



RECONCILIATION AGREEMENT

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Getting a job will help you support your family because **WORK PAYS!** When you work you have all the money from your paychecks plus your Medical card, paid child care, and money from the federal Earned Income Tax Credit. Your cash assistance goes down only \$1.00 for every \$4.00 you earn. Ask your caseworker about all the ways that **WORK PAYS!**

PERSON'S NAME: _____ DATE: _____

CASE NAME: _____ CASE NUMBER: _____

State the specific reason(s) for reconciliation:

The purpose of the reconciliation meeting is:

- * To discuss the current problems and find a possible solution;
- * To review the family's plan and change it, if needed;
- * To explain the person's rights and responsibilities, including the right to appeal;
- * To discuss what is expected from the Agency and the person; and
- * To develop an agreement (which must be fulfilled during or following the meeting).

The following agreement has been reached:

Check one: Work & Training Activity Child Support Activity

It is agreed that the things I have agreed to do will be completed by _____.

(Work & Training activities must be completed no more than 14 days from the date of this signed agreement.)

Name of Person	Signature of Person	Date
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Name of Worker	Signature of Worker	Date
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Name of Mediator	Signature of Mediator	Date
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Name of Person's Representative (if applicable)	Signature of Representative (if applicable)	Date
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CONTACT THE FAMILY COMMUNITY RESOURCE CENTER IF YOU HAVE QUESTIONS ABOUT THIS AGREEMENT OR HAVE GOOD CAUSE FOR NOT COMPLETING THIS AGREEMENT. If you do not complete the reconciliation agreement or have good cause, you will be sanctioned.



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DATE: _____

CASE NUMBER: _____

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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)