

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

Date of Notice: Case Number:

December 13, 2022

205076332

Client Name:

DELLA WIGGINS 1002430600

Individual ID: Office Name:

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<u>Իվանակակարակակարկիկին իրկակինի իր</u>

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 go down. \$194.00 is

The reason for this action is the earned/unearned income has increased. This action agrees with policy statement(s) contained in PM 13-01.

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 can manage your case online through ABE (www.abe.illinois.gov). To learn how, read the

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

