



State of Illinois  
Department of Healthcare and Family Services

Date of Notice: June 01, 2023  
Case Number: 309596553  
Office Name: NORTHWEST FCRC  
Office Address: 4105 W CHICAGO AVE  
CHICAGO, IL 60651  
Phone: 773-265-7000  
Fax: 844-736-3563



JERMAINE MCKINNIE  
1037 N MILWAUKEE AVE  
CHICAGO, IL 60642

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)

## Medical Benefits Redetermination Notice

Dear JERMAINE MCKINNIE,

Based on the information we have today, the person(s) listed in the table below are approved to keep getting **medical benefits** after July 31, 2023. However, if we get new information about a change in your circumstance your eligibility for medical benefits may change. If that happens, we will send you a new notice.

Name	Birth Date	Medical ID(RIN)	Medical Group	Start of Ongoing Coverage
JERMAINE MCKINNIE	10/04/1982	041493362	ACA Adult	August 01, 2023

**We will send you a new medical card before August 01, 2023**

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



## 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

Medical groups providing full health coverage meet the requirements for insurance under federal law, so you do not have to pay any tax penalty.

Find the Medical Group for each person in the ongoing Medical benefits eligibility table and then read below for more information about the benefits for each Medical Group.

### Information about ACA Adult

ACA Adult is health coverage for adults age 19-64 who do not have dependent children living with them. ACA Adult health coverage provides the services listed above for full health coverage.

### 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](http://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](http://illinois.gov/hfs/MedicalClients) and then clicking "Medical Program Income Standards."

The facts we used to decide **JERMAINE MCKINNIE's** ongoing Medical eligibility are:

The number of people counted in the family size is 1.

Countable monthly income is \$0.00.

Countable monthly income calculation is based on household income, who is living with the applicant and how they are related to each other.

Monthly income standard is 1677.00.

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

## How to File an Appeal

### **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

### **Voter's Registration Information**

If you want to register to vote, fill out the attached Illinois Voter Registration Application SBE (R-19) and give it to your DHS office or your local election official. For help filling it out or for translation services, contact your DHS Family Community Resource Center. You may also call the Helpline at 1-800-843-6154, or 1-866-324-5553 (for TTY). For information online, see [www.dhs.state.il.us](http://www.dhs.state.il.us) or [www.elections.il.gov/](http://www.elections.il.gov/).

**ILLINOIS VOTER REGISTRATION APPLICATION**  
**FOR ILLINOIS RESIDENTS ONLY**

**TO VOTE YOU MUST:**

- Be a United States citizen  
Be at least 18 years old (some 17 year olds may vote in the General Primary, Consolidated Primary or Caucus)
- Live in your election precinct at least 30 days
- Not be convicted and incarcerated.
- Not claim the right to vote anywhere else

**TO VOTE IN THE NEXT ELECTION:**

- **Mail or deliver this application to your County Clerk or Board of Election Commissioners** no later than 28 days before the next election. Go to <http://www.elections.il.gov>

**IMPORTANT INFORMATION:**

- If you do not have a driver's license, State Identification Card or social security number, and this form is submitted by mail, and you have never registered to vote in the jurisdiction you are now registering in, then you must send, with this application, either (i) a copy of a current and valid photo identification, or (ii) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows the name and address of the voter. If you do not provide the information required above, then you will be required to provide election officials with either (i) or (ii) described above the first time you vote in person or prior to voting by mail.
- If you change your name you must re-register.
- If you register at a public service agency, any information regarding the agency that assisted you will remain confidential as will any decision not to register.
- If you do not receive a Notice within 2 weeks of mailing or delivering this application, call your County Clerk or Board of Election Commissioners.

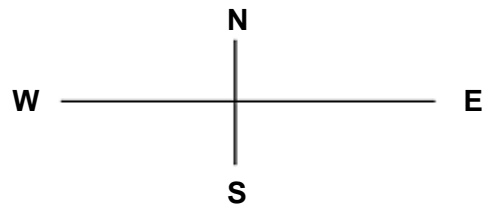
**TO COMPLETE THIS FORM:**

SBE R-19

- Box 1-If you do not have a middle name, leave blank.
- Box 3-If mailing address is same as Box 2, write "same".
- Box 4-By providing an email address you agree to receive election related notices via email.
- Box 5-If you have never registered before, leave blank. If you do not remember your former address; provide as much information as possible.
- Box 6-If you have not changed your name, leave blank.
- Box 10-If you have an Illinois Driver's License or Secretary of State ID, check the first box and fill in the number. If you do not have a Driver's License or SOS ID, check the second box and fill in the last four digits of your Social Security Number. If you do not have a SSN, check the third box and send a copy of the appropriate document (as described in the "Important Information" section) along with this form.
- Box 11-Read, date and personally sign your name or make your mark in the box.

**IF YOU HAVE NO STREET ADDRESS,**

below describe your home: list the name of subdivision; cross streets; roads; landmarks; mileage and/or neighbor's names.



**If you have questions about completing this form, please call the State Board of Elections at (217)782-4141 or (312)814-6440 (or [webmaster@elections.il.gov](mailto:webmaster@elections.il.gov)).**

**TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK**

<b>Are you a citizen of the United States of America?</b> (check one) yes <input type="checkbox"/> no <input type="checkbox"/>				<b>Office Use</b>			
<b>Will you be 18 years of age on or before the next election day OR are you currently 17 and will be 18 by the day of the next General or Consolidated Election?</b> (check one) yes <input type="checkbox"/> no <input type="checkbox"/>							
If you checked "no" in response to either of these questions, then do not complete this form.							
You can use this form to: (Check One) <input type="checkbox"/> apply to register to vote in Illinois <input type="checkbox"/> change your address <input type="checkbox"/> change your name							
1. Last Name		First Name		Middle Name or Initial		Suffix(Circle One) Jr. Sr. II III IV	
2. Address where you live (House No., Street Name, Apt. No.)				City/Village/Town		Zip Code County Township	
3. Mailing address (P.O. Box)				City/Village/Town, State		Zip Code	
						4. Email (Optional)	
5. Former Registration Address: (include City and State and Zip Code)				Former County		6. Former Name: (if changed)	
7. Date of Birth: MM/DD/YY		9. Home telephone number including area code (optional) ( ) -		10. ID number - check the applicable box and provide the appropriate number <input type="checkbox"/> IL Driver's License or, if none, Sec. of State ID or <input type="checkbox"/> Last 4 digits of Social Security Number <input type="checkbox"/> I have none of the above-listed identification numbers.			
8. Sex (circle one) M F							

11. Voter Affidavit - Read all statements and sign within the box to the right.

**I swear or affirm that:**

- I am a citizen of the United States;
- I will be at least 18 years old on or before the next election **(or the next General or Consolidated Election);**
- I will have lived in the State of Illinois and in my election precinct at least 30 days as of the date of the next election;
- The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, then I may be fined, imprisoned, or if I am not a U.S. citizen, deported from or refused entry into the United States.

12. If you cannot sign your name, ask the person who helped you fill in this form to print their name, address and telephone number.

This is my signature or mark in the space below.

--	--

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of person assisting.

Full Address

Telephone No.

PUT  
FIRST  
CLASS  
STAMP  
HERE

MAIL TO: CHARLES HOLIDAY, JR., EXECUTIVE DIRECTOR  
69 WEST WASHINGTON STREET  
SUITE 600 & 800  
CHICAGO, IL 60602

[illegible]

DATE	EXPLAIN	CLERK	DATE	EXPLAIN	CLERK

[illegible]