



Illinois Link Card Issuance Form

Case Name: _____

Case Number: Cat. _____ L.O. _____ Group: _____ Basic: _____

SSN: _____ Illinois Link Acct. No.: _____

TO BE COMPLETED BY THE CLIENT

I understand that I am responsible for protecting my card and PIN and for not giving anyone else my card or PIN. My rights and responsibilities have been explained to me.

I understand that it is illegal and that I may be prosecuted if I falsely obtain and/or misuse an Illinois Department of Human Services Illinois Link Card.

I acknowledge and understand that I will not be receiving a check for my cash benefits. Instead, I will receive access to my cash or food benefits through the Illinois Link card issued by the Department unless I have directed the Department to have my cash benefits directly deposited into my bank account.

Signature of Client: _____ Date: _____
(Must be signed in presence of local office staff)

LOCAL OFFICE USE ONLY

Illinois Link Card No.: 6014-53 _____ - _____ - _____ - _____

- Issued to customer in the FCRC (customer signature required)
- Card Mailed - Not issued to customer in FCRC (customer signature not required)

STATUS OF CASE:

- New Case - Approval Date: _____
- Active Case Approval Date: _____
- Reinstatement -

TYPE OF REQUEST:

- First Card
- Replacement Card Reason _____

PROOF OF IDENTITY* 1. _____ 2. _____

Signature of Verifier: _____ Date: _____

Position - Title: _____

*If the client presents a photo I.D. as one proof of identity, no additional proof needs to be presented. If a photo I.D. is not presented, the client must provide two proofs of identity.