



ABE 101: Completing a SNAP Application

A Beginner's Guide to ABE and SNAP

June 22nd, 2026

Presenters



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What is BEC?

Stands for **Benefit Enrollment Center**. Our team aims to:

- Provide application assistance for public benefits
- Help people understand their benefits and advocate if needed
- Conduct outreach to educate the public
- Support other benefit counselors in our Aging Network



Housekeeping

- Content questions that arise throughout the training can be submitted to the Q&A. We will also break for questions during and after the presentation.
- The slides, recording, and toolkit will be sent via email this week.
- A survey will appear in your browser when the training ends. Please submit your feedback to improve future trainings.



Goals of this training

- Provide a foundational overview of SNAP for new counselors
- Deliver practical instruction from a benefits counselor's perspective
- Introductory instruction on how to complete an ABE application
- Familiarize new counselors with terminology used by key stakeholders



Overview

Part One

- SNAP Overview
- Eligibility
- Illinois SNAP Enrollment Process

Part Two

- The ABE Application

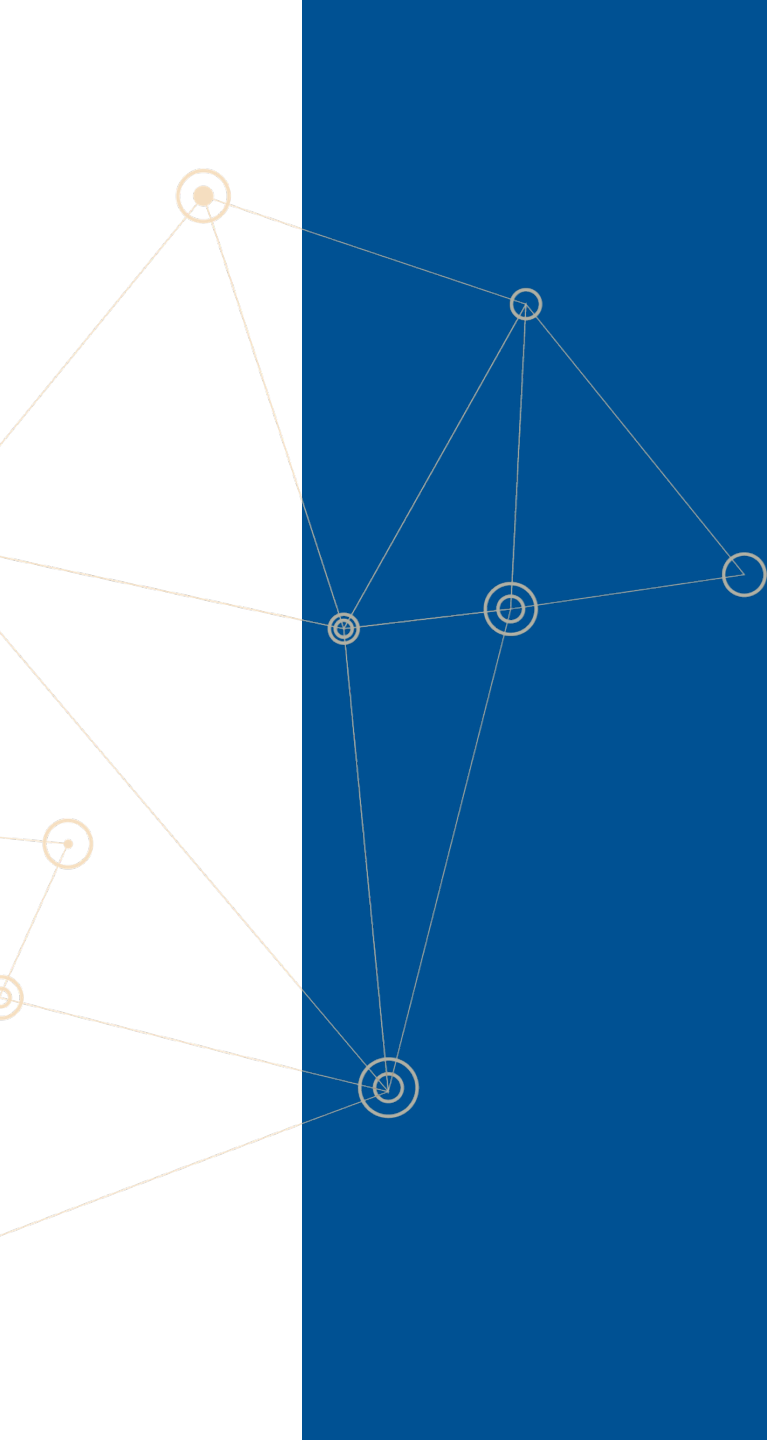
Part Three

- IDHS Interview

Part Four

- Redeterminations and Report Changes
- Troubleshooting





Part One: SNAP Overview

What is SNAP?

SNAP stands for **Supplemental Nutrition Assistance Program**.

It is a food assistance program that supplements grocery budgets for people with **low incomes**.

Funded by:

Federal Government

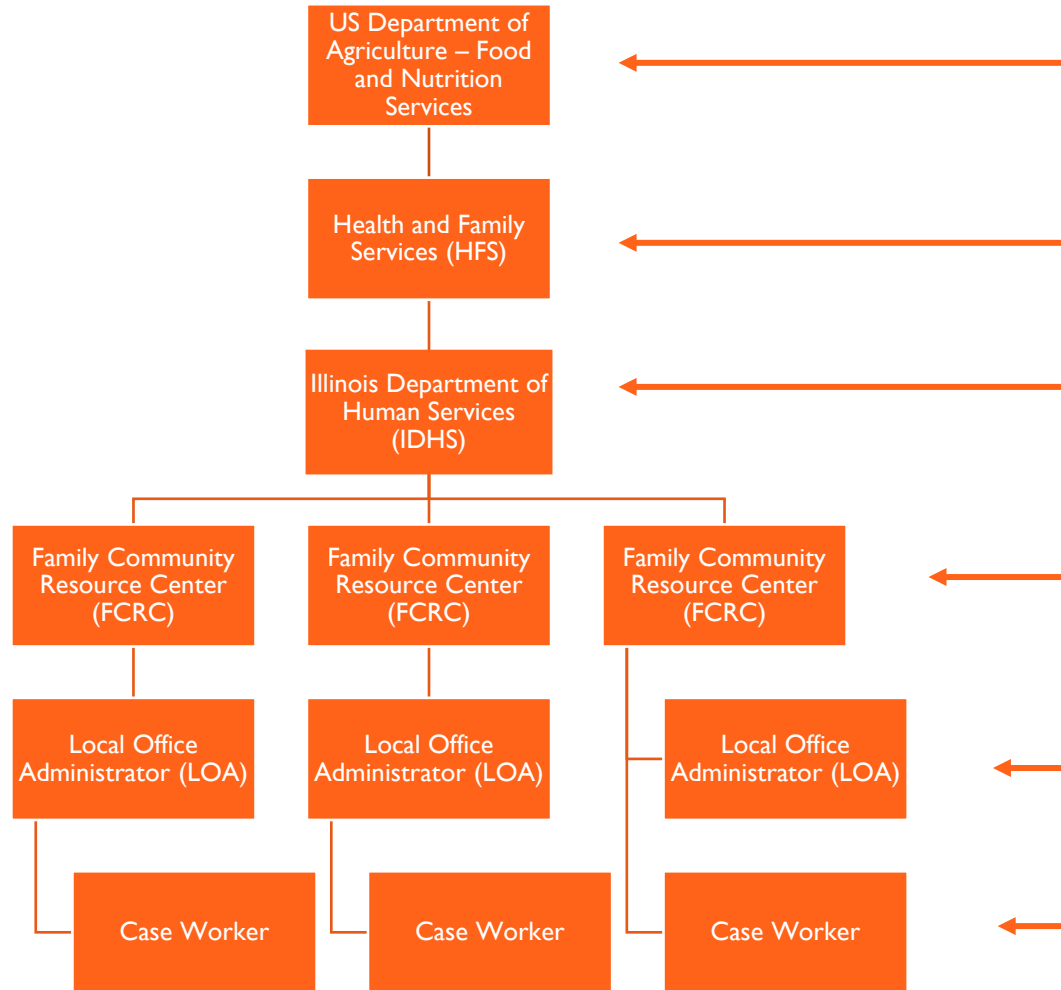
Funds the full cost of benefits
and half the cost of
administering the program

State Government

Funds half the cost of
administering the program



Key Government Stakeholders



USDA FNS – federal dept that regulates SNAP, authorizes and monitors retailers

HFS - the state government body making policy decisions

IDHS - the government body that administers the benefit and processes the applications

FCRCs are a subsection of IDHS, often referred to as the 'local public aid office'. This is the physical place that an application gets sent and processed.

Local Office Administrators run the local office, similar to an office manager.

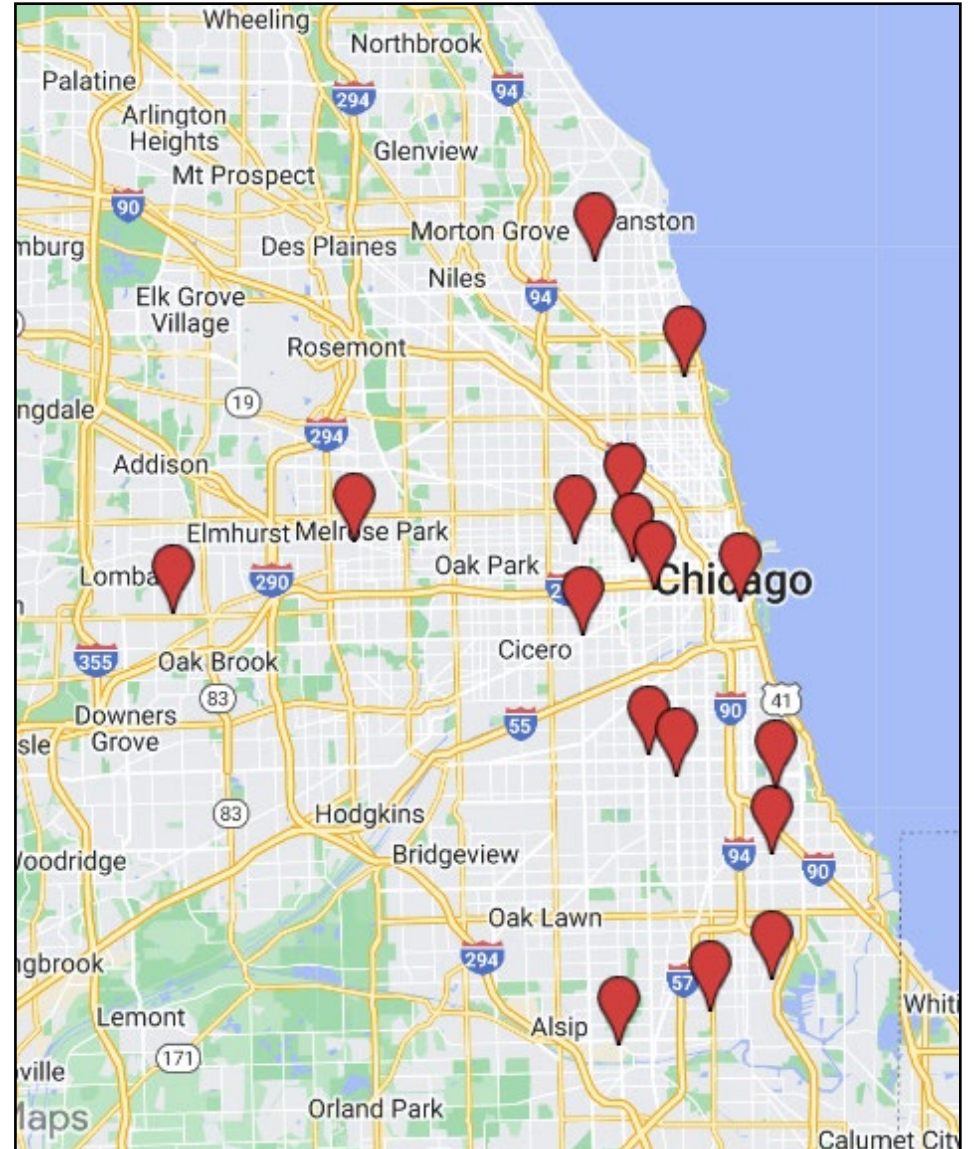
Case workers receive applications and approve or deny benefit applications.



FCRC Offices

Use the IDHS Office Locator to search for exact addresses.

<https://www.dhs.state.il.us/page.aspx?module=12>



SNAP Stats and Facts

- Approximately 4.8 million older adults (age 60+) are enrolled in SNAP
- About three out of five seniors who qualify are **NOT** enrolled
- Average SNAP benefit of an older adult is \$118 a month
- Every \$1 in SNAP benefits generates over \$1.79 in local economic activity
- Access to SNAP is associated with reduced health care costs, 23% less likely to enter a nursing home and 4% less likely to be hospitalized.



<https://www.ncoa.org/article/7-facts-about-older-adults-and-snap>



How are benefits used?

Benefits are deposited monthly onto a LINK card. The card operates like a debit card.

Benefits can be used to purchase:

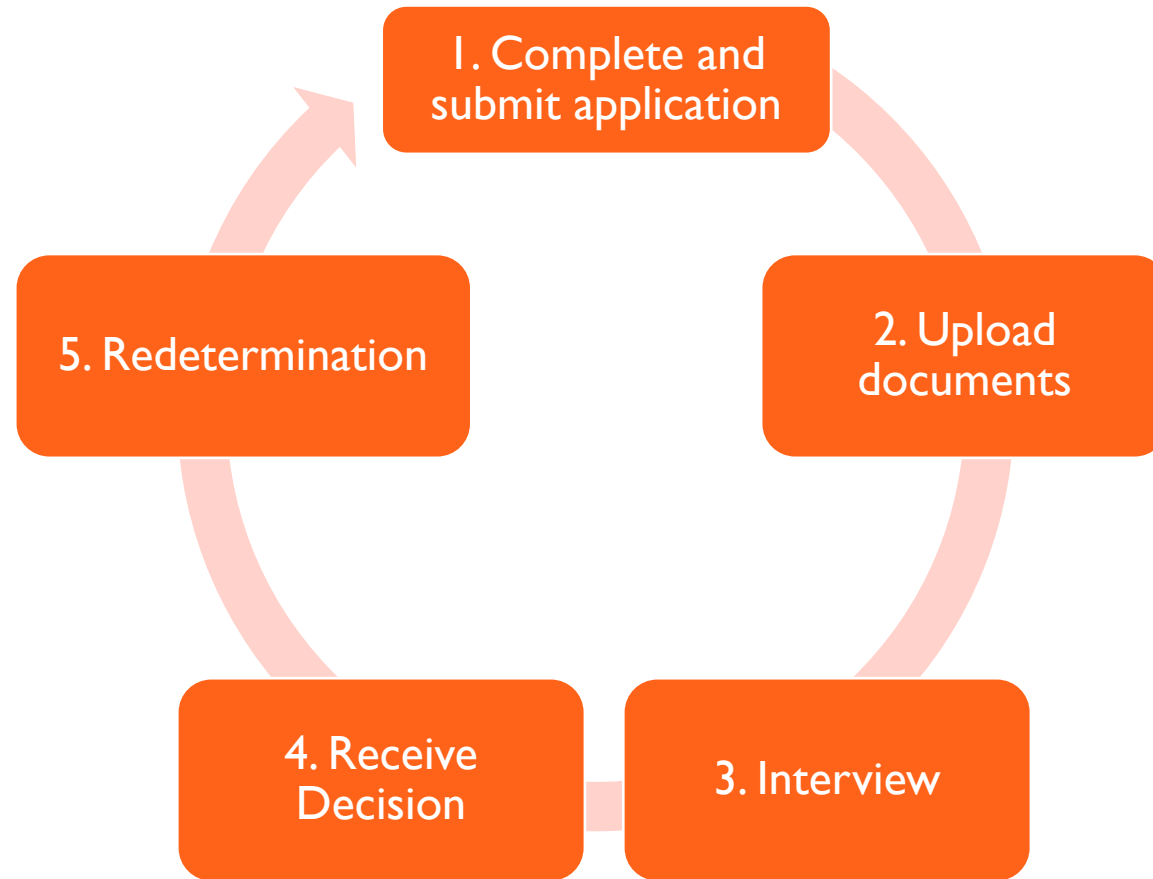
- Breads
- Fruits and vegetables
- Non-alcoholic beverages
- Meat, fish, and poultry
- Dairy products
- Edible plants and seeds

Benefits can be used at:

- Grocery Stores (Aldi, Pete's, Target, Walmart, Costco, Sam's Club, etc)
- Online through Amazon
- Delivery Apps (Uber Eats, DoorDash, etc)
- [Select Restaurant](#)
- [Farmers Markets](#)
 - For every \$1.00 spent you receive \$1.00 back through the [Link Up Program](#)



SNAP Enrollment Process



Eligibility



Eligibility

SNAP is a means tested program, meaning that applicants must be below a certain gross income limit to qualify. Gross income is the income received *before* deductions.

Other factors can affect eligibility, such as household size, age, and disability status.

Eligibility amounts are based off the Federal Poverty Line (FPL). FPL limits are raised every year. SNAP FPL increases typically go into effect in October.



SNAP Households

- Everyone who lives together and **purchases and prepares meals together** is grouped together as one ‘SNAP Household’.
- Sometimes referred to as “SNAP Unit”.
- One Link card and one SNAP case file is shared between the household.
- Spouses and children under 22 must be included in the same household even if they prepare meals separately.



2026 Income Limits

Household Size	Maximum Allotment	Gross Income	Gross Income (Qualifying Member)
1	\$298.00	\$2,152.00	\$2,608.00
2	\$546.00	\$2,909.00	\$3,525.00
3	\$785.00	\$3,665.00	\$4,441.00
4	\$994.00	\$4,421.00	\$5,358.00
5	\$1,183.00	\$5,177.00	\$6,275.00
6	\$1,421.00	\$5,934.00	\$7,191.00

[WAG 25-03-02 \(I\) SNAP](#)



What counts as income?

IDHS counts any money received in the last 30 days prior to application. This is any money received from any source other than a loan.

Earned Income	Unearned Income
Salary or hourly wages	Cash assistance (AABD, TANF)
Self-employment	Social Security – Survivors, Disability, and Retirement
Money received from “odd jobs”	Supplemental Security Income
Rental property	Any money received from family and friends that is not expected to be repaid
Money from on-the-job training	Unemployment Insurance
	Child Support
	Pensions



How is the SNAP Dollar Amount Calculated?

$$\begin{array}{r} \text{Gross Monthly Income} \\ - \text{SNAP deductions} \\ \hline = \text{“SNAP Net” Income} \end{array}$$

The client's gross income must be under a certain income limit. This is the income limit noted in the Chart of Benefits.

The SNAP deductions relate to the applicant's living expenses. The amount of the deduction depends on the type of expense and typically follows a formula. Rarely is the amount deducted reflective of the client's actual living expense.

The 'SNAP Net' income determines the monthly benefit amount.



Qualifying Member

There are many ways to be considered a qualifying member, including:

- Be 60+
- Have a disability
 - Receive AABD cash or AABD medical benefits
 - Receive Social Security benefits or Railroad Retirement disability benefits
 - VA Disability at 100%

Special benefits:

- Higher gross income limit
- Deduction for medical expenses greater than \$35
- Unlimited deductions for excess shelter expenses

<https://www.dhs.state.il.us/page.aspx?Item=13632>



Elderly-Disabled Status

If a person is 60+ and unable to purchase and prepare meals separately because of a permanent disability, the person (and their spouse) may be a separate SNAP unit if they buy and share food with people that are also under the gross income limit.

Example:

Mary is 65 years old, is under the SNAP gross income limit, and lives with her daughter and 2 grandchildren. Mary has a permanent disability that limits her mobility. Due to her disability, her daughter cooks for her and helps her grocery shop. Mary's daughter and her family also qualify for SNAP. Due to Mary's age and disability status, she is eligible to apply as her own SNAP household and receive her own SNAP card and benefits.

<https://www.dhs.state.il.us/page.aspx?Item=13554>



Asset Tests for Qualifying Members

Some Qualifying Members who are over the gross income limit may still qualify for SNAP if they have high expenses.

In this instance, they must have less than \$4,250 in assets and must submit a bank statement.

This is due to rules surrounding ‘categorical eligibility’.

- <https://www.dhs.state.il.us/page.aspx?item=13636>
- <https://www.dhs.state.il.us/page.aspx?item=15070>



Non-Citizen Eligibility (after April 1, 2026)

- Legal Permanent Residents (LPRs) over the age of 18 who have held that legal status for 5 years or more
- Legal Permanent Residents who have held that legal status for less than 5 years, if:
 - They are under 18 years old, or
 - They are blind or disabled, or
 - They are a U.S. veteran or active-duty member or their dependent, or
 - They have been credited with 40 qualifying quarters of work history, or
 - They qualify for an exception under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA).
- Cuban or Haitian Entrants admitted to the United States on or after 04/21/1980
- Individuals who reside lawfully in the United States under the Compacts of Free Association (COFA)
- **Note:** In households with mixed immigration statuses, SNAP benefits will only be issued to family members who are U.S. citizens or hold one of the noncitizen statuses listed above.

[IDHS: Noncitizen Eligibility Changes](#)



Work Requirements for ABAWDs

Able-bodied Adults Without Dependents (ABAWDs) are individuals ages 18-64 who receive SNAP, do not have a disability, and do not have a child under age 14 in the household.

As of 2/1/26, expanded work requirements went into effect. ABAWDs must meet work requirements or qualify for an exemption. If neither condition is met for three months, the individual will lose benefits for a fixed 36-month period.

To meet work requirements:

- A person must work, volunteer, or participate in a training program for a minimum of 80-hours per month.

To qualify for an exemption:

- A person may screen and submit an exemption form if eligible. Forms can be submitted by mail, fax, in person at an FCRC, by calling the DHS hotline, or online through Manage My Case. DHS accepts self-attestation for exemption requests. Proof may be required at the discretion of the caseworker when there is reason for doubt.

GCFD will be hosting a training for our ADRNs July 1st that will go in depth on these new rules!

[IDHS: SNAP Work Requirements & Exemptions](#)



Emergency SNAP

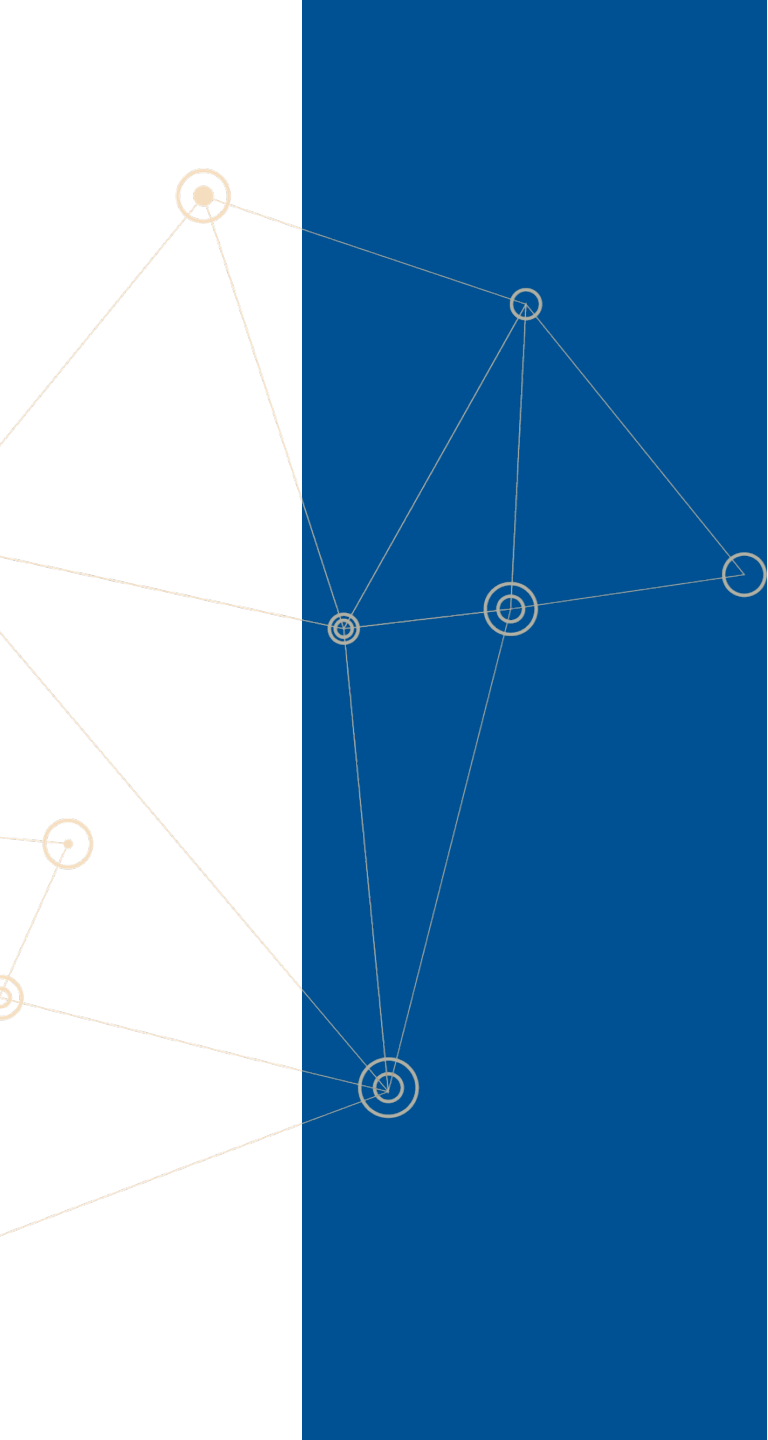
Emergency SNAP are expedited SNAP benefits that become readily available in 5 days or less from application date. You qualify for emergency SNAP if:

- Your monthly income, cash and bank accounts are less than your rent or mortgage plus your utility costs, OR
- Your monthly income is less than \$150 and your cash and bank accounts are not more than \$100, OR
- At least one person in your household is a migrant farm worker and your cash and bank accounts are not more than \$100.

If a client qualifies for emergency SNAP and is also in need of Medicaid or Medicare Savings Program (assuming they do not already have SNAP), they are able to apply for all three programs and SNAP simultaneously. In other words, **the applications will be processed at the same time without waiting the normal period (45-60 days).**

<https://www.dhs.state.il.us/page.aspx?item=31767>





Part Two: The ABE Application

What is ABE?

The Application for Benefits Eligibility (ABE) is the State of Illinois official platform where individuals can submit applications or inquire about the status of their cases for the following public benefits:

Medicaid: Low-income health insurance.

SNAP: This program helps pay for groceries. Also known as EBT or LINK.

TANF/ AABD Cash: A cash benefit available to people with low income.

Medicare Savings Programs: 3 Benefit programs that pay Medicare Part B Premiums.

- One MSP program, the Qualified Medicare Beneficiary (QMB), also pays Medicare Part A premiums and Medicare cost sharing.



Benefits to applying with an ABE account

- The applications are much easier to track as there is a record of all submissions in Manage My Case.
- Faxed or mailed applications run risk of getting lost.
- There is no record of what was listed on an in-person application.
- The platform offers a secure way to upload documents.

We strongly recommend applying with an ABE account when possible. There are many barriers to the online ABE platform, but it can be a useful tool when you're able to utilize it.



Intake Information:

(Note: Additional information may be needed if you are applying for additional benefits)

- Proof of identity found on a Driver's License or State ID
- Full names and date of birth for everyone on the application
- Social security numbers for everyone applying for benefits
- Alien Registration Number for any person who is applying and not a US citizen
- Information about gross monthly income for everyone on the application
- Value of everyone's cash, checking, savings, and/or any other type of bank account
- Amount spent on rent or mortgage, renter's/homeowner's insurance, and property taxes
- Amount spent on water, gas, electric, and phone bills
- Amount spent on monthly medical expenses for qualifying members



Home screen

WWW.ABE.ILLINOIS.GOV



[Español](#) [Sign In](#)

An official site of the State of Illinois | J.B. Pritzker, Governor

[What is ABE?](#) [FAQ](#) [More Options](#)

SNAP information and food resources are available at [SNAP Federal Impact Center](#)
[Check if you Meet SNAP Work Requirements](#)

Need help with ABE or Manage My Case? Visit the [ABE Customer Support Center](#)

Got Medicaid? *Get ready to renew!* Use Manage My Case to access your benefits, check your redetermination due date, and verify your mailing address. If you're due, renew online right away.

On Sundays, ABE will not be available from 6:00 AM until 11:00 AM.

Once ABE comes up again, some functionality may be affected by system maintenance from 11:00 AM until 10:00 PM. When completing an application, ABE may ask you to provide proof of some things that the state can verify electronically once the system maintenance is completed. It is not necessary to submit these documents. If any information is needed to complete your application you will be contacted by mail or phone.

In Manage My Case (MMC), most of the options will not be available during this time. If you have an existing MMC account, you will only be able to view your current benefits and file an appeal.

We apologize for the disruption in service at this important time.

Welcome to ABE

Helping people in Illinois lead healthy and independent lives

Use this site to apply for and manage your
healthcare, food, and cash assistance benefits.

[Check if I Should Apply](#)

[Apply for Benefits](#)

[Manage My Case](#)

[Check if I Should Apply for
Summer EBT](#)

[Check if I Meet SNAP
Work Requirements](#)

Home Screen

Check if I Should Apply

Apply for Benefits

Manage My Case

Benefit Screener

Tool to help determine what benefits the household may qualify for

Application

Link to apply for SNAP, Medicaid, Medicare Savings Program, or Cash Benefits

Manage My Case

A portal that allows you to view the status of any existing benefit cases, apply for new programs, file redeterminations, and report changes



Log in screen

ABE Access

All users of abe.illinois.gov are required to create an ILogin account with State of Illinois **and** an ABE profile.

- Create an ILogin Account** I do not have an ILogin account with state of Illinois.
- Connect an ABE Profile** I am a first-time or existing ABE user and I have an ILogin Account.
- ABE Sign In** I have an ILogin account and connected my ABE profile

An ILogin Account allows you to apply for and manage your SNAP, Cash and Medical Benefits.

- ✓ Apply for more benefits or renew benefits
- ✓ Update your contact or household information
- ✓ Sign up for electronic notification
- ✓ File and manage appeals
- ✓ Review notices about your case

[Apply for benefits without an Account](#)

In most cases when working with a new client you will begin by creating an ILogin account. If the client cannot establish an ILogin account, you may apply without an account.



Proceeding without an account

After selecting to apply without an account you will see this pop up. Click the blue hyperlink at the bottom to be directed to the application.

Apply for benefits without an Account?

We recommend creating an ILogin Account so you may:

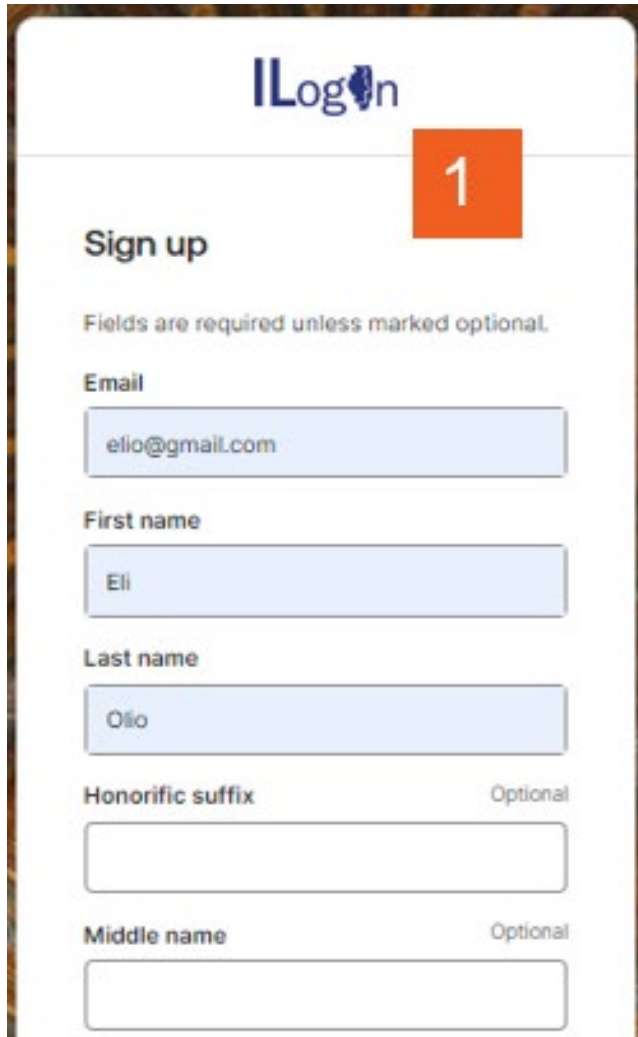
- Save your application progress.
- Return to your application later.
- Return to see the status of your application.
- Upload proof documents.

Create an ILogin Account

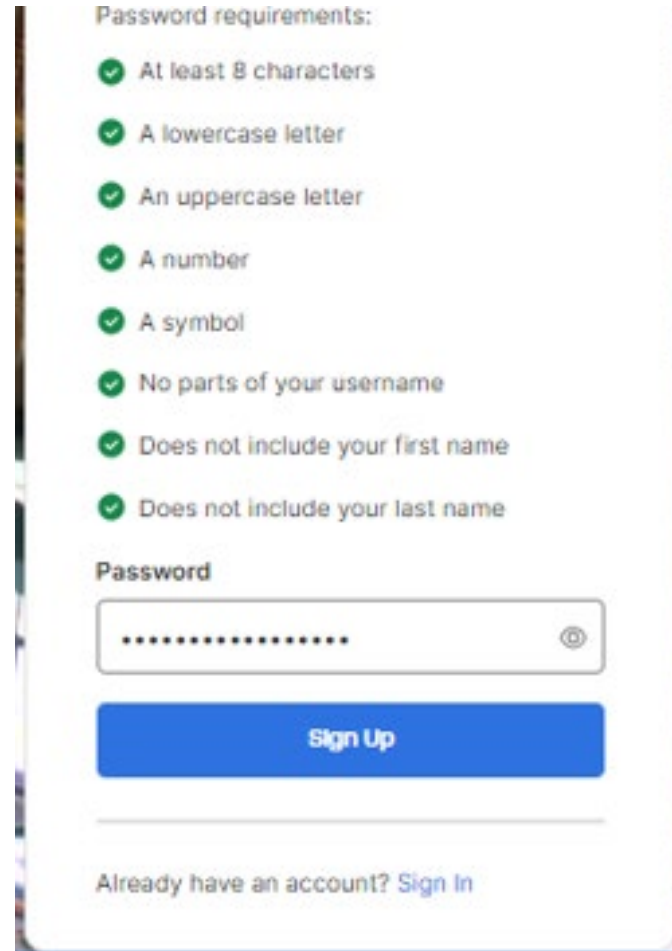
[Apply for benefits without an Account](#)



Creating an ILogin account



The screenshot shows the ILogin sign-up form. At the top left is the ILogin logo. To its right is a red square with the number '1'. Below the logo is the text 'Sign up'. Underneath is the instruction 'Fields are required unless marked optional.' The form contains several input fields: 'Email' with the value 'elio@gmail.com', 'First name' with 'Eli', 'Last name' with 'Olio', 'Honorific suffix' (marked 'Optional'), and 'Middle name' (marked 'Optional').



This screenshot shows the password requirements section of the sign-up form. It lists seven requirements, each with a green checkmark: 'At least 8 characters', 'A lowercase letter', 'An uppercase letter', 'A number', 'A symbol', 'No parts of your username', and 'Does not include your first name' and 'Does not include your last name'. Below the requirements is a 'Password' input field with a masked password '.....' and a visibility icon. A blue 'Sign Up' button is positioned below the password field. At the bottom, there is a link: 'Already have an account? Sign In'.


Enter the client's email, name, and create a password.


Note: Do not enter your email or someone else's who may use ILogin in the future (also used for SSA.gov). Only one account can be attached to an email.



Select “Set up” under email

Select Email if shown PLUS at least one other security method to access your State of Illinois - ILogin account

 **Email**
Verify with a link or code sent to your email
Used for recovery
[Set up →](#)

 **Google Authenticator**
Enter a temporary code generated from the Google Authenticator app.
Used for access
[Set up →](#)

 **Okta Verify**
Okta Verify is an authenticator app,

ILogin

Sign In


Email or Username

Keep me signed in

[Unlock account?](#)

Next

ILogin

 Elio@gmail.com

Verify with your password

Password

Verify

[Forgot password?](#)

[Back to sign in](#)

Next you will be directed to select a security method. All accounts will be required to set up an email. After clicking “Set up” you may enter the client’s email and password.

Enter code sent to email

ILogin

2.



Verification email sent

To finish signing in, check your email.

[Back to sign in](#)

State of Illinois

Hi John,

An iLogin account has been created. Your username is **abeuser111deloitte@mailinator.com**

You will need to complete the activation and configuration of your account via the activation link below.

When requested to setup your Multi-Factor Authentication (MFA), it is suggested you setup at least two authentication methods. If one is not available, you have the option to switch to another method without contacting the support team. Okta Verify is a preferred method.

Click the following link to activate your account:

[Activate iLogin Account](#)

This link expires in 7 days.

3.

An email will be sent to the client's email address that will include a code. Enter the code on your screen.

ILogin



iAuthentication

test@gmail.com

A code was sent to your phone. Enter the code below to verify.
Carrier messaging charges may apply

Enter Code

000000

Verify

[Return to authenticator list](#)

[Back to sign in](#)



susiesnowflake@mailinator.com

Set up security methods

Security methods help protect your ILogin-Dev - State of Illinois account by ensuring only you have access.

Set up required



Google Authenticator

Enter a temporary code generated from the Google Authenticator app. Used for access

[Set up →](#)



Okta Verify

Okta Verify is an authenticator app, installed on your phone or computer, used to prove your identity. Used for access or recovery

[Set up →](#)



Phone

Verify with a code sent to your phone. Used for access or recovery

[Set up →](#)



Security Question

Choose a security question and answer that will be used for signing in. Used for access

[Set up →](#)

Set up second security method

Phone
Verify with a code sent to your phone
Used for access or recovery
[Set up →](#)

Security Question
Choose a security question and answer that will be used for signing in
Used for access
[Set up →](#)

The client can opt to set up a second security method by phone, security questions, or authenticator apps.

As caseworkers, it can be helpful to use security questions to avoid having to contact the client each time we access their account.



Connect the ABE Profile

ABE Access

All users of abe.illinois.gov are required to create an ILogin account with State of Illinois **and** an ABE profile.

- Connect an ABE Profile** I am a first-time or existing ABE user and I have an ILogin Account.

An ILogin Account allows you to apply for and manage your SNAP, Cash and Medical Benefits.

- ✓ Apply for more benefits or renew benefits
- ✓ Update your contact or household information
- ✓ Sign up for electronic notification
- ✓ File and manage appeals
- ✓ Review notices about your case

Exit

Once both security methods are verified, you will be directed back to the log in screen to connect an ABE profile.



Connect the ABE Profile

Connect an ABE Profile

Enter your current ABE user ID and password :

• User ID

• Password

Next

[I have never had or cannot remember my ABE login information](#)

If the client has a previous ABE profile you may enter their User ID and password.

If the client does not have a previous account, click the blue hyperlink at the bottom to create the profile.

Note: When entering a previous profile you may encounter an error. Click the blue hyperlink to bypass the error.

Connect an ABE Profile

Success! Your ILogin Account **Testy12@mailinator.com** is connected to ABE.



Select “Start a new application...” to begin

Click here to start a new application

Apply For Benefits

Welcome! Please click one of the buttons to tell us what you would like to do. Then click the Next button at the bottom of the page.

- Start a new application for Health care coverage, SNAP, Cash Assistance, and/or Medicare Savings Program.**
For most people, it will take approximately 30 minutes to fill out the application.
- Keep working on an application that you have already started.**
- Check the status or view an application that you have already submitted.**
- Manage My Case.**
- File or Manage Appeal.**

As you apply for benefits, **please do not use the Forward, Back or Stop buttons on your web browser** to move from page to page. Instead, use the buttons on this website.

Note: You will be logged out after 15 minutes of inactivity.
If you have technical difficulties using this website, please [Report Technical Difficulties](#)

Next

Only start a new application if the client is certain neither they or their spouse has Medicaid, SNAP, MSP, or AABD Cash and therefore do not have an *active case* with an FCRC (public aid office).



Scroll down to the bottom and click next

Apply For Benefits

Before you start the application, there are a few things you should know. Please note: You may include up to 16 individuals on this application. If your household or tax filing group includes more than 16 individuals, please contact your local FCRC office for assistance with adding individuals.



Right to submit my application now

You can submit your application right away before answering the questions, but it may take us longer to decide if you qualify for benefits.

The date DHS or HFS receives your application is your "application date" and may affect the date your benefits start. Your "application date" is the date from which SNAP benefits will be provided. If your application is received or filed online after close of business on a business day, the date of application is the following business day. Business days are Monday to Friday most weeks and state business closes at 5:00 p.m. Weekends and state holidays are not business days.

To submit your application for SNAP, Cash Assistance, or Healthcare Coverage right away:

- Click on the "Save & Exit" button at the bottom of any page within the online application
- Choose the "Submit my application now" option.
- Your application will be sent to DHS or HFS office with only the information you have entered.
- You will still need to provide additional information. A worker will contact you to gather other information that we will need to make a decision.
- You will not be able to change your answers or add information to your application.



We accept paper applications

If you prefer a paper application, click the link below. You can type in answers to the questions or print the form and fill it out by hand. When you are done, mail, fax, or take it to a Family and Community Resource Center.

[Paper form to apply for Cash, SNAP, and Healthcare \(PDF\)](#)



What if I need food right away?

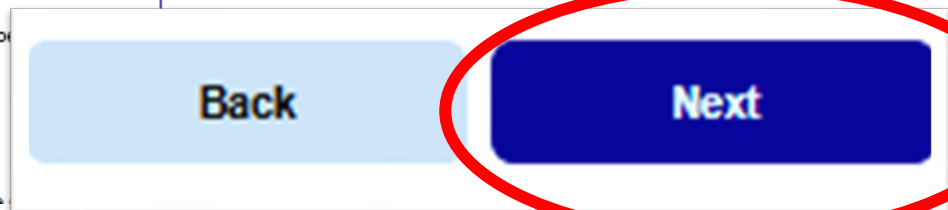
If you apply for SNAP you might be able to get benefits right away, if:

- your gross income and assets are less than your monthly rent or mortgage payment and the appropriate utility standard.
- your assets are less than \$100 and your monthly income for the month of application is less than \$150, or
- your assets are less than \$100 and at least one person applying is a migrant worker who does not have to earn at least \$25 in the next 10 days.



What information will I need to fill out the application?

- ✓ Full names and dates of birth for everyone who is applying for benefits
- ✓ Social Security numbers for everyone applying. If Social Security numbers are pending, give the



Select who is filling out the application

Before you go to the next page:

⚠ Approved Representatives must upload a completed [IL444-2998 Approved Representative form \(PDF\)](#). The Approved Representative will receive a copy of all notices sent to the customer. The role of the Approved Representative is fully explained on the form. The form must be completed entirely and signed by the customer. It is not necessary to be an Approved Representative to help someone apply for benefits.

Apply for Coverage

Start

People

Liquid Resources

Other Resources


Job Income

Other Income

Who is filling out the application?

Are you filling out this application for yourself or someone in your family? Yes No

Are you filling out this application for someone else? If so are you:

- a friend or legal guardian
- someone with power of attorney
- a staff person of a community agency 

If you or your agency are registered as a community partner on this site, enter your agency number here.

By checking this box, a request will be sent to allow this agency to view information on my case. You will still need to approve this request in your ABE account.

Check in with your agency to see if you need to become an approved representative.

Some of your organizations may have registered as a community agency. If so, list your agency number here.



Apply for Benefits

Please select Yes or No for each benefit option below

You may change pre-selected answers to "No."



*Apply for Food Assistance?

Yes No

SNAP (Supplemental Nutrition Assistance Program)/State Food helps people and families buy food they need for good health. This program used to be called Food Stamps. [More about SNAP.](#)



*Apply for Healthcare Coverage?

Yes No

Provides access to healthcare benefits to people of all ages in Illinois. [More about healthcare coverage.](#)

If you do not qualify for HFS medical programs, we may, depending on eligibility, send your information to [Get Covered Illinois](#), the state's official Health Insurance Marketplace. Get Covered Illinois will contact you to complete the application process by reviewing available tax credits and choosing and enrolling in a health plan.



*Apply for Family Planning Program?

Yes No

The Illinois Family Planning Program is a partial-benefit program that offers coverage for family planning and related services for men and women. [More about Family Planning Program.](#) If you apply for Family Planning and Healthcare Coverage, eligibility for Family Planning will only be considered if you are not eligible for HFS Health Coverage.



*Apply for Cash Assistance?

Yes No

Helps pay for food, shelter, utilities, and expenses other than medical costs. A small amount of [Cash Assistance](#) is available to people who qualify.

If you apply for Cash Assistance, you will automatically apply for Healthcare coverage.



*Apply for Medicare Savings Program?

Yes No

Helps people on Medicare pay for premiums, deductibles, and co-insurance charges. [More information about the Medicare Savings Program](#)

Click 'Apply for Food Assistance'

Please note that if your client applies for multiple programs, there may be additional steps and documentation required.



Click 'Next' again

Hello, Halie. You are logged in.

8% Complete

Apply for Coverage

Start

People

Liquid Resources

Other Resources

Job Income

Other Income

Housing Bills

Other Bills

More About Benefits

We are almost ready to start! There are just a few more things you should know. Once you have read this, click on the **Next** button at the bottom of the page.

SNAP, Cash Assistance and Healthcare Coverage

- ✓ You have the right to submit your application with only Name, Address and Signature. You may avoid delays in processing your application by filling out as many pages as possible in ABE. Use the "Save and Exit" button to save and complete the application later or to submit this application once you have completed your Name and Address.
- ✓ The date we receive your application is your application date which affects the date your benefits will start. If the application is filed online after close of business (such as weekends, holidays, or after 5:00 P.M. on business days), the date of the application is the following business day.

Back **Save and Exit** **Next**





General Information



Begin entering information for the applicant

Hello, Halie. You are logged in.

9% Complete

Apply for Coverage

Start

People

Liquid Resources

Other Resources


Job Income

Other Income

Housing Bills

Other Bills

Finish



Person 1
Primary Account Holder

People In Your Home

* First Name :

Middle Initial :

* Last Name :

Suffix :

Gender : Male Female

Date of Birth : / /

What is this person's marital status?

What county do you live in?

Back Save and Exit Next



Physical Address (this is where you live)

* Street Address:

* City : * State : * Zip Code :
 Illinois

I am homeless right now. If you are homeless fill out a mailing address instead of this address.

Could you or a family member be placed in danger if your location was shared?

Mailing Address (This is where you will collect your mail if different from above).

Where can we mail notices about your benefits? ⓘ

Street Address or P.O. Box Number :

City : State : Zip Code :
 Illinois

Mailing address can be different from where they live



Contact Information

How can we get in touch with you?

Home Phone :

Work Phone : Extension:

Cell Phone :

Alternate Phone :

Phone for Text Reminders :  

Standard fees may apply from your mobile service provider.

Email Address:

Confirm Email Address :

Applicants can elect to get text reminders for important dates.

Applicants can elect to get emailed reminders that notices are available online and/or were mailed

Communication Preference

What is the best phone to get in touch with you during a weekday?

What is the best time to call you during the weekday?

If you are deaf or hard of hearing and you have asked us to get in touch by phone, what method do you use?

Spoken Language Preference :

Written Language Preference : 

How many people in the home?

People in the Home

How many people live with you (include yourself)?

Choose 

Back

Save and Exit

Next



Define the household

People in your Household/Tax Filing Group

The number of people living with you or included in your tax filing group help us to determine your eligibility.

* 1. Tell us how many family members live with you.

Choose ▾

Do Include:

- Yourself
- Your spouse who live with you
- Your unmarried partner with whom you have a child
- Your unmarried partner's children
- Your children/parent(s) who live with you
- Anyone else who you take care of and lives with you

* 2. If you plan on filing a tax return next year, tell us how many people will be on your tax return **who do not live with you**. (This number should **not** include anyone counted in question 1)

0 ▾

* 3. If you are claimed as a tax dependent, tell us the number of people listed on the tax return on which you are claimed as a dependent. (This number should **not** include anyone counted in question 1)

0 ▾

Total people in the household/tax filing group:

0

Back

Save and Exit

Next

Make sure to pause and consider how this description applies to your client's living situation when determining how to complete the application. Refer to the Medicaid Household Rules Chart if you are working with a family.

Under Benefit Selection click 'Yes' for SNAP

Halie Reyes

Primary Account Holder 

Benefit Selection

Select Yes or No to apply for benefits for this person. If you don't see the benefit you need, navigate "Back" to the Apply for Benefits screen and select Yes to make it available here

* SNAP :

Yes

No



If the client is living at the address they previously stated, select “In this home”

Residence/Living Arrangement Information

Is this person a resident of Illinois? Yes No

Did this person come to Illinois with a job commitment or looking for work? Yes No

Is this person a migrant or seasonal farmworker? Yes No

Where does this person live (living arrangement)? 

We recommend that beginning application assisters contact an experienced counselor if they are helping someone who lives in one of these other places on the list, as there will be additional rules to consider that are not covered in this training.



Enter the SSN if they are applying for benefits

Social Security Information

You do not have to answer these questions if this person is not applying for benefits.

Social Security Number : - -

Please Confirm Social Security Number : - -

Social Security number is required for anyone applying for benefits.

If a household member is NOT applying, their SSN does not need to be entered.



Citizenship & Veteran Information

Citizenship Information

Is this person a U.S. citizen? 

Yes No

Veteran Information

Is or was this person in the military or a spouse or child of someone in the military?

Yes No



Ethnicity & Race

Ethnicity

Select this person's ethnicity. You do not have to answer this question if you do not want to. Your answers will not be used to make a decision about your benefits.

- | | |
|--|---|
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Mexican, Mexican American, Chicano/a |
| <input type="checkbox"/> Non-Hispanic/Latino | <input type="checkbox"/> Cuban |
| <input type="checkbox"/> Another Hispanic, Latino, or Spanish origin | <input type="checkbox"/> Other Category Not Specified |
| <input type="checkbox"/> Prefer Not to Answer | |

Race

Select this person's race. You do not have to answer this question if you do not want to. Your answers will not be used to make a decision about your benefits.

- | | |
|--|---|
| <input type="checkbox"/> American Indian, Alaska Native, American Urban Indian, or California Indian | <input type="checkbox"/> Asian Indian |
| <input type="checkbox"/> Black / African American | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> White |
| <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Asian / Asian American |
| <input type="checkbox"/> Middle Eastern North African | <input type="checkbox"/> Some Other Race Alone |
| <input type="checkbox"/> Other | |

Indigenous Status

Is this person a descendant of the peoples who inhabited the Americas, the Pacific, and parts of Asia and Africa prior to European colonization?

- Yes No Prefer Not to Answer

Back

Save and Exit

Next

Ethnicity and Race sections are optional.

+ Blindness or Disability

Does anyone have a disability or blindness determined by the Social Security Administration OR have a disabling condition that has lasted at least 12 months and prevents the person from working?

Yes No Prefer Not to Answer

Tell us who:



Halie

+ Out of State SNAP (Food Stamp) Benefits

Is anyone getting SNAP this month from another state?

Yes No



Enter details of the client's disability if applicable

More About Halie's Disability or Blindness

You have told us that Halie has disability, is blind or is unable to work due to illness or injury. Please tell us a little bit more about this.

Halie's Disability or Blindness

Has the Social Security Administration (SSA) made an official decision that Halie is blind?

When did Halie become blind?

Ex:
mm/dd/yyyy

Has the Social Security Administration (SSA) made an official decision that Halie has disability?

When did Halie become disabled?

Ex:
mm/dd/yyyy

Does Halie need help with activities of daily living through personal assistance services, a nursing home, or other medical facility? (e.g.:meal preparation, bathing, dressing and grooming)

Yes No

If a person received their disability status from an institution other than SSA, such as the VA, write an estimated date of disability, make a note in the comment section, and submit proof of disability.

Back

Save and Exit

Next

Answer follow up questions

+ Disability

Is anyone working with Rehabilitation Services? 

Yes No

Does anyone care for a child, spouse or other person with a disability in the home?

Yes No

+ Alcohol and Drug Treatment Program

Is anyone in a alcohol or drug treatment program? 

Yes No

+ Domestic Violence

Is anyone a victim of domestic violence?

Yes No





Identity Proofing



Verify applicant's identity

APPLICATION

Verify Your Identity

Verify Identity

We need to verify your identity. We can verify your identity during the application process or you can do it later. If you return later to link your case in MMC, you will be required to verify at that time.

To verify your identity later, choose the 'Verify your Identity Later' button

To verify your identity now, complete the questions below and choose 'Verify Identity Now'. If you do not have an Illinois Driver's license or State ID Card, we will attempt to verify your Identity using another method.

* Do you have an Illinois Driver's License or State ID Card? Yes No

[Verify Identity Later](#) [Back](#) [Verify Identity Now](#)

[Frequently Asked questions \(FAQ\)](#) [Contact Us](#) [Satisfaction Survey](#)



Hello, USER. You are logged in.

Verify your Identity - Illinois Driver's License or State ID Card

Complete the Illinois Driver's License/State ID Details section below. Enter the information **EXACTLY** as shown on your Illinois Driver's License/State ID Card, including your middle name **ONLY** if it appears on your ID.

Illinois Driver's License/State ID Information

* First Name

Middle Name

* Last Name

Suffix

* Date of Birth MM DD YYYY
 / /

* Eye Color
Brown
Black
Grey
Green
Hazel
Blue
Yellow

* Height ft in

* Weight lb

* Enter in your 12-digit Illinois Driver's License or Illinois State ID Number - -

On your Illinois Drivers License, your Illinois Driver's License Number is located here:



On your Illinois State ID Card, your Illinois State ID Number is located here:



Back

Next

Verify with ID card

Make sure to type in information *exactly* as it is listed on the ID card

Note: Put a 0 before the numerical value in the 'ft' section and a 0 in front of the in section, if applicable

Example: if someone is 5ft 5in, state that they are 05 ft and 05 inches.

If you don't put the 0 the system will not be able to verify identity



Verify with Experian background questions

ABE APPLICATION FOR BENEFITS ELIGIBILITY

Help | Print | Logged in: happy1540 | Logout

Verify Your Identity

To protect you from identity theft, and to confirm your identity, please answer these questions. If the correct answer isn't here, choose "None of the above". When you are done, click "Next".

1. Which of the following streets have you lived on?
 - Sunnyside Rd.
 - Main St.
 - Michigan Ave.
 - Grand Ave.
 - None of the above
2. Which of the following phone numbers have you been associated with?
 - 217-555-1212
 - 312-000-1234
 - 773-555-0000
 - 872-111-0000
 - None of the above
3. What street number have you lived at?
 - 111
 - 34786
 - 14177
 - 300
 - None of the above
4. What is your mother's maiden name?
 - Smith
 - Johnson
 - Williams
 - Brown
 - None of the above
5. What county do you currently live in?
 - Cook
 - Adams
 - Sangamon
 - DuPage
 - None of the above

Next

If you are unable to verify identity through the client's ID, the client can answer a series of questions that drawn from their credit report.

These questions are only available if the applicant has credit history.



You may see this screen if you unsuccessfully answered the verification questions or there is no credit history to verify the applicant's identity.

Verify Your Identity

We were unable to verify your identity based on the answers you provided.

Our Identity Verification service is hosted by Experian. Please call the Experian help desk and give them this reference number to verify your identity over the phone.

Help Desk Phone Number: 1-866-578-5409

Reference Number: 8c31-e9-68c6

Please answer the question below after calling Experian.

Were you able to verify your identity through Experian? Yes No

Click Next to complete the identify verification process

[Back](#) [Next](#)

If you are unable to verify identity through state ID and/or Experian, you can manually verify by faxing a form to IDHS.





Assets



Liquid Resources

Tell us about the people in your home who have liquid resources. 

If someone owns a resource with another person, only check the box of one of the owners. Later, we will ask more about who else owns the resource.

+ Cash

Does anyone keep cash at home (rather than in a savings or checking account)? Yes No


+ Savings Account

Does anyone have a savings account or closed or removed/added a name to a savings account in the last 5 years? Yes No

+ Checking Account


Does anyone have a checking account or closed or removed/added a name to a checking account in the last 5 years? Yes No

+ Other Liquid Resources

Does anyone own any other liquid resources or has anyone sold/given away any liquid resources in the past five years? 

This section is important to QMs who are over the gross income limit and for screening households for expedited SNAP benefits.


* Other Liquid Resources

Does anyone own any other liquid resources or has anyone sold/given away any liquid resources in the past five years? Yes No 

* Checking Account

Does anyone have a checking account or closed a checking account in the last 5 years?

* Other Liquid Resources

Does anyone own any other liquid resources or any liquid resources in the past five years? 

[Back](#)

Tell me more

By other liquid resources, we mean things like:

- Trusts or annuities,
- Credit union accounts,
- Christmas club accounts,
- Savings bonds,
- Stocks or mutual funds,
- Money market accounts,
- IRAs,
- Keoghs
- Medical savings accounts
- Or any other accounts, funds, or resources.

Remember if someone owns a resource with another person, only check the box of one of the owners. Later, we will ask about who else owns the resource.



Other Liquid Resources

Next, please check the box(es) to tell us which type(s) of other resource(s) each person owns or has sold/given away in the last 60 months. Keep in mind that if a resource has more than one owner, you only need to tell us about that resource once. If you need to know more about a type of resource listed below, please click the Help button.

* Johnny's Other Liquid Resources



Johnny

- | | |
|---|---|
| <input type="checkbox"/> Trusts and/or annuities | <input type="checkbox"/> Medical Savings Account |
| <input type="checkbox"/> Money Market Accounts | <input type="checkbox"/> Lawsuit that may bring money |
| <input type="checkbox"/> Savings bonds, stocks or mutual funds | <input type="checkbox"/> Certificates of Deposit(CDs) |
| <input type="checkbox"/> IRA, Keogh, 401(k) or deferred compensation account(s) | <input type="checkbox"/> Other (tax refund, mineral/oil rights, nursing home accounts, promissory notes/loans, reverse mortgages, etc.) |



More About Halie's Checking Account.

Please tell us a little bit more about Halie's checking account.

What is the balance of Halie's checking account?

\$

Does Halie have another checking account?

Yes No

You will see a page like this for each liquid resource selected.





Income



Job Income

Job Income Information

Tell us about the people in your home who have jobs or are self-employed.

+ Current or Recent Job

Check the box for anyone who has a job right now or had a job in the last 3 months or is on strike from a job right now. Do not check this box if the person is self-employed.

No one



Halie

+ Self Employment

Check the box for anyone who is self-employed right now or has been self-employed in the last 3 months.

No one



Halie

+ Refusal to Work

Please check the box for anyone who has quit a job, reduced work hours to less than 30 hours per week, or refused to take a job in the last 60 days.

No one



Halie

More About Halie's Job

Tell us more about a job Halie has had in the past 3 months.

Do not enter information about Work Study here. We will ask about that later in the Other Income section.

Employer

Name of Employer:

Employer Address:

City: State: Zip Code:

Employer Phone:

Job Title:

When did Halie start this job? Ex: mm/dd/yyyy

Is Halie's payment from employment expected to continue for the next 30 days? Yes No

Pay Information

How often does Halie get paid? This is Halie's pay period.

How much does Halie get paid each time they are paid? \$

Hourly Pay

Does Halie get paid by the hour? Yes No

Bonus, Commission Pay or Tips

Does Halie get any other pay, such as a bonus, commission pay, or tips? Yes No

Strike

Is Halie on strike from this job? Yes No

Job End

Is this job ended or going to end? Yes No

Does Halie have any other jobs? Yes No



If someone has variable income, list what they earned in the past 30 days.

Self-Employment/ Contract Employees

More About Halie's Self-Employment

You have told us that Halie is or has been self-employed in the last 90 days. Tell us more about this self-employment.

Self-Employment

What type of self-employment does Halie have?

What is the start date of Halie's self-employment?
Ex: mm/yyyy

How many hours a month is Halie self-employed? If Halie's hours are not regular, try to estimate the number of hours.

What is the gross monthly income amount from Halie's self-employment before any expenses are taken out?

How much are Halie's business expenses each month?

Is Halie's self-employment expected to continue for the next 30 days? Yes No

Is Halie's self-employment run out of the home? Yes No

Does Halie have any other self-employment? Yes No



Tips for Reporting Self Employment

- Fill out as much information as you can.
- Self Employed individuals' can deduct work expenses from their gross income when determining eligibility. Make sure to list expenses.
- Clients can submit self employment ledgers to document expenses. They do not need to submit receipts as proof of any expenses.



Other Income

Money From Other Sources

Tell us about money the people in your home get from sources other than a job or self-employment. This includes money given to you by friends or family. If you are not sure about a source of income, click on Help to read more about what we are looking for.

* Supplemental Security Income (SSI)

Did anyone get SSI in the last 3 months?  Yes No


Click here if the applicant receives SSI

* Retirement, Survivor, and Disability Insurance (RSDI)

Did anyone get RSDI in the last 3 months?  Yes No

Click here if the applicant receives any other type of Social Security Benefit


* Child Support

Did anyone get child support from someone outside of your home in the past 3 months?  Yes No


* Room and Meals

Does anyone get money for renting a room and/or providing meals to someone? Yes No

* Adoption Subsidy Payments

Does anyone receive an adoption subsidy payment?  Yes No

* Other Income

Does anyone get any other types of income or payments?  Yes No

‘Other Income’ sources on this list may also be referred to as “**Unearned Income**” because the money is not earned through work.



Other Types of Income

Other Types of Income






Tell us which types of other income each person gets.

If you need to know more about a type of income listed, click on Help.

Halie's Income Information



Halie

- | | |
|---|---|
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Money from others, such as family or friends |
| <input type="checkbox"/> Land Contract, Mortgage or Other Notes Payable to a Household Member | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Alimony/Spousal Support | <input type="checkbox"/> Pension or Retirement |
| <input type="checkbox"/> Resettlement Income | <input type="checkbox"/> Veteran Benefits |
| <input type="checkbox"/> Rental Income | <input type="checkbox"/> Military Allotments |
| <input type="checkbox"/> Tuition Assistance  | <input type="checkbox"/> Disability Benefits (not from SSA or SSI) |
| <input type="checkbox"/> Income from Room and/or Meals | <input type="checkbox"/> Interest Payments/Dividends |
| <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Pandemic Unemployment Assistance  |
| <input type="checkbox"/> Federal Pandemic Unemployment Compensation  | <input type="checkbox"/> Pandemic Emergency Unemployment Compensation  |
| <input type="checkbox"/> Other Income  | |

These are the types of income sources listed when 'Other Income' is selected from the previous page



More About Halie's Retirement, Survivor's, and Disability Insurance (RSDI)

You have told us that Halie gets money from Retirement, Survivor's, and Disability Insurance (RSDI). Please answer the questions below to tell us more about this payment. If you get this type of payment only a few times a year, please choose monthly and estimate how much this payment would be each month.

When did Halie start getting payments from Retirement, Survivor's, and Disability Insurance (RSDI)?

Ex: mm/dd/yyyy

How often does Halie get payments from Retirement, Survivor's, and Disability Insurance (RSDI)?

How much is each payment from Retirement, Survivor's, and Disability Insurance (RSDI)?

Is Halie's payment from Retirement, Survivor's, and Disability Insurance (RSDI) expected to continue for the next 30 days?

 Yes No

Does Halie have any other Retirement, Survivor's, and Disability Insurance (RSDI)?

 Yes No

You will see a page like this for each liquid resource selected.



Loans

- All loans are exempt from income calculations.
- Submit a signed statement from both parties that details the amount of the loan, the payment of the loan, and the repayment required.
- “I loaned Jenny \$500.00 and I expect her to pay it back”

<https://www.dhs.state.il.us/page.aspx?item=15658>





Living Expenses



Living Expenses

- Living expenses affect how much someone gets in SNAP benefits
- The term ‘deductions’ refers to living expenses that are *deducted* from a SNAP applicant’s gross income and used to determine the ‘SNAP net income amount’.
 - The amount deducted is not based off the actual cost of the living expense. It is based off complex formulas, and standardized rates that are very, very dated.
 - The SNAP ‘net income’ will never reflect someone’s actual net income but is a calculation that traces back to the deduction formulas.

The more types of deductions you can claim, the higher the benefit amount will be. This is sometimes more important than actual expenses.



Housing and Utility Bills

Tell us about the people in your home who pay for housing and utilities (gas,electric,etc.).

If you split a bill with someone,you should check the box for each person that pays.Later,when we ask how much the payment is,you should tell us what each person pays.

* Housing Costs

Does anyone pay bills for housing, like rent, mortgage, property taxes, insurance, or temporary housing?

Yes No

* Utility Bills

Does anyone pay utility bills like gas, electricity, water, sewer, telephone, etc.? Yes No

[More information about housing and utility bills](#)

Did anyone receive a payment of \$21 or more this month or in any of the last 12 months from the Low Income Home Energy Assistance Program (LIHEAP), (in Chicago paid through CEDA)?

Yes No

Is the household billed separately from rent or mortgage for:

Heat or air conditioning

Yes No

Excess cost for heat or air conditioning

Yes No

* Room and Meals

Does anyone pay to stay in a room in someone else's house or get meals as part of their rent? Yes No

Housing Bills


Housing Bills

Check the box for all of the housing bills that each person is responsible for paying.

Halie's Housing Bills



Halie

- Rent
- Mortgage
- Homeowner Insurance
- Property Tax
- Condo or Homeowner Association Fees
- Other 
- None

Make sure to report insurance costs, and property taxes/ HOA fees if working with a homeowner. It may help increase someone's benefit amount!

Halie's Rent or Lot Rent Payment

Tell us about Halie's Rent or Lot Rent payments.

How much is Halie supposed to pay for Rent or Lot Rent payments?

\$

How often is Halie supposed to make payments?



Is Halie responsible for any other Rent or Lot Rent payments?

Yes No



Utility Bills

Utility Bills

Please check the box for all of the utility bills that each person is responsible for paying.

Halie's Utility Bills



Halie

- | | |
|--|--|
| <input type="checkbox"/> Water/Sewer | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Cooking Fuel | <input type="checkbox"/> Utility Installation |
| <input type="checkbox"/> Electricity(non heat) | <input type="checkbox"/> Fuel Oil or Kerosene |
| <input type="checkbox"/> Heat(gas,electric,
propane,wood,etc) | <input type="checkbox"/> Water Well Installation or
Maintenance |
| <input type="checkbox"/> Septic/Sewer Installation or
Maintenance | <input type="checkbox"/> Garbage/Trash Pickup |
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> None |

Back

Save and Exit

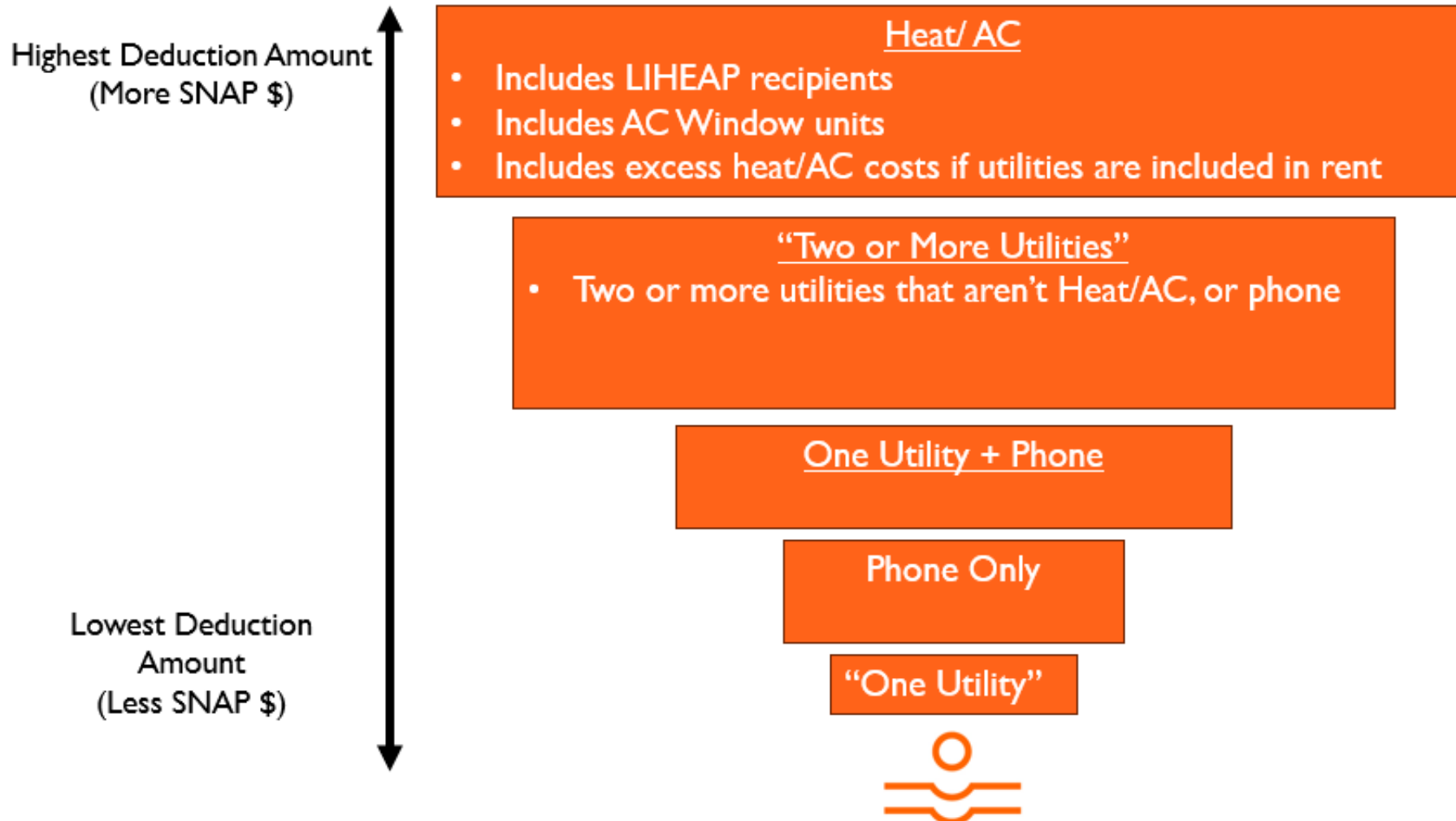
Next

Check off all utilities that apply.
Note: Proof of utilities is not
required.



The Type of Utility Matters More than the Cost

See WAG 13-01-08-b <https://www.dhs.state.il.us/page.aspx?item=16170>



Other Expenses

Your Other Expenses

Tell us about your other expenses.

+ Child Support

Does anyone pay child support for a person who they are legally responsible for or for whom there is a court order of support? Yes No

+ Medical Bills

Does anyone have ongoing medical bills or unpaid medical bills from previous months? Yes No

+ Medicare Part A or Part B

Is anyone currently receiving Medicare Part A or Part B or Railroad Retirement Benefits? Yes No



Medical Deductions for Qualifying Members

- Qualifying Members report medical expenses from the past 30 days.
- Medical expenses must total to at least \$35.00 to get a standard deduction of \$185.00.
 - If the Qualifying Member pays more than \$185.00 in medical bills per month, they can have the actual expense get deducted. (This may help them get more SNAP \$)
- The medical bill must be submitted with the application.

Most Qualifying Members can report monthly Medicare Part B premiums.

[IDHS: PM 13-01-05-a: Allowable Medical Expenses \(state.il.us\)](#)



Medical Bills

Medical Bills

Please check the box for all of the medical bills that each person is responsible for paying

Halie's Medical Bills



Halie

- Ambulance/Medical transport
- Attendant/Housekeeper
- Audiology (Hearing) services
- CILA community based services
- Copays
- Dental care
- DHS community based services
- DOA community based services
- Eye care
- Health insurance premium
- Hospital
- Laboratory/X-Ray
- Medical transportation-mileage
- Medicare premium
- Not prescribed medical equipment/supplies
- Nursing/Facility Care
- Office Visit
- Other medical waiver services
- Other qualified health professional
- Prescribed medical equipment and supplies
- Prescribed service animal
- Prescription medicine
- Private in-home care services (Medically Necessary)



Halie's Medicare premium

Please provide details about the Medical Bill: Medicare premium that Halie is responsible for paying

* Required Field

Medical Bills Details

* Name of person who received this service

Date of Service

Ex:

mm/dd/yyyy

Date Billed/Paid

Ex:

mm/dd/yyyy

Paid to

Total Amount Billed

\$

How much is Halie required to pay (do not count the amount covered by someone else)?

\$

* Bill Due Date

Ex:

mm/dd/yyyy

* Is this a one time expense?

Yes No

You will see a page like this for each medical bill selected.



More about Medicare

More About Medicare

Tell us more about Halie's Medicare. If you only get one type of Medicare, leave the other question blank.

Halie's Medicare Part A

Is Halie currently receiving Medicare Part A?

Yes No

Halie's Medicare Part B

Is Halie currently receiving Medicare Part B?

Yes No

Halie's Medicare Claim Number

What is Halie's Medicare Claim Number? 

Railroad Retirement Claim Number

What is Halie's Railroad Retirement Claim number?



More about Job Expenses

Meals, Uniforms and Tools

Does Johnny buy or bring lunch to work?

Buy Lunch Bring Lunch

Does Johnny buy uniforms or special tools?

Yes No

What is the total cost of purchasing meals, uniforms and tools? \$

How often does Johnny purchase meals, uniforms and tools?

Transportation

How does Johnny get to and from work?

Own Car BUS Other(List)

If Johnny uses their own car, how many miles per day to and from work?

If Johnny takes the bus, what is the fare per day to and from work? \$

If Johnny uses another form of transportation, what is the cost per day to and from work? \$

Other Expenses

Does Johnny pay union dues, group life insurance premiums, group health insurance premiums, or retirement plan withholding as a condition of employment? Yes No

Monthly Amount

\$

An additional ledger should be submitted if job expenses are reported.



Final Steps & Submission



SNAP Interview

Interview Information

If you are applying for SNAP or Cash assistance, an interview is required. Please answer the following:

- I am able to come to the office for an interview.
- I am not able to come to the office for an interview.

As you are unable to come to office for an interview, please provide contact information below before clicking Next.

Home Phone :

Work Phone : Ext :

Cell Phone :

Alternate Phone :

Phone for Text Reminders :

Check the box below that applies if you are unable to come to the office for an interview.

- Hours of work or educational activities conflict with office hours(Monday - Friday 8:30 - 5:00)
- Problems with health, transportation or ongoing severe weather.
- Do not have someone to care for a child or disabled adult.

Standard fees may apply from your mobile service provider.

Additional Information

Additional Information

In the box below, you can provide us with any additional information that may help us with your application. Space is limited, so please be brief.

Use this box to state any important component of the case or unusual situation on the application.

Be brief, professional, and provide supporting documentation as much as possible.



Getting Faster Services

Answer a few more questions to see if you qualify for expedited services.

SNAP

Have you received SNAP benefits this month?

Yes No

Income

You have indicated that your household's gross monthly income is:
If this is wrong, return to [Job Income Summary](#) or [Other Income Summary](#) to make changes.

\$


You have indicated that your household's monthly child support expense is:
If this is wrong, return to [Other Expenses Summary](#) to make changes.

\$

Countable Monthly Income

\$

Resources

You have indicated that the total value of liquid assets owned by people in your household is:
If this is wrong, return to [Liquid Assets Summary](#) to make changes. 

\$

Expenses

You have indicated that the amount your household will pay for housing this month is:
If this is wrong, return to [Household and Utility Bills Summary](#) to make changes.

\$

Are you receiving or do you expect to receive Low Income Home Energy Assistance Program (LIHEAP),(In Chicago paid through CEDA)?

Yes No

If the information entered qualifies the applicant for Emergency SNAP, this screen will appear.

Before You Submit the Application

We have found some unanswered questions (or missing information) in the sections listed below. Although you do not have to answer all of the questions before you submit your application, you may be required to provide the information in order to receive benefits. You can go back to review those sections by clicking on the links below OR click **Next** to submit your application now.

Section	Review
People	Review People
Job Income	Review Job Income
Other Income	Review Other Income
Housing Bills	Review Housing Bills
Other Expenses	Review Other Expenses

Back

Save and Exit

Next



Signing Your Application

You are just a few minutes away from submitting your application. To do so, you will need to:

- Read the Rights and Responsibilities we have listed below.
- Check the signature box and type your name below to sign your application.

Do I have to come to the office to be interviewed?

If you are applying for Cash or SNAP benefits we will schedule an interview within 14 days, usually at our office. However, if you can not come to the office because of problems with work, health, transportation or child care we can talk with you over the phone. If you have indicated that you cannot go to a DHS Office in person for an interview, please be aware that **DHS WILL CALL YOU** at the telephone number listed to complete an interview by phone. If you are applying for cash assistance you must come to the office for an interview. If you are applying for Healthcare only, no office interview is required.

SNAP Coverage - Client Rights and Responsibilities:

Read carefully before signing this application. Ask your caseworker to explain anything you do not understand.

Because the SNAP program requires a social security number (SSN) for every member of your household who is applying for SNAP benefits, we are explaining how your SSN is used by IDHS.

What does IDHS do with your Social Security Number?

The SSN will be used in the administration of the SNAP program to check the identity of household members, prevent duplicate participation, and to facilitate making mass

Who will receive the application?

Office Information

Based on the information you provided in your application, the system will send your application to the following DHS/HFS office:

West Suburban FCRC
2701 W LAKE Street
MELROSE PARK IL 60160-3800
Phone Number: (708) 338-7600

If you would like to be served at an alternate office, please select your office of choice from the list below:

Service Office:

WEST SUBURBAN LOCAL OFFICE ▼

Authorization Key (Office Use Only)

Note: This phone number usually just routes straight to the IDHS hotline. It is typically not answered by anyone who works at the local office.

ABE will offer to send the application to the closest FCRC office. However, the applicant can opt to send their application to any office in their county if they want to. They can select a different office here.



Fraud Penalty Affidavit

Before you will be able to complete the online application, you must read the following Penalty Affidavit and provide certification of your understanding and acceptance.

I understand that the information on this form is subject to verification by federal, state, and local officials. If I intentionally give false or misleading information, I may be subject to criminal or civil prosecution.

I also understand that I may be prosecuted for fraud, be required to repay the amount wrongfully received and/or be disqualified from program participation. I understand I may be asked to show proof of any information I have given.

* By checking this box you are certifying that you have read, understand and accept the penalty statement above.

[Report fraud for Cash, SNAP & Healthcare Coverage](#)

Electronic Attestation

I have agreed to submit this application by electronic means. By signing this application electronically, I declare under penalties of perjury that my answers are correct and complete to the best of any knowledge and belief. I also declare the following:

- I understand the questions and statements on this application.
- I have read and understand my Rights and Responsibilities in the box above.
- I understand the penalties for giving false information.
- I understand that upon verification of my information, this attestation will have the same legal effect and can be enforced in the same way as a written signature.

* By checking this box and typing my name below, I am electronically attesting to the information in the application.

* First Name :

Middle Initial :

* Last Name :

Note: You will need to be an authorized representative to sign electronically if the client is not present at the time of submission.

Submission Summary

Keep Track of Your Application

Your tracking number for this application is **T10012188**

Be sure to write this number down or print this page for your records.

If you are applying because you have a disability, you will get a notice about medical benefits within 60 days of your application date. If you do not have a disability, you will get a notice within 45 days.

You will get an answer about your SNAP application within 30 days.

If you have a question about your application or need to report new information you may contact the office listed at the top of this page. It will be helpful to have your tracking number.


Print Your Application

DO NOT MAIL THIS APPLICATION. Print or save it for your own records only.

To print, click on the Print My Application button below. If you decide to print or save a copy keep in mind this application has your private and personal information on it.

[Print My Application](#)

You will need to have a program called Adobe Acrobat Reader to see and print this application. If you do not have this program on your computer, you may install it for free by clicking on the icon below.



Your Next Steps

Based on the application you submitted, there are some steps that you may take to help us process your application. Click Next to continue.

[Back to ABE](#) [Next](#)

Document the tracking number in your records. If IDHS loses the application, this may be the only way for them to locate it.

Save a PDF of the application for your records and/or print for the client. **Black out all SSNs** if you ever send anyone a copy.

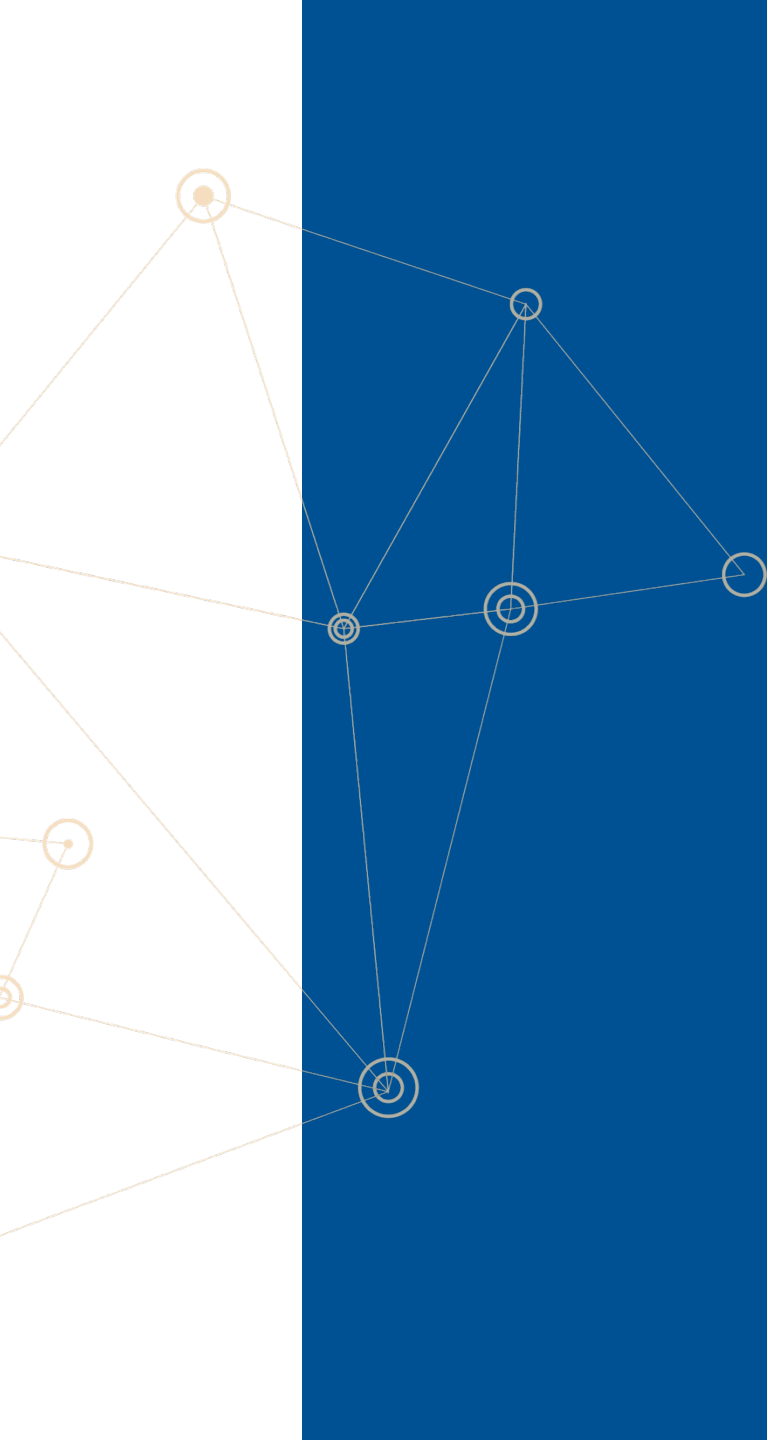
Click 'Next' to submit documents.



After Submission

- Provide the client a copy of their application and confirmation page
- Advise the client on the timeline and next steps, including the interview
- Submit all required documents to DHS via ABE or fax (you may look up the fax number to your local office on the DHS website)





Part Three: IDHS Interview

Appointment letter

- DHS must provide applicants with a notice detailing their interview scheduled date.
 - This notice gets sent via **MAIL**.
 - There may be inconsistencies, such as the letter being received after the interview date or no letter being sent at all.
- However, DHS is **not** required to contact applicants at the scheduled interview appointment. They may call at any time during the next 30 days.



In-Person Interview

- Applicants may choose to have an in-person interview at the DHS office (depending on location).
- Based on your provided address on the application, IDHS will send you to the nearest office.
- Although agencies vary, you are allowed to bring someone to the interview. Check your local agency first.



Phone Interview

- Make sure that for the next 30 days, **ALL** calls are answered. You **CANNOT** call back if missed.
 - There is NO standard number that DHS calls from, the Caller I.D may come up as "Scam Likely" or "Unknown"
- Sometimes a caseworker will disclose if you have been approved during the call.



Interview Details

- Although each interviewer is different and will have a different interviewing style, applicants can expect to be asked:
 - What is your full name and birthdate?
 - Where do you live?
 - What is your monthly income?
 - Do you pay utilities? What other bills do you have?
- Other details may be discussed such as next steps if DHS is requesting any documents.



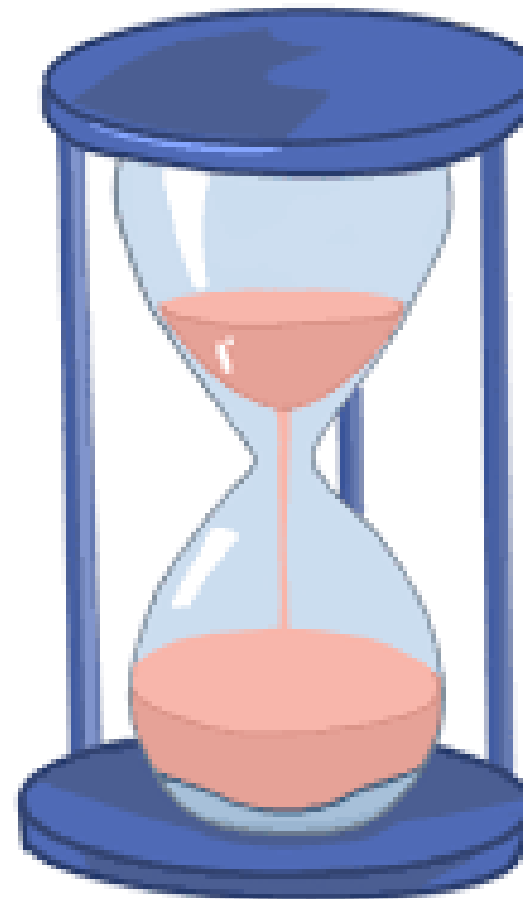
Items to have ready (if applicable)

- SSN (if not memorized)
- Pay stubs (if applicable)
- Social Security award letter (if applicable)
- Pension statements (if applicable)
- Rent/mortgage
- Utilities
- Medical expenses
- Dependent-care costs



Processing Times

- IDHS is required to process a SNAP application within 30 days.
- Emergency SNAP application must be processed within 5 days.
- If a client has not received a letter or phone call by the deadline, the case worker or client should follow up.



Activating the Link Card

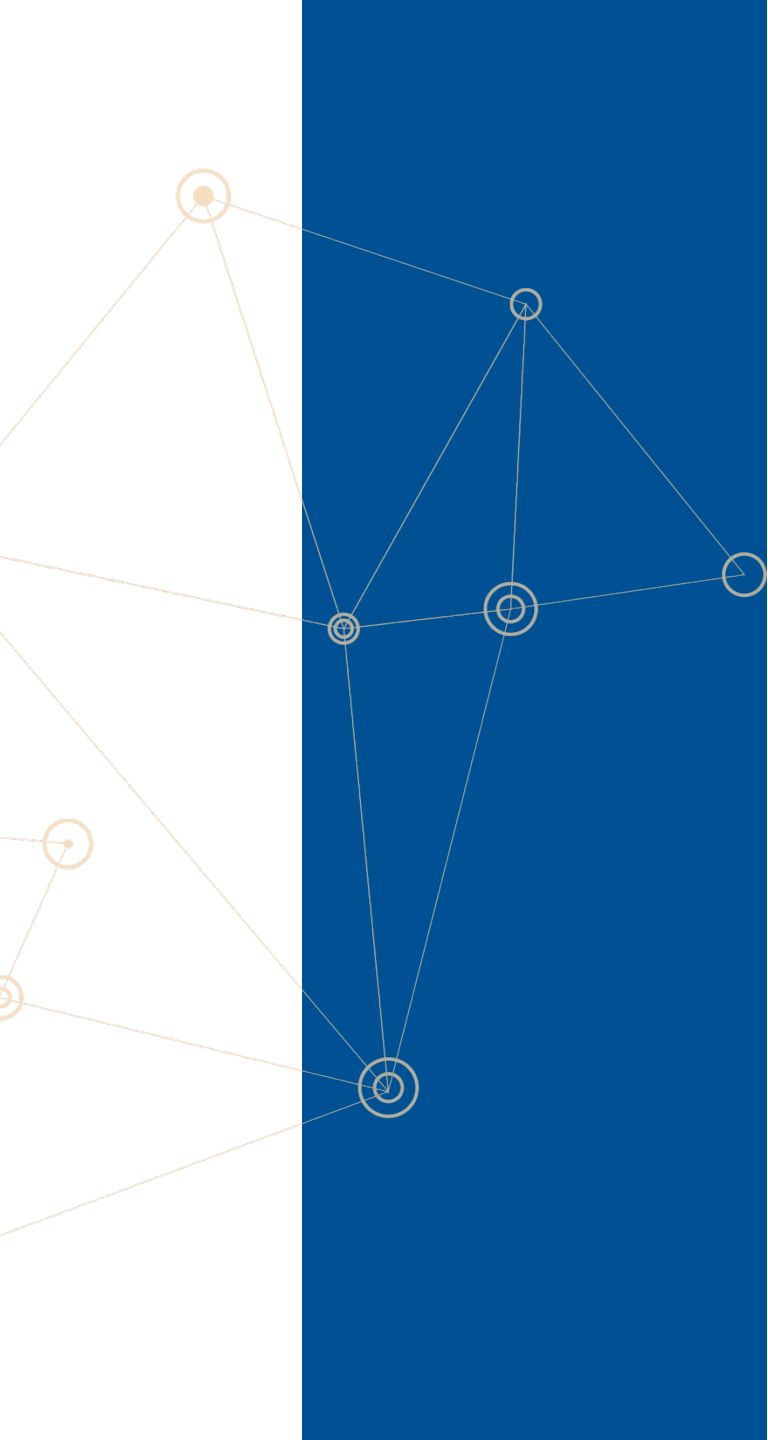
After the interview if benefits have been approved, the client will receive a LINK Card in the mail.

- [Illinois Card Website Link](#)
- Illinois Link Help Line - (800)-678-5465
- **You will need the 16-digit number located on the SNAP card**

What you can do:

- Change your address
- Check your Link account balance
- Report a lost or stolen Link card
- Order a replacement Link card
- Select your first PIN or change your current PIN
- Check recent purchases and withdrawals
- Report a problem with a purchase or withdrawal





Part Four: Redeterminations & Change Reports

Completing Redeterminations

- SNAP recipients must renew or ‘redetermine’ their benefits every six months. An interview will be required for a recipients **first** six-month redetermination and at **every other** SNAP redetermination after.
 - [IDHS: Reinstatement of Six-Month Redetermination Process and EZ REDE for SNAP](#)
- Elderly and/or Disabled Simplified Redetermination Project (EDSRP): SNAP units whose adult members are all aged 60+ or disabled **AND** do not have countable earned income are only required to complete a redetermination every two years.



How to Complete a Redetermination

- SNAP recipients will receive a physical form in the mail when it is time to complete their redetermination. They can also check by logging into Manage My Case.
- They may complete their redetermination by returning the mailed form, calling the IDHS hotline, or submitting online through Manage My Case.
- Both the online and physical redetermination forms are pre-populated and you are confirming that the information is still true.



Change Reports for EDSRP households

There are multiple changes that can occur that **MUST** be reported to DHS within 10 days of the change.

- Start, change, or lose a job
- Source of unearned income changes or amount changes by more than \$125
- Change in household size
- Change in residence and shelter costs
- Substantial lottery or gambling winnings won in a single game as a cash prize more than \$4,500

These changes can be reported in Manage My Case or by calling the IDHS Hotline.

[IDHS: PM 18-04-00: Changes in the Food Assistance \(SNAP and State Food\) Household](#)

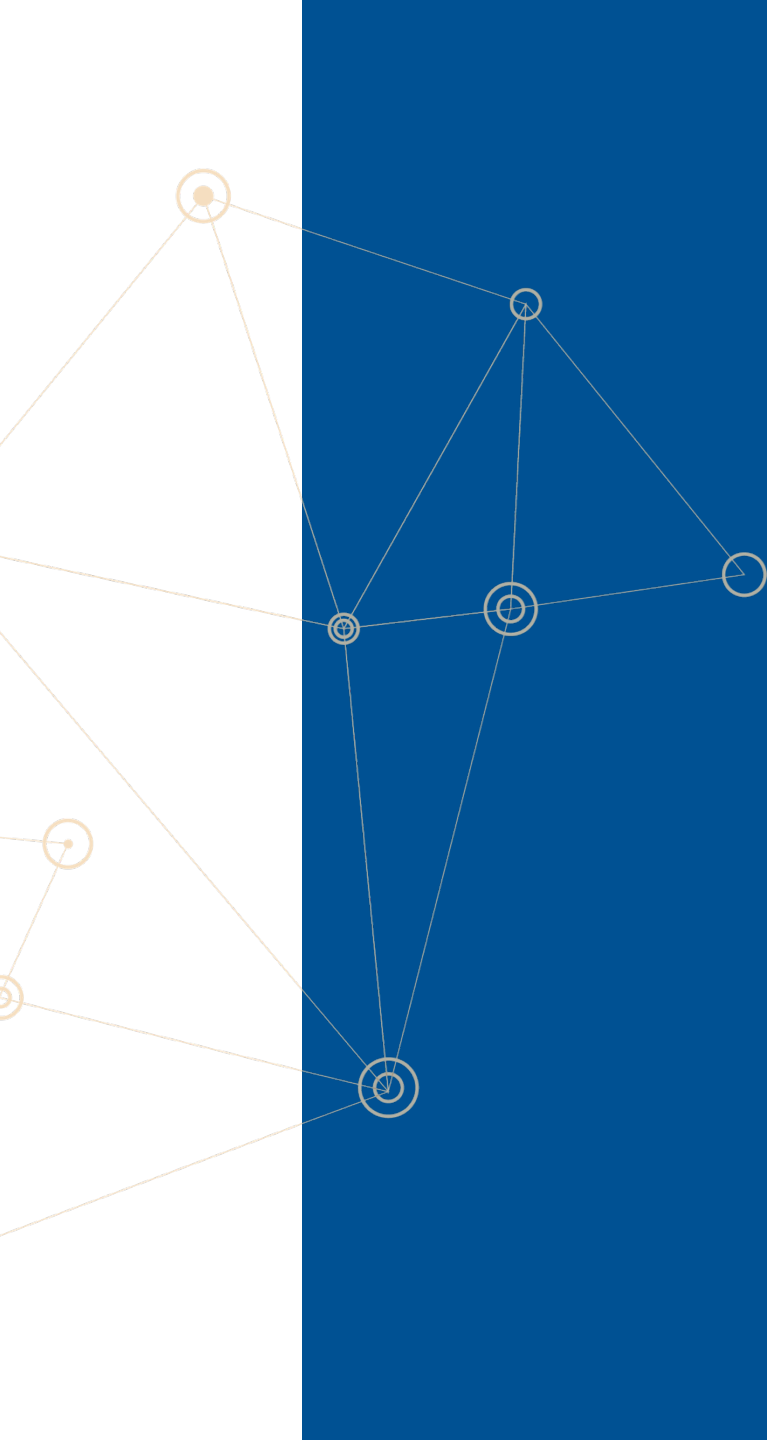


Change Reports for Non-EDSRP Households

Non-EDSRP household are subject to Simplified Reporting. During their approval period, they are only required to report the following changes within 10 days after the month in which the change occurred and at redetermination.

- Gross monthly income exceeds the Gross Monthly Income Standard for the household size
- A SNAP household member has received lottery/gambling winnings of more than \$4,500
- When an Able-Bodied Adult without Dependents (ABAWDs), who is subject to the SNAP Work Requirement time limit, work hours fall below 20 hours per week.
- [IDHS: PM 18-04-00: Changes in the Food Assistance \(SNAP and State Food\) Household](#)





Troubleshooting Tips

Repeated error messages when using ILogin

Clear your cache!

- Clear your cache between clients when utilizing ABE.
- It may be helpful to utilize a different browser than you normally use for all ABE applications due to frequently clearing browsing history and cache.



“Your session has ended because of an error”

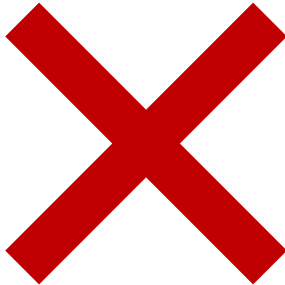
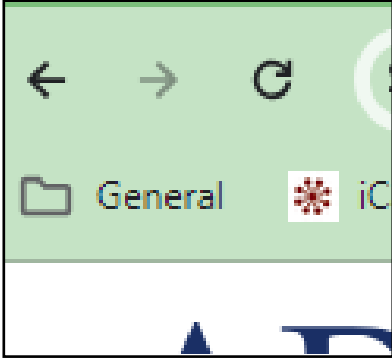
- ABE will sometimes glitch mid application. When this happens, you may be permanently blocked from the application.

Follow these steps if you encounter this error message while you are in the middle of a new application:

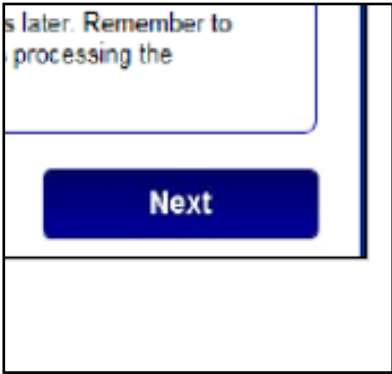
1. Try logging in on a different browser. Avoid using Internet Explorer.
2. Clear cache
3. Restart computer



Avoid Hitting the Forward/ Back button



NO



YES



Click the 'Change' or 'Erase' Button to Edit


Before you go to the next page:

⚠ If you are sure you want to erase Johnny's Cash on Hand, please click on the "Erase" link one more time. If you do not want to erase it, just click Next

Liquid Resources Summary

Here is a summary of what you have told us. If a section below has a check mark, you have given us all of the information we have asked for. If you would like to change your answers or finish a section that does not have a check mark, click on "Change." If you would like to remove something, click "Erase."

Review Your Answers: Cash

Who Has It	Amount	Section Complete?	Change or Erase
 Johnny	\$ 0.00		Change or Erase



Following up on an application

There are many avenues to follow up on an application:

- Helphub
- Greater Chicago Food Depository
- IDHS Hotline
- Contacting LOA
- Direct caseworker contact, if applicable
- Filing an Appeal (Only if all other avenues have been exhausted)



Join us for another SNAP Policy training!

GCFD Presents: SNAP Policy Updates for Benefit Counselors will provide a comprehensive overview of recent SNAP updates, including changes to work requirements, EZ redeterminations, supporting documentation, and steps on how to regain benefits. This session will also include ample time for Q&A with their experts. Links to register for both trainings can be found below.

GCFD Presents: SNAP Policy Updates for Benefit Counselors

July 1st, 2026 from 10:00am-11:00am

<https://us06web.zoom.us/meeting/register/TOgv1oOvT4yIfQo7blk9uw>



Review Your Toolkits!

This training comes with a toolkit that includes:

- Copy of this PowerPoint
- Document Upload and Manage My Case Guide
- How to Contact IDHS Sheet
- Reference Sheets detailing:
 - Key Government Stakeholders
 - 2026 Income Limits
 - What counts as income?
 - Utility Deduction Ranking



Thank you!

