State of Illinois
Department of Human Services

RECONCILIATION APPOINTMENT NOTICE

Date: _____

132a4d91-0f43-427a-a877-7e98233fb794

Case Number: _____

Office Name: _____

Office Address: _____

_____

Phone: _____

TTY: _____

Fax: _____

NAME: _____
ADDRESS: _____
ADDRESS: _____
CITY, ST. ZIP _____

Tenemos este aviso en español. Para solicitar avisos en español, por Internet vaya al sitio ABE-MMC o llame al 1-800-843-6154 (TTY 1-866-324-5553 TTY/ Nextalk, 711 TTY Relay).

You can manage your account online at abe.illinois.gov

A reconciliation appointment is scheduled for you on: DAY _____ TIME _____

The purpose of this meeting is to (See box checked below):

☐ Decide if you had good cause for failing to meet the following requirement:

_____

You must attend this appointment to avoid a sanction. You may have a representative with you at this appointment if you wish. If you are sanctioned, your cash assistance will be **reduced** or **stopped** during the sanction period. If you failed to cooperate with Child Support Enforcement, your medical benefits will also stop. You have the right to appeal a sanction decision. (See bottom of page.)

If we decide that you had good cause for failing to meet the requirement, you will not be sanctioned.

If we decide that you did not have good cause for failing to meet the requirement, you may sign an agreement to cooperate. If you fulfill the agreement, you will not be sanctioned.

If you do not come to this meeting and we do not hear from you, you will be sanctioned. Your benefits will go down or stop.

☐ Settle a disagreement regarding your family plan and the activities in it.

It is important that you please:

* be on time. If you are late, you may be considered absent;
* bring this notice;
* bring identification, like your medical card; and
* bring proof of good cause if you failed to meet a requirement.

Contact the Family Community Resource Center listed above to reschedule or make other arrangements for an interview if you have a good reason why you cannot attend the above appointment. If you failed to meet a requirement and do not complete the reconciliation agreement or have good cause, you will be sanctioned. During the Sanction period, your assistance will be reduced or stopped.

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DHS Right to Appeal

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 on your cash and/or medical benefits decision you must do so within 60 days after the "Date of Notice." If you are appealing a decision about SNAP you must do so within 90 days after the "Date of Notice." You can ask for a fair hearing by calling (800) 435-0774 (voice), (877) 734-7429 (TTY), online at abe.illinois.gov or 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 the 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)