State of Illinois
Department of Human Services

REQUEST FOR FINANCIAL ASSISTANCE

1 (Permanent)

3b163dcd-6140-4ae4-8992-b8ee5e19a6fb

Date of Request: _____

Case ID Number: _____

Case Name: _____

Last First M.I.

Case Address:

Telephone: _____

I am requesting cash assistance because:

As a condition of eligibility, if I am approved for TANF Cash and/or medical assistance for myself and my children, I understand that I may be required to cooperate with child support enforcement. Cooperation includes establishment of paternity and/or support enforcement and modification of child support orders. I assign and give all my rights, title and interest of child support and medical support to the Illinois Department of Healthcare and Family Services for as long as I receive TANF Cash and/or medical assistance. I understand and agree that any child support payments paid through the clerk of the circuit court and through the State Disbursement Unit (SDU) may be forwarded to the Illinois Department of Healthcare and Family Services as long as I receive TANF Cash.

If I am approved for TANF Cash and/or medical benefits for myself and my children, I give my right to collect medical support payments and third party payments to the State of Illinois for medical care for members of my family in the assistance unit unless I am declared exempt for a good cause.

I understand that I am entitled to written notice of a decision on my request for cash assistance within forty-five (45) days of the date the request is filed. I understand that I have the right to appeal if I disagree with the decision, or if I do not receive a written notice within forty-five (45) days. I will be given a fair hearing on my appeal.

Requestor Signature: _____

Witness Signature: _____