



**State of Illinois
Department of Human Services**

NOTICE OF EXTENDED APPROVAL PERIOD

DATE OF NOTICE:

CASE ID:

CSLD:

LOCAL OFFICE:

Our records show that you live in one of the counties declared a federal disaster area due to flooding in July 2010. Because of the challenges you and your family may have experienced during this time we are going to extend your eligibility for the Supplemental Nutrition Assistance Program (SNAP) for six months. This means you will not have to complete a mail-in application or have a face-to-face interview to continue your SNAP benefits for another six months.

Your approval period for SNAP is extended through xx/xx/xx.

You will continue to receive the same amount of SNAP benefits unless you report a change.

This is to remind you that you must tell us when your gross income before deductions goes over the income limit for the size of your family, see the chart below to find the income limit for your family size. You must report the change by the 10th day of the month after the month that income was more than that amount.

Family Size	Monthly Income Limit	Monthly Income Limit (Units containing elderly or disabled persons)
1 Person	\$1,174	\$1,805
2 Persons	1,579	2,428
3 Persons	1,984	3,052
4 Persons	2,389	3,675
5 Persons	2,794	4,298
6 Persons	3,200	4,922
7 Persons	3,605	5,545
8 Persons	4,010	6,168
9 Persons	4,416	6,791
10 Persons	4,822	7,414
Each Additional Member	+406	+623

>>>>DO NOT CONTACT YOUR LOCAL OFFICE ABOUT THIS NOTICE UNLESS YOUR GROSS INCOME IS MORE THAN THE AMOUNT LISTED ABOVE.<<<<<