



RETURN OF ILLINOIS LINK SNAP AND/OR CASH BENEFITS

I voluntarily return my Illinois Link benefits for the reason marked below. I understand that once this decision is made, I do not have the benefits available in my account. If the full amount is not available, my account will be reduced by the amount that is available.

- \$ _____ SNAP benefits - Avoid a SNAP Claim.
- \$ _____ SNAP benefits - Pay on a SNAP Claim.
- \$ _____ Cash benefits - Avoid a Cash Claim.
- \$ _____ Cash benefits - Pay on a Cash Claim.

Client Printed Name: _____

Caseworker Printed Name: _____

Client Signature: _____

Date: _____

Caseworker Signature: _____

Local Office Use Only

Illinois Link Account Number

Accounts Receivable Number, if needed

Client Name: _____

Case Number: _____

Street Address: _____

Claim Number: _____

City, State, Zip: _____

SNAP/Cash Return: Fax form to the EBT Unit at (217) 524-3124 or e-mail to DHS.LINK@Illinois.gov

Central Office Use Only

- \$ _____ Voluntary SNAP benefit Return
- \$ _____ Payment on a SNAP Claim
- \$ _____ Voluntary Cash benefit Return
- \$ _____ Payment on a Cash Claim