



## HOME SERVICES PROGRAM (HSP) - REQUEST FOR REISSUE OF PAYCHECK

This form is ONLY to be used to gather information regarding Individual Provider Request to Reissue Paper Checks. Paper checks will ONLY be reissued after 30 days from the Warrant Issue/Pay Date.

Please send your completed forms to [DHS.HSPIMPACT@illinois.gov](mailto:DHS.HSPIMPACT@illinois.gov)

<b>Pay Date</b>	
<b>Provider Name (Last,First)</b>	
<b>Last 4 of Provider SSN</b>	
<b>Provider Email</b>	
<b>Provider Phone</b>	
<b>Provider Current Address</b>	
<b>Request Reason</b>	<input type="checkbox"/> Check not Received <input type="checkbox"/> Check Sent to Wrong Address <input type="checkbox"/> Check is Damaged <input type="checkbox"/> Check Lost <input type="checkbox"/> Check Stolen <input type="checkbox"/> Check Cashed <input type="checkbox"/> Other Specify in Notes
<b>Notes</b>	

<b>Staff Name</b>	
<b>Date</b>	

For information related to Debit Cards and Direct Deposit payments,  
please visit OneNet at: <http://intranet.dhs.illinois.gov/onenet/page.aspx?item=141421>