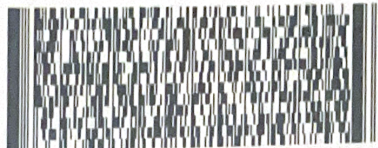




**Notice of Decision -  
SNAP Section (Element F)**



21bac1e2-6baf-4362-b6c9-45501031e1a8

Date: 12/14/2023

Case Number: 425748194

### SNAP Benefits

☐ The person(s) listed below have been **approved** for expedited SNAP benefits

Approval Period	Monthly Benefit Amount	Eligible Person(s)

☐ The person(s) listed below have been **approved** for expedited SNAP benefits

Approval Period	Monthly Benefit Amount	Eligible Person(s)

☒ The person(s) listed below have been **approved** for SNAP benefits. The actual amount you get will be lower if your benefits are being reduced to pay back a prior overpayment. We will send a notice to let you know when it's time to renew your 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.

☐ The person(s) listed below will receive SNAP benefits under the Transitional SNAP (TSNAP). The Department issues TSNAP benefits to eligible families who no longer receive TANF cash. We will issue your monthly TSNAP benefits to your Illinois Link account.

Approval Period	Monthly Benefit Amount	Eligible Person(s)
01/01/2024-12/31/2024	\$535.00	Megan Kern

