



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

Date of Notice: December 12, 2022
Case Number: [REDACTED]
Client Name: LALIE MARTINEZ
Individual ID: [REDACTED]
Office Name: NORTHWEST FCRC
Office Address: 4105 W CHICAGO AVE
CHICAGO, IL 60651
Phone: 773-265-7000
TTY:
Fax: 844-736-3563



LALIE MARTINEZ
1420 N KEDVALE AVE
FL 1
CHICAGO, IL 60651-1814

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 January 01, 2023, your benefits will change as follows:

Your **Supplemental Nutrition Assistance Program (SNAP)** Benefits will increase. The new SNAP Benefits amount is [REDACTED]

This is in response to the SNAP change in household circumstances which you reported on Nov 29, 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.

Your eligibility for **Medical Benefits** is not changed by this action.

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)
Nov 29, 2022 - Nov 30, 2022	\$21.00	LALIE MARTINEZ, LILA RODRIGUEZ
Dec 01, 2022 - Dec 31, 2022	\$318.00	LALIE MARTINEZ, LILA RODRIGUEZ
Jan 01, 2023 - Oct 31, 2023	\$318.00	LALIE MARTINEZ, LILA RODRIGUEZ

Your regular monthly SNAP benefits will be available approximately Jan 7, 2023.

Your SNAP benefit of \$339.00 will be available in your Illinois LINK account on or about 12/10/22 to cover your needs from 11/29/22 through 12/31/22.

Your SNAP benefit of \$339.00 will be available in your Illinois LINK account on or about 12/10/22 to cover your needs from 11/29/22 through 12/31/22. Your regular monthly SNAP benefit of \$318.00 will be available on or about 01/07/23.

The person(s) listed below are not eligible for SNAP benefits.

Name	Birth Date	Benefit Month(s) Not Eligible	Reason	Policy Reference
PRECIOUS AGUIRRE	Jul 03, 1996	No eligible benefit dates	This individual does not live with the household.	PM 04-05

SNAP Income Eligibility Determination		Nov 29, 2022	Dec 01, 2022	Jan 01, 2023
Total Gross Earned Income		\$1624.00	\$1624.00	\$1624.00
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	=	\$1624.00	\$1624.00	\$1624.00
SNAP Income Eligibility Determination		Nov 29, 2022	Dec 01, 2022	Jan 01, 2023
Gross Monthly Income Standard For Household Size of 2		\$3052.00	\$3052.00	\$3052.00
Member age 60 or older or Disabled		Yes	Yes	Yes
Gross Earned Income	=	\$1624.00	\$1624.00	\$1624.00
Earned Income Deduction	-	\$324.00	\$324.00	\$324.00
Unearned Income	+	\$0.00	\$0.00	\$0.00
Farm Loss Income	-	\$0.00	\$0.00	\$0.00
Standard Income Deduction	-	\$186.00	\$186.00	\$186.00
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	=	\$1114.00	\$1114.00	\$1114.00
Excess Shelter Deduction**	-	\$455.00	\$455.00	\$455.00
Homeless Shelter Standard	-	\$0.00	\$0.00	\$0.00
Household Net SNAP Income	=	\$659.00	\$659.00	\$659.00
Maximum Net Income Allowable		\$1526.00	\$1526.00	\$1526.00
SNAP Benefit Amount		\$21.00	\$318.00	\$318.00

** 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.

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



Computation of Excess Shelter Deduction		Nov 29, 2022	Dec 01, 2022	Jan 01, 2023
Rent or Mortgage		\$386.00	\$386.00	\$386.00
Utility Cost/Standard	+	\$626.00	\$626.00	\$626.00
Total Shelter Expenses	=	\$1012.00	\$1012.00	\$1012.00
½ of Adjusted Net Income	-	\$557.00	\$557.00	\$557.00
Total Excess Shelter Costs	=	\$455.00	\$455.00	\$455.00



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
LALIE MARTINEZ	Aug 24, 1957	055637714	FamilyCare	Jan 01, 2023
LALIE MARTINEZ	Aug 24, 1957	055637714	Medicare Savings Program QMB	Jan 01, 2023
LILA RODRIGUEZ	Sep 26, 2005	179025150	Family Assist	Jan 01, 2023

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
LALIE MARTINEZ	Aug 24, 1957	055637714	FamilyCare	Feb 01, 2022 - Dec 31, 2022
LALIE MARTINEZ	Aug 24, 1957	055637714	Medicare Savings Program QMB	Oct 01, 2022 - Dec 31, 2022
LILA RODRIGUEZ	Sep 26, 2005	179025150	Family Assist	Feb 01, 2022 - Dec 31, 2022

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 \$3052.00.
- IF YOU OR SOMEONE IN YOUR HOUSEHOLD RECEIVES ANY MONEY FROM LOTTERY OR GAMBLING WINNINGS OF \$4250.00 OR MORE.

Medical Change Reporting Requirements

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



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.

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.

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



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
LALIE MARTINEZ	1008268465
LILA RODRIGUEZ	1189264513

