



**HEALTHY
LOCAL 1**



Unite Here Local 1 members –

This guide will not have a picture of every single page in the online Medicaid application, but will help you navigate through most of the pages where the questions might be confusing. If you have trouble applying, feel free to fill out a [Healthy Local 1 Intake Form](#) again and specify that you need help applying for Medicaid – we're here to help!

The most common forms of documentation you'll want to have ready when doing your Medicaid application are the ones to:

- Verify State residency (such as an ID, utility bill, or letter of homelessness)
- Citizenship/Immigration status (Social Security card, Permanent Resident Card or I-94 documents, Passport)
- Income and Assets (paystubs or statement of benefits from SSA or Unemployment, Bank statements)
- Expenses (your apartment's lease)
- If applicable, proof of Pregnancy

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

ABE Partner Login

Click here if you do not already
have a log-in, or are not already
receiving SNAP.

Click here if you already have a
log-in, or are already getting
SNAP benefits.
If you're already receiving SNAP,
you can submit a 'New Program
Add' via your ManageMyCase
account.



https://abe.illinois.gov/abe/access/accessController?id=0.7305848205257557



[Help](#)

[Print](#)

[Login](#)

[Español](#)

Click this if
you're applying
for the first
time!

Click this if you already
have a case with DHS,
like if you're already
getting SNAP. You'll
then create a
ManageMyCase account
to add Medicaid on to
your account.

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.**
- ☐ **Register my agency as a Community Partner, or update my agency's information.**

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](#)

Exit

Next

Official Site of The State of Illinois

[Privacy Statement](#) [HFS Home](#) [DHS Home](#) [HFS Brochures and Forms](#) [DHS Forms](#) [DHS Brochures](#) [Frequently Asked questions \(FAQ\)](#)
[Contact Us](#)

Create An Account

Before you get started on your application, it is a good idea to create a secure account. This should take just a few minutes.

If you create an account, you can save your application and come back to it later. We will also save the information as you go along. If anything happens while you are working on your application, you will not lose the work that you did.

Keep in mind that this is a secure website run by the Illinois Department of Human Services and the Illinois Department of Healthcare and Family Services. As required by law we will keep your information private and secure.

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.

- ☒ **Create an account** so you can save your application and come back to work on it later. You can also use this account to check the status of your application after you submit it.
- ☐ **Log in** using your existing account if you have an account.

Back

Next

If you are creating an account and worried about losing the log-in info, feel free to send it to the Union. We'll hold on to it securely, if you need it later on and have forgotten it.

Just [click here](#) and fill out the form.

Hello, John. You are logged in.

Apply for Coverage

Start

People

Liquid Resources

Other Resources

Job Income

Other Income

Housing Bills

Other Bills

Finish

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
- ☐ an approved representative
- ☐ someone with power of attorney
- ☐ a staff person of a community agency
- ☐ other

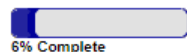
Back

Save and Exit

Next

Will be 'Yes' for almost everyone, including if someone from Unite Here is helping you fill out the form.

Hello, John. You are logged in.



Apply for Coverage

Start

People

Liquid Resources

Other Resources

Job Income

Other Income

Housing Bills

Apply for Benefits

Check the boxes for the program(s) you would like to apply for.

☒ **SNAP (Supplemental Nutrition Assistance Program)**
Helps people and families buy the food they need for good health. This program used to be called Food Stamps.

☒ **Healthcare Coverage**
Helps provide healthcare benefits to low income people of all ages in Illinois. Some people know this program as Allkids or the medical card. [More information on healthcare coverage](#)

If you have unpaid medical bills for any of these months, check the box(es) to apply for help paying them.

☐ December ☐ November ☐ October

If you do not qualify for HFS medical programs, we will send your information to the federal Health Insurance Marketplace. The Marketplace will contact you to complete the application process by reviewing available tax credits and choosing and enrolling in a health plan.

Here's where you'll select which programs you want to apply for. Everyone should select Healthcare Coverage to apply for Medicaid.

It's your choice if you want to also apply for SNAP. Do not apply again for SNAP if you're already receiving SNAP benefits.

Hello, John. You are logged in.



Apply for Coverage

Start

People

Liquid Resources

Other Resources

Job Income


Other Income

Housing Bills

Other Bills

Finish

People in the Home

* How many people live with you (include yourself)? If applying for medical assistance also include everyone that will be claimed on your tax return even if they don't live with you. 

Choose ▼

Choose

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16

[Back](#)

[Save and Exit](#)

Your Family Size on this page depends on which programs you're applying for.

Only applying for Medicaid? Your family size is just people who you'd include on your tax return.


Also applying for SNAP? Then also include people you live with and prepare meals for.

You can include children who are 0-18 years old on a Medicaid app, and children 0-21 years old on a SNAP app.

If you have dependents who are **19-26 years old** who were covered by your Union health care, **they must file their application for Medicaid separately**, not under your application.

Later in this application, you'll clarify what each person in your family is applying for.

Hello, John. You are logged in.


15% Complete

[Apply for Coverage](#)

[✓ Start](#)

People

Liquid Resources

Other Resources

Job Income

Other Income

Housing Bills

Other Bills

Finish

Submit



John

John Smith

Primary Account Holder [?](#)

People In Your Home

* First Name : ?	Middle Initial :	* Last Name :	Suffix :
<input type="text" value="John"/>	<input type="text"/>	<input type="text" value="Smith"/>	<input type="text"/>
* Gender : <input checked="" type="radio"/> Male <input type="radio"/> Female			
* Date of Birth :	MM	DD	YYYY
	<input type="text" value="01"/>	<input type="text" value="01"/>	<input type="text" value="1900"/>
* What is this person's marital status?	<input type="text" value="Never Married"/>		
What language should we use if we need to contact you?	<input type="text" value="English"/>		
What language should we use when we mail you notices?	<input checked="" type="radio"/> English <input type="radio"/> Spanish		
* What county do you live in?	<input type="text" value="Cook"/>		

← → ↻ https://abe.illinois.gov/abe/access/accessController?id=0.7019917888788955

ABE APPLICATION FOR BENEFITS ELIGIBILITY

Help | Print Logged in: jsmith1900 | Logout

Other Bills

Finish

Submit

Address: 1015 W La Chicago IL 60640

Lives In: In this Home

Disability Information

No disabilities reported

Official Site

Privacy Statement HFS Home DHS Home HFS Brochures Contact Us

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: 6213-74-2bf6

Please answer the question below after calling Experian

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

Cancel Continue Verify Identity Later

The Illinois DHS is able to electronically verify a lot of your info. Identity, citizenship status, and residency can all be verified electronically via a verification questionnaire that will be generated during your application. **Answer the questions that come up to verify your identity.**

Sometimes, as in this case, a questionnaire cannot be generated, or some of your info can't be verified. That's fine! There is an opportunity at the end of the application to upload any proof that hasn't been verified during the application.

Hello, Jacob. You are logged in.

31% Complete

Apply for Coverage

✓ Start

People

Liquid Resources

Other Resources

Job Income

* Healthcare Coverage

Does anyone in the household have health insurance through their job now or has had it in the last 90 days? Do not check "yes" if your only coverage in Medicaid or All Kids. ☒ Yes ☐ No

Tell us who:



Jacob

Back

Save and Exit

Next

DHS asks here about any other healthcare you might have. If you're still covered by Unite Here Health (for many people, through the end of August or September 2020), click **Yes**. If your healthcare has already expired more than 90 days ago, and you're currently uncovered/uninsured, click **No**.

(We will guide you through how to advise Medicaid that your Union insurance is expiring, closer to the end of your Union insurance.)

Hello, Jacob. You are logged in.

32% Complete

Apply for Coverage

✓ Start

People

Liquid Resources

Other Resources

Job Income

Other Income

Housing Bills

Other Bills

Finish

Submit

More About Jacob's Healthcare Coverage

You have told us that Jacob has Healthcare Coverage other than Medicare and Medicaid. Please answer the questions below to tell us more about the coverage.

* Type of Coverage

Name of policyholder

Name of the employer/
union

Address of the employer/
union

711 N Commons Dr.

City :

Aurora

State :

Illinois

Zip Code:

60504

Are both physician
and hospital
services covered? ☒ Yes ☐ No

Has the
insurance
ended? ☐ Yes ☒ No

Is this COBRA
insurance? ☐ Yes ☒ No

Name of the insurance
company

Address of the insurance
company

711 N Commons Dr.

City :

Aurora

State :

Illinois

Zip Code :

60504

Phone Number

Policy Number

Group Number

Date Coverage Began Ex: mm/dd/yyyy

Does Jacob have any other Healthcare
Coverage? ☐ Yes ☒ No

Back

Save and Exit

Next

This (711 N Commons Dr., Aurora, Illinois, 60504) is the address of the Union's health fund. Use this here, and below in the "Address of the insurance company"

Choose "Yes" if you have Union insurance. Our Union healthcare covers both physician and hospital services.

Most people are probably applying for Medicaid **before** the Union insurance ends.

Our health plan is not listed in this menu, so choose "Others."

Hello, John. You are logged in.



Apply for Coverage

✓ Start

✓ People

✓ Liquid Resources

✓ Other Resources

Job Income

Other Income

Housing Bills

Other Bills

Finish

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



* 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



Anybody that has been paid for working during the 90 days before completing this application needs to report that income, even if it has stopped and you're no longer working.

DHS can automatically verify some types of income on their own, but not all. If you have gotten paid within 30 days of this application, you will need to report it (i.e. DHS won't automatically have a record of it). To do so, you'll upload your paycheck stubs at the end of this application.

Verifying income is often a barrier to applying for Medicaid. If you don't upload proof and then don't respond to DHS if they contact you, you might not get enrolled in Medicaid. So: **Have the paystub proof ready to be uploaded when you submit your application!**

Hello, John. You are logged in.


61% Complete

Apply for Coverage

- ✓ Start
- ✓ People
- ✓ Liquid Resources
- ✓ Other Resources

Job Income

Other Income

Housing Bills

Other Bills

Finish

Submit

More About John's Job

Tell us more about a job John 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 John start this job? Ex: mm/dd/yyyy

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

You'll fill in more info here about any jobs you've worked in the last 90 days. If you've worked in the last 30 days, you'll need to verify that income with paystubs.

They will ask if your job has ended, and the reason for ending. Many members have been laid off due to Covid-19 – if that's the case for you, the answer will be **"Laid Off."**

Hello, Jacob. You are logged in.

66% Complete

Apply for Coverage

✓ Start

✓ People

Liquid Resources

Other Resources

✓ Job Income

Other Income

Housing Bills

Other Bills


Finish

Submit

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

* Retirement, Survivor, and Disability Insurance (RSDI)

Did anyone get RSDI in the last 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

Tell us who:



Jacob

Back

Save and Exit

Next

Report any other taxable income you get. Not all of it will count toward your Medicaid income limit.

Unemployment is entered under '**Other Income**,' so select yes here. You'll provide more details on the next page.

Income such as disability payments from Social Security and Unemployment can often be verified electronically by DHS, but it is still a good idea to upload proof if possible, to make sure your application goes through as fast as possible.

Hello, Jacob. You are logged in.

67% Complete

Apply for Coverage

✓ Start

✓ People

Liquid Resources

Other Resources

✓ Job Income

Other Income

Housing Bills

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.

Jacob's Income Information



Jacob

- | | |
|---|--|
| <input type="checkbox"/> Money from others, such as family or friends | <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"/> Interest Payments/Dividends | <input checked="" type="checkbox"/> Unemployment Benefits |
| <input type="checkbox"/> Pandemic Unemployment Assistance ? | <input checked="" type="checkbox"/> Federal Pandemic Unemployment Compensation ? |
| <input type="checkbox"/> Pandemic Emergency Unemployment Compensation ? | <input type="checkbox"/> Other Income ? |

Back

Save and Exit

Next

Check this box if you're receiving your pension or retirement benefits!

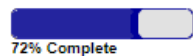
Select "Unemployment Benefits" if you're receiving money from unemployment.

"Federal Pandemic Unemployment Compensation" is the extra \$600/week that we've been getting from the federal government. Select it if you've been receiving it in addition to your normal unemployment amount. (Everyone on Unemployment should be receiving it as well.)

This refers to people on PUA, the expanded Unemployment program during Covid for people who normally would not be eligible for unemployment, like gig workers.

This refers to people who are covered by the extended timeline for Unemployment benefits. (Normally, people have up to 26 weeks a year they can get Unemployment. Now, people have 13 more weeks, for a total of 39 weeks. So if you've been on Unemployment for 26 weeks already, and now you're in your 13 additional weeks, select this option as well.

Hello, John. You are logged in.



Apply for Coverage

✓ Start

✓ People

✓ Liquid Resources

✓ Other Resources

✓ Job Income

✓ Other Income

Housing Bills

Other Bills

Finish

Submit

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

Tell us who:



* 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:

If you are applying for SNAP, DHS will ask about some of your expenses. If you are only applying for Medicaid, these questions will not be on your application.

Apply for Coverage

✓ Start

✓ People

✓ Liquid Resources

✓ Other Resources

✓ Job Income

✓ Other Income

✓ Housing Bills

Other Bills

Finish

Submit

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

* Spousal Support Payments

Does anyone pay spousal 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

Does anyone qualify for Medicare Part A or Part B or Railroad Retirement Benefits? ☐ Yes ☒ No

* Job Expenses

Please check the box for anyone who is employed, blind, disabled and/or are aged(65 or older) and have job expenses. Also check the box for the job expenses of an employed spouse or parent of a child under age 18 if they live together. ☐ Yes ☒ No

* Other Bills

Does anyone have expenses that can be deducted from a federal tax return? ☐ Yes ☒ No



More expenses. Again, it'll only ask you this if you're also applying for SNAP.



Apply for Coverage

- ✓ Start
- ✓ People
- ✓ Liquid Resources
- ✓ Other Resources
- ✓ Job Income
- ✓ Other Income
- ✓ Housing Bills

Other Bills

Finish

Submit

Based on the information you provided so far, it appears that your application may be sent to the Health Insurance Marketplace. They will decide if you qualify for financial assistance (Advanced Premium Tax Credit) to help pay for health insurance through the Marketplace. The household members who are receiving Medicare benefits will not be displayed below because persons getting Medicare are not eligible for APTC benefits.

* Advanced Premium Tax Credits (APTC) Employer Information

Please select all the individuals in your household who can get health coverage through someone's job or select "no one" if this does not apply to your household

☒ No one



John

* Advanced Premium Tax Credits (APTC) Tribe Information

Please select all the individuals in your household who are a member of a federally recognized tribe or select "no one" if this does not apply to your household

☒ No one



John

Back

Save and Exit

Next

Sometimes the application can tell if your income is over the Medicaid limit, and it asks if you want to apply to the Marketplace (aka Obamacare) through this site.

If you choose to apply to Obamacare, you should do it directly on the Marketplace website, at Healthcare.gov. Doing it through the Medicaid app will make it take longer.

However, we believe other options – like COBRA and FQHCs – are typically likely more accessible, and are a better deal in terms of cost. We recommend looking into these options first before considering applying to Marketplace/Obamacare insurance.

Hello, John. You are logged in.



Apply for Coverage

- ✓ Start
- ✓ People
- ✓ Liquid Resources
- ✓ Other Resources
- ✓ Job Income
- ✓ Other Income
- ✓ Housing Bills
- ✓ Other Bills
- ✓ Finish
- Submit

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.

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.

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.

If you're applying to SNAP, there's usually an interview required. We recommend doing the interview by phone.

Don't be afraid to use the comments box here to include any information about yourself or your family that you might not have been asked on the application.

Hello, John. You are logged in.

100% Complete

Apply for Coverage

- ✓ Start
- ✓ People
- ✓ Liquid Resources
- ✓ Other Resources
- ✓ Job Income
- ✓ Other Income
- ✓ Housing Bills
- ✓ Other Bills
- ✓ Finish

Submit

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 are applying for TANF cash assistance you must come to the office for an interview. If you are applying for Healthcare only, no office interview is required.

SNAP Rights & 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 DHS.

What does DHS do with your Social Security Number?

Here's where you give your signature.

Read the rights and responsibilities! Your most important responsibility is updating DHS when you have life changes, such as:

- moving
- getting a new phone number
- changes to your family size
- starting a new job
- going back to work at your union job

Hello, John. You are logged in.

100% Complete

Final Steps – Read Entire Page!

Congratulations, your application was successfully submitted!
Here are your next steps:



Your Application Number is T08395708

Write down your application number or print your application for your records.
Your application was sent to the following office to be processed:

Northside FCRC
6200 N Hiawatha Avenue
Floor 5th
CHICAGO IL 60646-4309
Phone Number: (773) 907-4100

[Full Application \(HTML\)](#) [Full Application PDF:](#) [Print My Application](#)

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



What to Expect Next

Print a copy of our "What's Next Guide". This will give you helpful information while you wait for your application to be processed.

[Print What's Next Guide](#)

You can also contact the DHS Help Line at 1-800-843-6154 if you have a question or need to report new information like a change in address.



Attach documents to help us process your application


If you have documents such as paystubs to upload in support of your application, you can do so on the next page.

If you do not have these documents ready now, you can log back in and upload documents later. Remember to upload documents as soon as possible, you will not be able to do so after the State begins processing the application.

Once you submit your application, you'll get an Application Number.

You can also upload any documentation that is relevant to your application, like pay stubs or ID, on the next page.

Uploading Documents



☐ Proof of Citizenship

Identity	Place of birth
<ul style="list-style-type: none">• Driver's License• Federal, State or Local - Government issued ID• School photo ID• U.S. Military ID card or draft record• Legal Birth Certificate• Statement from hospital• Government issued immigration document• School or Daycare records• Verification of School	<ul style="list-style-type: none">• Legal birth certificate• Report/certificate of birth abroad of U.S. citizen (DS-1350, FS-240, or FS-545)• Final adoption decree showing U.S. birth• Official military records showing U.S. birth• Civil service employment by the U.S. government prior to 1976• Insurance record showing U.S. birth at least 5 years old• Federal or State census records showing U.S. birth• Statement signed by physician/midwife

Please upload documents that provide Ruben's Proof of Citizenship.

* What type of document is this? Government Issued Immigration Document

Choose a File from Your Computer

To upload a document, click Browse, and then select the file. The file will be displayed below.

The types of files supported for upload are: jpg, jpeg, tif, tiff, png and pdf.

Choose File No file chosen

Would you like to upload another document to serve as Ruben's Proof of Citizenship? ☐ Yes ☒ No

If you would like to skip providing for Ruben's Proof of Citizenship, click 'Skip This Document' at the bottom of the page. Keep in mind this document may not meet all program rules. Your worker may ask for other proofs.

Skip This Document Next

After you've submitted your application, you have a chance to Upload documents. This is a key part of the application, to verify the information you've given so far. Select the category of document, and then click "Choose File" to upload relevant documents.

You may also get a call asking for documentation within the 1-2 weeks after filing for Medicaid. Be sure to respond promptly! They cannot process your application if they cannot confirm important information about you.

Which Office Should I Submit My Application To?

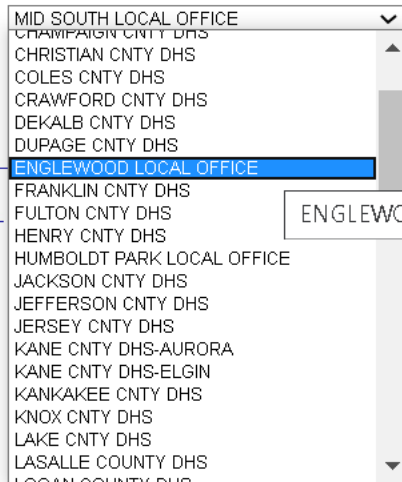
Office Information

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

Mid South FCRC
1642 W 59TH Street
Floor 2
CHICAGO IL 60636-1735
Phone Number: (773) 863-6100

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

Service Office:



MID SOUTH LOCAL OFFICE

CHAMPAIGN CNTY DHS

CHRISTIAN CNTY DHS

COLES CNTY DHS

CRAWFORD CNTY DHS

DEKALB CNTY DHS

DUPAGE CNTY DHS

ENGLEWOOD LOCAL OFFICE

FRANKLIN CNTY DHS

FULTON CNTY DHS

HENRY CNTY DHS

HUMBOLDT PARK LOCAL OFFICE

JACKSON CNTY DHS

JEFFERSON CNTY DHS

JERSEY CNTY DHS

KANE CNTY DHS-AURORA

KANE CNTY DHS-ELGIN

KANKAKEE CNTY DHS

KNOX CNTY DHS

LAKE CNTY DHS

LASALLE COUNTY DHS

LOGAN COUNTY DHS

ENGLEWOOD LOCAL OFFICE

application, you must read the
tion of your understanding and

ect to verification by federal, state, and
g information, I may be subject to

be required to repay the amount
m participation. I understand I may be

You'll also be asked which office you want to submit your application to. Not all DHS offices are equally fast. The default will be the one nearest to your Zip Code. You can choose any office - don't be afraid to send it somewhere else. Some case workers have recommended the Englewood DHS office, for example.

If you already have a case with DHS (like if you are receiving SNAP), then your case is already assigned to an office. Assign your Medicaid app to the **same office**, otherwise there can be delays.

ALERT



- Go Green today! Update your Preferred Delivery Method in [Communication Preferences](#) to receive Electronic Only notices.

Case Summary

Benefit Details

Contact Information

Account Management

Report My Changes

Click this button to report changes to your DHS or HFS Office.

Apply for Other Benefits

Click this button to apply for additional benefits.

Welcome to the Case Summary Page. This page gives you a look at your benefits, and lets you know if there is anything you need to do to receive or continue benefits. From this page you can find information about your [benefit status](#), [verifications](#), [notices](#), [application or change report status](#).

We have taken a number of steps to keep your information private and secure. To learn more, [view your security and account management information](#).

As a head of household, you can [control benefit information displayed to other adults in your household](#).

What is the status of my benefit programs?

You have requested or are receiving the benefits mentioned below. Click on the "Click Here" link for each summary of your benefits. This information is current as of **May 16, 2020 02:16 AM**.

Follow this link and select Other Changes to [Cancel Your Case](#).

Benefit	Description	
	Supplemental Nutrition Assistance Program	Supplemental Program Details
	Healthcare Coverage Program	Healthcare Coverage Details

- You can also Apply for Other Benefits
- Because DHS will already have some of your information, applying for other programs is a more streamlined way of adding other benefits to your case

ManageMyCase

- After verifying your identity, you can link your account to your case and create a ManageMyCase account
- From here, you can check your programs, upload documents, and view notices DHS has sent

What verifications are due?

No documents have been requested at this time. You can still upload a document at any time using the buttons below.

View Upload History

Click this button to view documents that have already been uploaded to your case.

Upload Documents

Click this button to upload verification documents to your case.

What are my available notices?

To view the details about notices sent to you regarding your case, you can click on the "View Notices" link below. This information is current as of **May 16, 2020 02:16 AM**.

Available Notices

[View notices](#) sent in the last 12 months.

What is the status of my ABE application, Redetermination, or Reported Change?

Application Status

Application Number	Date	Status	Details/Action
T13610286	May 12, 2020	Submitted	

Follow this link and select Other Changes to [Cancel Your Case](#).

What happens after I apply?

- After you apply, expect it to take about 2-4 weeks to hear back from DHS about your application. Look for a letter in the mail.
- Keep an eye out for any communication from DHS about your application. If you did not upload enough documentation (such as pay stubs or ID), they may contact you to get you to upload that. If you still don't upload it, your application might not go through.

What happens after I'm approved?

- After you get approved for Medicaid, you'll need to enroll in a "Managed Care Organization." That's basically the healthcare provider for your Medicaid.
 - o You can choose your Managed Care Organization online at enrollhfs.illinois.gov, or by calling CES, at 1-877-912-8880. You will get a letter in the mail giving you instructions on how to enroll.
 - o BlueCrossBlueShield will be one option – we recommend choosing BCBS as your Managed Care Organization because we believe the network will be as close as possible to the one we've used for the Union health care plans.
 - o If you are enrolled in both Medicare and Medicaid, you have the option of enrolling in the "Medicare-Medicaid Alignment Initiative (MMAI)," which is likely the best option for you.

What happens after my Unite Here Health Plan expires?

(For many members, at the end of August or end of September 2020)

- If you're approved for Medicaid, you'll need to let Medicaid know that you're not able to use your Union health plan, once your Union healthcare runs out. That lets them know to bill doctor's visits and other medical expenses to Medicaid, rather than to the Union healthcare plan.
- To move your healthcare billing over to Medicaid, call **217-524-2490**, and tell them your Union healthcare plan with BlueCrossBlueShield has expired.
 - o Press **1** for English or **2** for Spanish. Then Press **4** for "Third Party Liability Insurance."
 - o You'll give them either your Medicaid Recipient ID number or your Social Security number. If they can't see on their end whether your Union insurance is still active or not, you'll need to give them something from the Union to say that the healthcare is ending on a particular date. (You can't use the COBRA letter for this.)
 - o If you call at a high-volume time (especially mid-day), there's no option to leave a message – it will just hang up on you. Try again at another time that is outside high-volume hours, such as early in the morning. They take calls Monday-Friday from 8:30am-5pm.