



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

Date of Notice: October 06, 2023
Case Number: 905194959
Client Name: CASSANDRA ROGERS
Individual ID: 1002760406
Office Name: CRAWFORD COUNTY FCRC
Office Address: 1110 N ALLEN ST
ROBINSON, IL 62454
Phone: 618-544-3151
TTY: 866-324-4266
Fax: 844-736-3563



CASSANDRA ROGERS
303 LIBERTY AVE
NEWTON, IL 62448-1109

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

Your eligibility for **Supplemental Nutrition Assistance Program (SNAP)** is not changed by this action.

The local office reviewed your reported change in circumstances and your SNAP benefits will not be increased. Your SNAP amount will remain the same. If there is a change in the future you will be notified in writing.

Medical Benefits will stop for at least one person in your household. Read the Medical Benefits section of this notice to find out who has benefits and to review these changes.

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.



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
CASSANDRA ROGERS	Jul 27, 1984	156272684	Extended Medical Earned	Nov 01, 2023
[REDACTED]				
KEETON ROGERS	Jun 09, 2004	170745830	Extended Medical Earned	Nov 01, 2023
BRAYLIN ROGERS	Nov 11, 2009	204178891	Extended Medical Earned	Nov 01, 2023

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
[REDACTED]				
[REDACTED]				

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 \$4125.00.
- 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.

Your Rights

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



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.

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
CASSANDRA ROGERS	1002760406
KEETON ROGERS	1002760409
BRAYLIN ROGERS	1002760411

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,

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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

This institution is an equal opportunity provider.

