



Attachment to Application

Please answer the below three questions for persons listed on the application who receive a Healthcare and Family Services medical card.

1. Will anyone file a Federal Tax Return next year? Yes No If yes, answer "a" and "b."

a. List the name of each tax filer and their spouse if filing jointly

b. Will this person(s) claim tax dependents? Yes No

If yes, list name of tax filer(s) and their dependents

2. Will anyone not already listed in the line above be claimed as a dependent on someone else's tax return? Yes No

If yes, list the name of the dependent(s), and the tax filer who is claiming them

3. Does anyone pay alimony, student loan interest, or other expenses that may be claimed on a federal income tax return?

Yes No

If yes, list the type of deduction(s), who pays it, amount, and how often paid

Please answer the following two questions and return with your application. Your responses to these questions are voluntary and will not affect your eligibility for benefits.

Are you Hispanic or Latino? Yes No

What is your race?
(Check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Verifications

At this application you must report: childcare expenses, utility expenses, rent or mortgage payment, property taxes and insurance.

You must report and verify:

Medical expenses
Child support paid.

Failure to report or verify expenses will be seen as a statement by your SNAP unit that you do not want to receive a deduction for the unreported change.

Child Support payments are subject to verification by computer matching with the records of the Division of Child Support Enforcement.

Voter's Registration Information

If you want to register to vote, fill out the attached Illinois voter Registration Application SBE (R-19) and return it to your DHS office or your local election official. For help filling it out or for translation services, contact your DHS Family Community Resource Center. You may also call the Helpline at 1-800-843-6154, or 1-866-324-5553 TTY/Nextalk, 711 TTY Relay. For information online, see www.dhs.state.il.us or www.elections.il.gov/.

Filling out the Voter Registration Application as part of this application is optional. Registering to vote will not affect the amount of benefits you get from this agency.



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YOUR RIGHTS AND RESPONSIBILITIES

Your Application Rights

You will receive a notice of decision on your SNAP eligibility. If you disagree with the SNAP decision, you may ask for a fair hearing at any time within 90 days of the date the local office notifies you of the decision. You will get the chance to explain your position to the local office worker and later, to a hearing officer. You may bring another person to the hearing, such as a friend, relative, or a lawyer.

If I receive TANF Cash, I assign and give all my rights, title and interest of child support to the Illinois Department of Healthcare and Family Services (HFS). I understand and agree that any child support payments paid through the clerk of the circuit court and through the State Disbursement Unit (SDU) may be forwarded to HFS as long as I receive TANF Cash. If the State of Illinois pays medical bills for me, I give my right to collect medical support rights to the State of Illinois.

About Your Illinois Link Benefits

If you have cash or SNAP benefits left in your Illinois Link account, you must use them within 365 days (12 months) from the date they were first put in your account. If you do not use your benefits within that time you will lose them.

What we will do with the information you give to us?

DHS secures and uses information about all clients through the income and eligibility verification system. This includes such information as receipt of Social Security Benefits, Unemployment Insurance, child support payments, unearned income (such as interest and dividends), and wages from employment. We will use any information we get to determine eligibility for benefits and the amount of benefits provided for all programs. When information does not match, we may contact a third party, such as employers, claims representatives or financial institutions to verify the information. The information we verify may affect your eligibility for assistance and the amount of assistance provided.

Information on this form may be used in computer matching with other State and Federal agencies, program reviews or audits, and to make sure that the household is eligible or continues to remain eligible for SNAP benefits, other federal assistance programs, and federally assisted state programs, such as School Lunch, TANF, and Medicaid.

The information on this form is subject to verification by Federal, State and Local Officials. If any information is found to be inaccurate, I may be denied SNAP benefits, and/or be subject to criminal prosecution for knowingly providing false information.

What are the SNAP Program Penalties?

If you	Then you will lose SNAP benefits
<ul style="list-style-type: none"> * Hide or give wrong information on purpose to get SNAP benefits. * Trade or sell SNAP benefits, or resell food bought with SNAP benefits. * Use SNAP benefits to buy non-food items like alcohol or tobacco. * Use someone else's SNAP benefits for yourself or someone else. * Throw away beverages purchased with SNAP benefits just to get money back from a container deposit. 	<ul style="list-style-type: none"> * 12 months the first time * 24 months the second time * Permanently the third time
<ul style="list-style-type: none"> * Trade SNAP benefits for controlled substances, such as drugs. 	<ul style="list-style-type: none"> * 24 months the first time * Permanently the second time
<ul style="list-style-type: none"> * Trade SNAP benefits for firearms, ammunition or explosives. 	<ul style="list-style-type: none"> * Permanently
<ul style="list-style-type: none"> * Buy, sell or trade SNAP benefits of more than \$500.00. 	<ul style="list-style-type: none"> * Permanently
<ul style="list-style-type: none"> * Give false information about who you are and where you live so you can get extra SNAP benefits. 	<ul style="list-style-type: none"> * 10 years

You can also be fined up to \$250,000, and put in prison up to 20 years or both. You can also be charged under other federal laws. Persons who are fleeing felons or probation/parole violators are ineligible for SNAP benefits.