



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

Date of Notice: September 13, 2022
Case Number: 706277037
Client Name: FRANCETIA FORD
Individual ID: 1006628556
Office Name: WOODLAWN FCRC
Office Address: 915 E 63 RD ST
CHICAGO, IL 60637
Phone: 773-753-5200
TTY:
Fax: 844-736-3563



FRANCETIA FORD
4000 S OAKENWALD AVE
APT 101
CHICAGO, IL 60653-2571

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 \$343.00.

This is in response to the SNAP change in household circumstances which you reported on Sep 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.

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.

The last page of this notice is your Medical Card. That page also tells you how to use your medical benefits. Be sure to keep that page.

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

SNAP Income Eligibility Determination		Oct 01, 2022
Total Gross Earned Income		\$2666.00
Total Unearned Income	+	\$0.00
Self Employment Income	+	\$0.00
Child Support Deduction	-	\$0.00
Gross Monthly Income	=	\$2666.00
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	=	\$2666.00
Earned Income Deduction	-	\$533.00
Unearned Income	+	\$0.00
Farm Loss Income	-	\$0.00
Standard Income Deduction	-	\$186.00
Medical Standard/Expenses (Member age 60 or older or Disabled Member)	-	\$0.00
Dependent Care Deduction	-	\$0.00
Child Support Deduction	-	\$0.00
Adjusted Net Income	=	\$1947.00
Excess Shelter Deduction**	-	\$624.00
Homeless Shelter Standard	-	\$0.00



Household Net SNAP Income	=	\$1323.00
Maximum Net Income Allowable		\$1920.00
SNAP Benefit Amount		\$343.00

** 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		\$1255.00
Utility Cost/Standard	+	\$626.00
Total Shelter Expenses	=	\$1881.00
½ of Adjusted Net Income	-	\$973.00
Total Excess Shelter Costs	=	\$624.00



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
JEREMIAH FORD	Apr 13, 2004	169787751	Family Assist	Oct 01, 2022
FRANCETIA FORD	Sep 30, 2006	185833134	Family Assist	Oct 01, 2022

The last page of this notice is your Medical Card. This page also tells you how to use your medical benefits. Be sure to keep that page.

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
FRANCETIA FORD	Oct 07, 1966	Sep 30, 2019	A completed redetermination was not received for this individual by the due date.	PM 19-02

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 \$3167.00.
- IF YOU OR SOMEONE IN YOUR HOUSEHOLD RECEIVES ANY MONEY FROM LOTTERY OR GAMBLING WINNINGS OF \$3750.00 OR MORE.

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.

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



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.



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
JEREMIAH FORD	1006628561
FRANCETIA FORD	1006628562
FRANCETIA FORD	1006628556





**State of Illinois - Healthcare and Family Services
Medical Card**

**For questions or to
report changes call:**
Para preguntas o reportar
cambios llame al:
1-800-843-6154
(Next Talk: 866-324-5553
or email:
dhs.webbits@illinois.gov)



FRANCETIA FORD
4000 S OAKENWALD AVE
APT 101
CHICAGO, IL 60653-2571

Keep this card.
Guarde esta tarjeta.



Check eligibility online at ABE.illinois.gov or call 1-855-828-4995 to check on the automated phone system.
Compruebe su elegibilidad por Internet en ABE.illinois.gov o use el sistema automatizado, llamando al: 1-855-828-4995.

The top part of this page is your Medical Card. The people named on the back of the card qualify for health coverage. Please read the front and back of this page. Cut on the dotted line and carry your card with you. You may have to show it and a picture ID when you go for medical care.

The Medical Card does not guarantee that you are covered. Your doctor or pharmacy or other medical provider can use the information on the card to check your coverage. You can check your coverage anytime in your account online at ABE.illinois.gov. You can also call 1-855-828-4995 anytime to check through the automated phone system.

To check eligibility you will need the Recipient Identification Number (**RIN**) next to each person's name on the back of the Medical Card. You can also check using the person's name, Social Security Number and date of birth.

What happens next?

If this is the first time you qualify for Medicaid or if you used to have Medicaid coverage but it ended more than two months ago, you may be required to enroll in a health plan. Watch your mail for another notice that will tell you how to pick a health plan and a primary care doctor or clinic. Until then, you can use this Medical Card to get medical services.

If you already have Medicaid or your Medicaid ended less than two months ago, you probably chose a health plan before. If this is true for your household, you may keep the same health plan. If you have questions about your health plan, call the number on the back of your health plan card or visit the health plan's website.

If you do not know if you have a health plan, you can call the Health Benefits Hotline at 1-800-226-0768 (TTY: 1-877-204-1012) to find out.

If you are required to enroll in a health plan, Client Enrollment Services will send you an enrollment packet. Not all Medicaid clients are required to join a health plan.

If I need to see a doctor right away, what should I do? If you do not already have a health plan or a primary doctor or clinic and you need help to find a doctor right away, call the Health Benefits Hotline at 1-800-226-0768 (TTY: 1-877-204-1012).

➔ Read the back of this page for more important information. ➔

THE FOLLOWING PERSONS ARE COVERED:

JEREMIAH FORD
FRANCETIA FORD

Recipient Identification Number (RIN) 169787751
Recipient Identification Number (RIN) 185833134

MEDICAL CARD PAGE 2

DOB: 04-13-04
DOB: 09-30-06

THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR PAYMENT FOR SERVICES. Medical providers must verify identity and eligibility when you need care.

ESTA TARJETA NO GARANTIZA LA ELEGIBILIDAD O PAGO. Los proveedores médicos deben verificar la identidad y elegibilidad cuando necesite atención médica.

Notice to Providers: to verify eligibility or determine health plan enrollment on the date of service for the person(s) named above, use the MEDI web site at www.myhfs.com or your EDI vendor or HFS's automated Voice Response System (AVRS).

HFS 469 (R-09-15)

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IL478-0234

You must report any of the changes in the list below that happen in your household.

- Tell us if you move or change your mailing address.
- Tell us if someone in your household gets more monthly income.
- Tell us if a new family member moves in with you or if someone moves out.
- Tell us if someone gets other health insurance or loses other health insurance.
- Tell us if someone in your household gets married, divorced, pregnant or has a baby.
- Tell us if someone in your household dies or goes to jail or prison or is released.

You can report changes online anytime at ABE.illinois.gov. If you do not have an ABE account, you can call 1-800-843-6154 (NexTalk: 1-866-324-5553 or email: dhs.webbits@illinois.gov).

Is All Kids the same as Medicaid? Yes. All Kids is Medicaid for children.

If I have a different card from a Medicaid health plan, do I need both cards? Yes. Keep both cards. You may be asked to show them when you go to the doctor or need other health care.

If I have a Link Card, do I also need a Medical Card? Yes. The Link Card and the Medical Card cover different benefits. If you have a Link Card, keep it. You will need it to get your cash and SNAP (food stamp) benefits.

If I have a spenddown, can I use the Medical Card to get health care? You can use your Medical Card if your spenddown amount is met. Read the instructions under the Spenddown section in the notice that came with this page for more information. Most people who get Medicaid do not have a spenddown.

If I have a Medical Card through Department of Children and Family Services, who do I call for help? For questions about your card if you get foster care, KinGap or adoption assistance, call the Department of Children and Family Services at 1-800-228-6533.

What if I lose my Medical Card? You can ask for a new card online through your account at ABE.illinois.gov. You can also call 1-800-843-6154 (NexTalk: 1-866-324-5553 or email: dhs.webbits@illinois.gov) to ask for a new card.