



State of Illinois
 Department of Human Services
Illinois Link Card Issuance Form

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Case Name: _____

Case Number: _____

SSN: _____

Illinois Link Acct. No.: _____

TO BE COMPLETED BY THE CLIENT

I understand that I am responsible for protecting my card and PIN and for not giving anyone else my card or PIN. My rights and responsibilities have been explained to me.

I understand that it is illegal and that I may be prosecuted if I falsely obtain and/or misuse an Illinois Department of Human Services Illinois Link Card.

I acknowledge and understand that I will not be receiving a check for my cash benefits. Instead, I will receive access to my cash or food benefits through the Illinois Link card issued by the Department unless I have directed the Department to have my cash benefits directly deposited into my bank account.

Signature of Client/Approved Representative: _____ Date: _____

(Must be signed in presence of Family Community Resource Center staff)

Family Community Resource Center Use Only

Illinois Link Card No.: 6014-53 ____ - ____ - ____

Issued to customer in the FCRC
 (Customer signature required)

Card Mailed - Not issued to customer in FCRC
 (Customer signature not required)

STATUS OF CASE:

TYPE OF REQUEST:

New Case - Approval Date: _____

First Card

Active Case - Approval Date: _____

Replacement Card Reason: _____

Reinstatement

PROOF OF IDENTITY* 1. _____

2. _____

Signature of Verifier: _____

Date: _____

Position - Title: _____

*If the client/approved representative present a photo I.D. as one proof of identity, no additional proof needs to be presented. If a photo I.D. is not presented, the client/approved representative must provide two proofs of identity.