



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

Date of Notice: December 06, 2023  
Case Number: 209030782  
Client Name: Derrick Dougherty  
Individual ID: 1102102167  
Office Name: HUMBOLDT PARK FCRC  
Office Address: 2753 W NORTH AVE  
CHICAGO, IL 60647  
Phone: 773-292-7200  
TTY:  
Fax: 844-736-3563



DERRICK DOUGHERTY  
3804 N DRAKE AVE  
BSMT  
CHICAGO, IL 60618

You can manage your case online at [abe.illinois.gov](http://abe.illinois.gov)

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

## Notice of Decision

Beginning January 01, 2024, your benefits will change as follows:

**Medical Benefits will stop** for your household. Read the Medical Benefits section of this notice to find out why and to review these changes.

Your application for **Supplemental Nutrition Assistance Program (SNAP)** benefits filed on Nov 17, 2023 is **approved**. For information about who is approved and the amount of SNAP benefits you will get, read the SNAP Benefits section of this notice.

### How To Use Your Benefits

Cash and SNAP Benefits are available on the Illinois Link Card. Unless you received a card at the office where you applied one will be mailed to you. To choose your PIN or request a replacement card contact the Illinois LINK Help Line at 1-800-678-LINK (5465) TTY 1-877-765-3459 or go to the Illinois LINK card website at [www.link.illinois.gov](http://www.link.illinois.gov)

You can manage your case online through ABE ([www.abe.illinois.gov](http://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

The person(s) listed below have been **approved** for SNAP benefits. The actual amount you get will be lower if your benefits are being reduced to pay back a prior overpayment. We will send a notice to let you know when it's time to renew your benefits.

Approval Period	Monthly Benefit Amount	Eligible Person(s)
Nov 17, 2023 - Nov 30, 2023	\$32.00	Derrick Dougherty
Dec 01, 2023 - Dec 31, 2023	\$291.00	Derrick Dougherty
Jan 01, 2024 - Oct 31, 2024	\$291.00	Derrick Dougherty

Your SNAP benefit of \$323.00 will be available in your Illinois LINK account on or about 12/06/23 to cover your needs from 11/17/23 through 12/31/23. Your regular monthly SNAP benefit of \$291.00 will be available on or about 01/07/24.

SNAP Income Eligibility Determination		Nov 17, 2023	Dec 01, 2023	Jan 01, 2024
Total Gross Earned Income		\$2000.00	\$0.00	\$0.00
Total Unearned Income	+	\$0.00	\$0.00	\$0.00
Self Employment Income	+	\$0.00	\$0.00	\$0.00
Child Support Deduction	-	\$0.00	\$0.00	\$0.00
Gross Monthly Income	=	\$2000.00	\$0.00	\$0.00
SNAP Income Eligibility Determination		Nov 17, 2023	Dec 01, 2023	Jan 01, 2024
Gross Monthly Income Standard For Household Size of 1		\$2005.00	\$2005.00	\$2005.00
Member age 60 or older or Disabled		No	No	No
Gross Earned Income	=	\$2000.00	\$0.00	\$0.00
Earned Income Deduction	-	\$400.00	\$0.00	\$0.00
Unearned Income	+	\$0.00	\$0.00	\$0.00
Farm Loss Income	-	\$0.00	\$0.00	\$0.00



Medical Standard/Expenses (Member age 60 or older or Disabled Member)	-	\$0.00	\$0.00	\$0.00
Dependent Care Deduction	-	\$0.00	\$0.00	\$0.00
Child Support Deduction	-	\$0.00	\$0.00	\$0.00
Adjusted Net Income	=	\$1406.00	\$0.00	\$0.00
Excess Shelter Deduction**	-	\$672.00	\$672.00	\$672.00
Homeless Shelter Standard	-	\$0.00	\$0.00	\$0.00
Household Net SNAP Income	=	\$734.00	\$0.00	\$0.00
Maximum Net Income Allowable		\$1215.00	\$1215.00	\$1215.00
SNAP Benefit Amount		\$32.00	\$291.00	\$291.00

\*\* 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.

<b>Computation of Excess Shelter Deduction</b>		<b>Nov 17, 2023</b>	<b>Dec 01, 2023</b>	<b>Jan 01, 2024</b>
Rent or Mortgage		\$1100.00	\$1100.00	\$1100.00
Utility Cost/Standard	+	\$577.00	\$577.00	\$577.00
Total Shelter Expenses	=	\$1677.00	\$1677.00	\$1677.00
½ of Adjusted Net Income	-	\$703.00	\$0.00	\$0.00
Total Excess Shelter Costs	=	\$672.00	\$672.00	\$672.00

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



## Medical Benefits

### Not Eligible for Medical Benefits

The person(s) listed in the table below are **not eligible** for Medical Benefits.

Name	Birth Date	Date Coverage Ends	Reason	Policy Reference
Derrick Dougherty	Nov 30, 1988	Dec 31, 2023	This individual's eligibility cannot be determined due to failure to provide necessary information.	PM 02-07

### Your Responsibilities

#### SNAP Mid Point Reporting Requirements

YOU MUST REPORT THE CHANGES BELOW BY THE 10TH DAY OF THE MONTH AFTER THE MONTH THAT THE INCOME OR WINNINGS WERE RECEIVED:

- IF YOUR GROSS INCOME BEFORE DEDUCTIONS IS MORE THAN \$2005.00.
- IF YOU OR SOMEONE IN YOUR HOUSEHOLD RECEIVES ANY MONEY FROM LOTTERY OR GAMBLING WINNINGS OF MORE THAN \$4250.00.
- WHENEVER ABLE-BODIED ADULTS SUBJECT TO THE TIME LIMIT HAVE WORK HOURS FALL BELOW 20 HOURS PER WEEK, AVERAGED MONTHLY.

#### 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.

SNAP clients may mail a report of a change using the Change Report Form 1978 available online at **www.dhs.state.il.us**. You can also request a copy from your Family Community Resource Center.

## 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](http://abe.illinois.gov/abe/access/appeals), emailing [DHS.BAH@Illinois.gov](mailto: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

### **Manage My Case Online**

Go to **[abe.illinois.gov](http://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
Derrick Dougherty	1102102167

### **USDA Nondiscrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for

benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**

Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334  
Alexandria, VA 22314; or

**Do not send applications or any forms to this address.**

2. **fax:**

(833) 256-1665 or (202) 690-7442; or

3. **email:**

[FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

This institution is an equal opportunity provider.