



NOTICE TO P3 TRANSITIONAL ASSISTANCE CLIENT 1(1 YEAR)

Date of Notice: _____ Date of Change: _____

Category: _____ Local Office: _____ Group: _____ Basic: _____ Caseload Number: _____

To: _____ Local Office

Beginning _____, your cash and medical assistance medical assistance only

under the Transitional Assistance Program will end.

Your benefits are ending because the Social Security Administration has found that you are not disabled or not blind. Social Security should have already sent you a notice about this. The Department accepts this decision. See Policy Manual 03-18 of the Policy Manual for policy on disability.

How to Receive Continued Assistance

In order to have your assistance continue, you must:

1. appeal the Social Security Administration decision; and
2. provide us with proof that you have appealed the Social Security decision.

You must call Social Security or go to your Social Security office to appeal. If you do so and provide us with proof within ten days of the "Date of Notice", you will receive your assistance at the regular time.

It is to your benefit to appeal the determination of "not blind" or "not disabled" to the Social Security Administration (SSA) if you believe it is wrong. You should do so within 65 days of the date of the notice you received from the Social Security Administration or you may lose your right to representation in your appeal before the Social Security Administration.

To apply for free legal assistance about your legal rights, consult the Legal Assistance Foundation of Metropolitan Chicago at (312) 341-1070.

If you do not understand this notice, talk to your caseworker or a person who can explain it to you.

Your caseworker's telephone number is: _____

You may ask for: _____

For the hearing impaired using a teletypewriter (TTY), call: _____

This action will not be taken if you can show that it is wrong. You may meet with your caseworker to ask about the reason for this action. This meeting will be informal. You may present more information at the meeting. You have the right to be represented at this meeting by any person you choose. If you choose not to have an informal meeting, you still have the right to appeal this action by requesting a formal hearing.



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You Have the Right to Appeal this Decision
You May Appeal in Any Program Listed Below

Cash Assistance/Medical Assistance

At any time within 60 days following the "Date of Notice", which appears on page 1 of this form, you have the right to appeal this decision on your cash assistance and/or medical assistance, and to be given a fair hearing. Your appeal request must be filed with the Department in writing, or by calling 1-800-435-0774. You may represent yourself at the this hearing or you may be represented by anyone else, such as a lawyer, relative or friend. Your local office will provide you with an appeal form and will help you fill it out if you wish. If you appeal on or before the "Date of Change", which appears on page 1 of this form, your assistance will be continued at the present level. If your cash assistance benefits are continued at the present level and the fair hearing decides your cash assistance reduction/cancellation was correct, the amount of cash assistance to which you were not entitled must be paid back.

About Your Illinois Link Benefits

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