local Office Address or Affix Local Office Stamp

Date of Notice: _____

In response to your request, we have decided that:

☐ You are eligible for Transitional Assistance for the reason checked on the front of this notice.
You can receive Transitional Assistance for a maximum of _____ months.

☐ You are not eligible for Transitional Assistance for the reason checked on the front of this notice.
This action conforms with the policy statement(s) contained in Policy Manual 03-18 of the General Assistance Manual.

Local Office Administrator: _____

To apply for free legal help:
In the City of Chicago ------- Legal Assistance Foundation of Chicago ----- (312)341-1070
Outside the City of Chicago, consult your local telephone directory for the number of the nearest legal services office:
In Cook County (outside the City of Chicago) ----- Cook County Legal Assistance Foundation, Inc. (outside the City of Chicago);
In Northern Illinois ----- Prairie Legal Services or West Central Illinois Legal Assistance;
In Southern Illinois ------ Land of Lincoln Legal Assistance Foundation, Inc.

YOU HAVE THE RIGHT TO APPEAL THIS DECISION

At any time within 60 days following the "DATE OF NOTICE" which appears above, you have the right to appeal this decision on your financial and medical assistance. Your appeal request must be filed with the Department in writing or by calling (toll-free) 1-800-435-0774. You may represent yourself at this hearing or you may be represented by anyone else, such as a lawyer, relative, or friend. Your local office will provide you with an appeal form and will help you fill it out if you wish.