



Return of Illinois Link SNAP 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.

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: _____

Fax form to the Bureau of SNAP Integrity at (217) 557-5345

Central Office Use Only

\$ _____ Voluntary SNAP benefit Return TA 56, Definer 7, TAR 22

\$ _____ Payment on a SNAP Claim TA 56, Definer 7, TAR 23