



**RETURN OF ILLINOIS LINK SNAP AND/OR CASH BENEFITS**

I voluntarily return my Illinois Link benefits for the reason marked below. I understand that once this decision is made, I do not have the benefits available in my account. If the full amount is not available, my account will be reduced by the amount that is available.

- \$ \_\_\_\_\_ SNAP benefits - Avoid a SNAP Claim.
- \$ \_\_\_\_\_ SNAP benefits - Pay on a SNAP Claim.
- \$ \_\_\_\_\_ Cash benefits - Avoid a Cash Claim.
- \$ \_\_\_\_\_ Cash benefits - Pay on a Cash Claim.

Client Printed Name: \_\_\_\_\_

Caseworker Printed Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Caseworker Signature: \_\_\_\_\_

**Local Office Use Only**

Illinois Link Account Number  
\_\_\_\_\_

Accounts Receivable Number, if needed  
\_\_\_\_\_

Client Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Claim Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**SNAP Return:** Fax form to the Bureau of SNAP Integrity at (217) 557-5345 or e-mail to [DHS.BSNAPI@Illinois.gov](mailto:DHS.BSNAPI@Illinois.gov)  
**Cash Return:** Fax form to the EBT Unit at (217) 524-3124 or e-mail to [DHS.LINK@Illinois.gov](mailto:DHS.LINK@Illinois.gov)

**Central Office Use Only**

- \$ \_\_\_\_\_ Voluntary SNAP benefit Return
- \$ \_\_\_\_\_ Payment on a SNAP Claim
- \$ \_\_\_\_\_ Voluntary Cash benefit Return
- \$ \_\_\_\_\_ Payment on a Cash Claim