



FUNERAL/BURIAL NOTICE OF DECISION

Name: _____ Date: _____

Address: _____ Regarding Case Name: _____

City, State, & Zip Code: _____ Case Number: _____

Decedent Name: _____

Date of Death: _____

Your claim for payment of funeral/burial expenses on behalf of the above-identified decedent is:

- Denied.
- Approved. You will receive \$ _____

The reason for this action is:

Department Representative: _____

Address: _____

Phone number: _____ Fax number: _____

Email: _____

If you do not agree with our decision, you have the right to appeal and be given a fair hearing. You may represent yourself at this hearing or you can ask someone else, such as a lawyer, relative or friend to represent you. **If you are appealing the decision, you must do so within 60 days after the "Date of Notice"**. You can ask for a fair hearing by calling: (800) 435-0774 (voice), (877) 734-7429 (TTY), by emailing: DHS.BAH@illinois.gov, by faxing: (312) 793-3387, or in writing to: DHS Bureau of Hearings, 69 W. Washington, 4th Floor, Chicago, IL 60602.

To apply for free legal help:

- In Cook County (including City of Chicago) - Legal Assistance Foundation of Metropolitan Chicago: (312) 341-1070
- In other counties in Northern or Central Illinois with area codes (309), (815), or (847) - Prairie State Legal Services: (800) 531-7057 (toll free)
- In other counties in Central or Southern Illinois where the area code is (217) or (618) - Land of Lincoln Legal Assistance Foundation: (877) 342-7891 (toll free)