



State of Illinois
Department of Human Services
Department of Healthcare and Family Services

Date of Notice: September 01, 2022
Case Number: 709448547
Client Name: ALEXIS THURMOND
Individual ID: 1008521149
Office Name: CHAMPAIGN COUNTY FCRC
Office Address: 705 N COUNTRY FAIR DR
CHAMPAIGN, IL 61821
Phone: 217-278-5605
TTY: 866-451-5784
Fax: 844-736-3563



ALEXIS THURMOND
2017 VAWTER ST
APT 1
URBANA, IL 61801

You can manage your case online at abe.illinois.gov

Esta notificación está disponible en Español. Usted puede solicitarla por Internet en abe.illinois.gov o llame al 1-800-843-6154 (TTY 1-866-324-5553)

Notice of Decision

Beginning October 01, 2022, your benefits will change as follows:

Your **Supplemental Nutrition Assistance Program (SNAP)** Benefits will increase. The new SNAP Benefits amount is \$740.00.

This is in response to the SNAP change in household circumstances which you reported on Aug 01, 2022.

For more information on who is approved and the amount of SNAP Benefits you will get, read the SNAP benefit section of this notice.

Cash Benefits will increase. The new Cash Benefits amount is \$267.00.

Medical Benefits will change for at least one person in your household. Read the Medical Benefits section of this notice to find out who has benefits and to review these changes.

How To Use Your Benefits

Once you stop using the cash or SNAP benefits in your Illinois Link account for a period of 274 days, those benefits will be deleted from your account and will no longer be available to you.

You can manage your case online through ABE (www.abe.illinois.gov). To learn how, read the **Manage My Case Online** section in this notice.

This notice contains important information. If you cannot read this notice, please call us at 1-800-843-6154 (TTY 1-866-324-5553) for help. Please stay on the line while you are connected with an interpreter.

Turn this page over to read more information on the back.



SNAP Benefits

Your SNAP benefit amount for the person(s) listed below will change as follows. The actual amount you get will be lower if your benefits are being reduced to pay back a prior overpayment.

Approval Period	Monthly Benefit Amount	Eligible Person(s)
Oct 01, 2022 - May 31, 2023	\$740.00	ALEXIS THURMOND, Londyn Brooks, Layla Brooks

Your regular monthly SNAP benefits will be available approximately Oct 09, 2022.

SNAP Income Eligibility Determination		Oct 01, 2022
Total Gross Earned Income		\$0.00
Total Unearned Income	+	\$576.00
Self Employment Income	+	\$0.00
Child Support Deduction	-	\$0.00
Gross Monthly Income	=	\$576.00
SNAP Income Eligibility Determination		Oct 01, 2022
Gross Monthly Income Standard For Household Size of 3		\$3167.00
Member age 60 or older or Disabled		No
Gross Earned Income	=	\$0.00
Earned Income Deduction	-	\$0.00
Unearned Income	+	\$576.00
Farm Loss Income	-	\$0.00
Standard Income Deduction	-	\$186.00



Dependent Care Deduction	-	\$0.00
Child Support Deduction	-	\$0.00
Adjusted Net Income	=	\$390.00
Excess Shelter Deduction**	-	\$624.00
Homeless Shelter Standard	-	\$0.00
Household Net SNAP Income	=	\$0.00
Maximum Net Income Allowable		\$1920.00
SNAP Benefit Amount		\$740.00

** Computation of Excess Shelter Deduction: For households without a member age 60 or older or a disabled member, this amount may be less than the amount of your Total Excess Shelter Deduction shown above.

Computation of Excess Shelter Deduction		Oct 01, 2022
Rent or Mortgage		\$675.00
Utility Cost/Standard	+	\$626.00
Total Shelter Expenses	=	\$1301.00
½ of Adjusted Net Income	-	\$195.00
Total Excess Shelter Costs	=	\$624.00

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TANF Cash Benefits

Your Cash benefit amount for the person(s) listed below will change as follows. The actual amount you get will be lower if your benefits are being reduced to pay back a prior overpayment.

Approval Period	Monthly Benefit Amount	Eligible Person(s)
Oct 01, 2022 - May 31, 2023	\$267.00	ALEXIS THURMOND, Londyn Brooks, Layla Brooks

It is illegal to use your Illinois LINK card to get or use TANF Cash in any liquor store, casino, gambling casino, gaming place, or any retail place which provides adult entertainment in which performers undress for entertainment.

How Long This Action Will Last

Your cash benefits will be reduced until your family meets all program requirements. Your benefits will be restored as soon as the requirement is met if you have no other sanctions.

How to Prevent This Action: If the information in this notice is not correct, or if you had a valid reason or good cause for not cooperating, or if you start cooperating, you can stop this action.

YOU CAN BEGIN COOPERATING NOW - Call the local office listed on the first page of this notice and set up a meeting to begin to cooperate. When you do what we ask, your cash benefits will be changed back when your sanction period ends. Your sanction ends when you cooperate.

Tell the caseworker about any mistakes in this notice, or your reason for not cooperating. The caseworker will determine if benefits can be changed back right away.

TANF Benefits Computation		Oct 01, 2022
Assistance Unit Size	=	3
Comparison to Payment Level		
Self-employment income (minus self-employment business expenses)		\$0.00



Employment income	+	\$0.00
Total earned income	=	\$0.00
Employment disregard	-	\$0.00
Excluded individual's non-exempt income	+	\$0.00
Unearned income	+	\$220.00
Parent's liability	+	\$0.00
Sponsor of alien liability	+	\$0.00
*Diverted income	-	\$0.00
Total income	=	\$220.00
Payment Level		\$576.00
Total unearned income	+	\$220.00
Excluded individual(s)'s nonexempt income	+	\$0.00
*Parent's liability	+	\$0.00
Sponsor of alien's liability	+	\$0.00
Countable income	=	\$220.00
Determining Your TANF Benefit Amount		Oct 01, 2022
TANF payment level		\$576.00
*Diverted income	+	\$0.00
Court ordered support	+	\$0.00
Total needs	=	\$576.00
Countable income	-	\$220.00
Sanction amount	-	\$89.00
*Recoupment amount	-	\$0.00
Benefit amount	=	\$267.00

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Medical Benefits

The person(s) listed in the table below are **eligible** for ongoing Medical benefits.

Name	Birth Date	Medical ID (RIN)	Medical Group	Start of Ongoing Coverage
ALEXIS THURMOND	Mar 15, 1999	136047057	Family Assist	Oct 01, 2022
Londyn Brooks	Nov 26, 2019	363562687	Family Assist	Oct 01, 2022
Layla Brooks	Aug 29, 2021	388004186	Moms & Babies	Oct 01, 2022

Benefits for Londyn Brooks have changed.

The person(s) listed in the table below have been **approved** for coverage for earlier dates.

Name	Birth Date	Medical ID (RIN)	Medical Group	Coverage Dates
ALEXIS THURMOND	Mar 15, 1999	136047057	Family Assist	Aug 01, 2022 - Sep 30, 2022
Londyn Brooks	Nov 26, 2019	363562687	Family Assist	Aug 01, 2022 - Sep 30, 2022
Layla Brooks	Aug 29, 2021	388004186	Moms & Babies	Aug 29, 2021 - Aug 31, 2022

Important Information about Your Medical Group(s)

Medical benefits covered are different depending on your Medical Group. Some Medical Groups provide full medically necessary health coverage.

List of Common Services Provided for Medical Groups with Full Coverage

- Doctor and clinic visits
- Inpatient and outpatient hospital
- Emergency room
- Prescription medicine
- Surgery
- Podiatric (feet) services
- Hospice care
- Emergency medical transportation
- Lab tests and x-rays
- Medical supplies and equipment
- Family planning (birth control)
- Medical transportation
- Home Health service
- Chiropractic services
- Physical and Occupational therapy
- Dental care (limited for adults over age 20)
- And more, check with your health care provider for details

Information about Family Assist

Family Assist is health coverage for parents or caretaker relatives and their children who live with them. Family Assist provides the services listed above for full health coverage. Family Assist health coverage provides an extension of medical coverage if family earnings or spousal support income increases.

How We Decided Your Eligibility for Medical Benefits

If you have any changes in income or if anyone moves in or out of your household, you must report the change to us within 10 days by going to Manage My Case at abe.illinois.gov or by calling the phone number on the first page of this notice.

Eligibility for medical benefits for the following person(s) is based on household income, who is living with the applicant and how they are related to each other, or whether someone in the household files income taxes or is a dependent on someone else's tax return. This is called Modified Adjusted Gross Income (MAGI) methodology. You can find the income limits for each Medical Group online at illinois.gov/hfs/MedicalClients and then clicking "Medical Program Income Standards."

The facts we used to decide **Layla Brooks's** ongoing Medical eligibility are:

The number of people counted in the family size is 0.
Countable monthly income is \$0.00

The facts we used to decide **Londyn Brooks's** ongoing Medical eligibility are:

The number of people counted in the family size is 3.
Countable monthly income is \$220.00

The facts we used to decide **ALEXIS THURMOND's** ongoing Medical eligibility are:

The number of people counted in the family size is 3.

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Countable monthly income is \$220.00

Your Responsibilities

SNAP Change Reporting Requirements

YOU ARE RESPONSIBLE FOR TELLING US WITHIN 10 DAYS OF THE DATE YOU LEARN OF A CHANGE LISTED BELOW.

- Someone in your household gets, changes, or loses a job;
- Your household's total gross earned income changes by more than \$100.00 a month or unearned income changes by more than \$50.00 a month, up or down;
- Someone in your household begins receiving money from a different source;
- Someone moves in or out of your household;
- You move to another address;
- Your housing cost and utility cost change because you moved;
- The child support order changes or ends if you receive a deduction for support payments.
- Someone in your household receives any money from Lottery / Gambling winnings.

Cash and Medical Change Reporting Requirements

YOU ARE RESPONSIBLE FOR TELLING US WITHIN 10 DAYS OF THE DATE YOU LEARN OF A CHANGE LISTED BELOW.

- You move or change your mailing address;
- You or someone in your household's income changes, for any reason;
- You or someone in your household becomes pregnant or has a baby;
- You or someone in your household gets married or divorced;
- The size of your family or the number of persons in your household changes;
- Someone in your household dies;
- Someone in your household goes to jail or prison, or is released;
- You or someone in your family gets other health insurance or loses other health insurance;

You must report changes to your DHS or HFS office listed on the first page of this notice by telephone, by mail, or online at **abe.illinois.gov**. Read the 'Manage My Case Online' section of this notice to learn more about reporting changes online.



Your Rights

YOU HAVE CERTAIN RIGHTS CASH AND MEDICAL

If you were denied cash or medical benefits, you have the right to talk with a DHS or HFS caseworker to ask about the reason for denial. The talk will be informal. Any added information you have should be presented at that time. You have the right to be represented at this meeting by any person(s) you choose. If you wish such a meeting, contact the office named on the first page of this notice. You should do this right away. If you choose not to have an informal meeting, you still have a right to appeal this action.

SNAP

If Your SNAP Application Was Denied

You may apply for SNAP benefits again any time you think you may be eligible. If you don't agree with our decision to deny your application, you may ask for a fair hearing. You will not receive any SNAP benefits just because you ask for a fair hearing. You will have the chance to explain your disagreement to a Family Community Resource Center worker and later to a hearing officer. If it is decided that you are right, you may be entitled to SNAP benefits from the date you applied.

If Your SNAP Application Was Approved

You may ask for a fair hearing if you don't agree with the decision. You will then have the chance to explain your disagreement to a Family Community Resource Center worker and later to a hearing officer.

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YOU HAVE THE RIGHT TO APPEAL THIS DECISION

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, if you use a TTY, by calling (877) 734-7429, going online to abe.illinois.gov/abe/access/appeals, emailing DHS.BAH@Illinois.gov, 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
- ✓ 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

CONTINUING YOUR BENEFITS

If you appeal on or before the "Date of Change", your Cash and/or SNAP benefits will be continued at the present level until a decision is made on your appeal after the hearing. You have the right to request that your benefits not be continued at the present level. If your benefits are continued at the present level and the fair hearing decides the reduction/cancellation was correct, the amount of the benefits you received to which you were not entitled are recouped from future payments or must be paid back if your case is cancelled.



Manage My Case Online

Go to **abe.illinois.gov** and click on the Manage My Case button to set up your online account right now! You'll need the individual ID displayed to the right in order to access information in ABE Manage My Case. Once you're set up, you'll be able to do all of the following online: report changes, renew your benefits, check the status of your case, and more!

Name	Individual ID
Layla Brooks	1268706545
Londyn Brooks	1229856453
ALEXIS THURMOND	1008521149





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Privacy Notice

This Notice Describes How Medical Information About You May Be Used And Disclosed And How You Can Get Access To This Information. Please Read It Carefully.

The law requires The Illinois Department of Healthcare and Family Services (HFS) to protect the privacy of your medical information. This notice explains how HFS can use or share the medical information that HFS has about you or your family. It also explains your rights.

For some people, HFS pays for all health benefits. For others, HFS pays for certain services like prescription drugs. HFS must receive and keep your medical information so you can have these benefits. HFS may contract with other organizations or individuals to help provide your health benefits. These contractors may also receive and keep your medical information.

Effective September 23, 2013, HFS must follow this Notice until it is replaced. HFS can change the terms of this Notice at any time. If HFS changes this Notice, HFS will send a new Notice to all persons enrolled at that time. HFS can make the new changes apply to all your medical information kept by HFS before and after the date of the new Notice. The Notice is posted on the HFS website.

HFS may use or share your medical information without your permission for the reasons below.

- **So you can get medical care.** For example, HFS may share your medical information with your doctor or pharmacy so that they can give you medical care and the right medicine.
- **So HFS can pay your medical bills.** For example, HFS may use and share your medical information so your doctor can send a bill to HFS and so HFS can pay your medical bills. HFS may also share your medical information to recover payment from other medical insurance or benefits you may have.
- **So HFS can perform its duties.** For example, HFS may use or share your medical information to assess quality of care; to decide who is eligible for medical benefits; to manage your care; to direct and plan HFS programs and budget; to coordinate with another public benefit program; to develop better services for you; or for audits.
- **To tell you about other health services.** For example, HFS may call or write to tell you about treatment options or other health-related services.

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- **To comply with the law.** For example, the law requires HFS to allow the U.S. Department of Health and Human Services to audit HFS records. HFS may share your medical information to comply with other laws.
- **For other reasons.** Examples include:
 - o To comply with legal proceedings, such as a court or administrative order or subpoena;
 - o For worker's compensation claims To enforce other laws or protect someone's health and safety;
 - o So a family member, friend or other person can help you to get or pay for your health care;
 - o So a personal representative you appoint or a court appoints for you can help you get health benefits;
 - o To support research as long as the information will be protected by the researchers;
 - o So a coroner or medical examiner can identify a deceased person or cause of death or so a funeral director can arrange burial;
 - o To support an organ procurement organization in limited circumstances;
 - o To protect you against a serious threat to your health or safety or the health or safety of others;
 - o To support a government agency overseeing health care programs
 - o For lawful national security purposes;
 - o To correctional institutions or law enforcement officers if you are an inmate of a correctional institution or if necessary (1) for the institution to provide you with medical care; (2) to protect your health and safety or the health and safety of others; (3) for the safety of the correctional institution
 - o For health research;
 - o For public health purposes; and
 - o For military purposes, if you are a member of the armed forces.

HFS will make the following uses and disclosures only with your written permission:

- To use and disclose information for marketing purposes;
- To use and disclose information that would be the sale of protected health information;
- To use and disclose psychotherapy notes (should we have such notes)
- Other uses and disclosures not described in this notice.

HFS will not use or share your medical information for any other reason unless you give HFS written permission. You may withdraw your permission in writing at any time. However, if HFS used or shared your information for a long-term project like a research study, HFS may continue to use or share your information for that purpose only. Your permission for HFS to use or share your information will end when HFS gets your written notice to withdraw your permission. You can find forms for these purposes on the HFS website and at Illinois Department of Human Services local offices HFS is not allowed to use your genetic information to decide whether to cover you or set the price of the covering your benefits.

Your rights. You may ask HFS to do any of the following if you ask in writing. HFS will decide if it can do what you want it to do. HFS will write to tell you what it decides.

- You may ask HFS not to use or share your medical information for treatment, payment and health care operations. HFS does not always have to agree. To ask HFS to not use or share your medical information, contact us in writing by mail or e-mail at the address listed at the bottom of this Notice.



- You may ask HFS to contact you about your medical information privately in a different way or at a different place than HFS is currently doing. HFS does not always have to agree unless the change is necessary to protect you, and HFS can still pay your medical bills. When you write to ask for this change, you must tell HFS how to contact you in private.
- You may ask to see or get copies of your medical information. You may be charged a small fee for copies.
- You may ask HFS to correct your medical information. HFS does not have to agree to make the change. To ask for a correction, make your request, in writing, to the address or e-mail at the bottom of this Notice.
- You have the right to be contacted and informed about a breach of your medical information.
- You may ask for a list of ways HFS or its contractors shared your medical information going back 6 years from the date of the request. You may write to ask HFS to send you another copy of this Notice.

If you want any of these things, contact the HFS Privacy Officer at the address below. HFS will help you make your written request.

Complaints. If you believe HFS has not protected your right to privacy, you have the right to complain to HFS or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with HFS at the address below. HFS will not hold it against you if you file a complaint.

Privacy Officer. To get more copies of this Notice or more information about HFS privacy practices or your rights, or to file a complaint, contact the Privacy Officer at the following address:

Privacy Officer
Office of the General Counsel
Healthcare and Family Services
201 S. Grand Ave. East, 3rd Floor
Springfield, IL 62763-1000

Toll-free telephone: 1-800-226-0768 (Health Benefits Hotline)

Toll-free for persons using a TTY: 1-877-204-1012

Fax: 1-217-524-2397

HFS.privacy.officer@illinois.gov

