




| Program Title | Eligibility Guidelines | Start of Benefit | Appeal DL's | Benefit Amount | |
|---|--|---|---|--|--|
| Food Assistance Programs | | | | | |
| | | | General | To Cont. Benefits | |
|  <p>SNAP WAG 14-02-02</p> | <p>Income < 130% FPL (\$1,265 for 1 person); < 200% FPL (\$1,945 for 1 person) if HH has eligible "qualifying member"</p> <ul style="list-style-type: none"> "Qualifying member" = 60+ or disabled <p>No asset limit for most Households SNAP Household = persons who purchase and prepare food together Spouses living together must be included in same SNAP household; children < 22 living with parent must all be in same SNAP household</p> <ul style="list-style-type: none"> SNAP is administered by DHS Benefits are paid on Link card | Effective the day of the application; processed in 30 days; must receive benefits by 30th day | 90 day appeal deadline | 10 days from date of DHS notice/ date of chg. <i>*whichever is later</i> | Varies by income, # persons in HH Max. = \$194 /per mo. on LINK card, if no other income – 1 person (for non-qualifying/qualifying member HH's) Max. = \$357 /per mo. on LINK card, if no other income – 2 people (for non-qualifying/qualifying member HH's) <i>*Change annually</i> |
| <p>Expedited SNAP WAG 02-08-00</p> | <p>Income + assets (total) ≤ rent/mortgage + utilities (total); (or) income of application month = total ≤ \$150 & ≤ \$100 in liquid assets (or) 1 ≤ person in HH = migrant worker & cash + liquids ≤ \$100</p> <ul style="list-style-type: none"> Applicant interview = same or next work day as application date (PM 02-08-02-b). | Effective from date of applic; processed on the 5th day after applic. | | | See benefits above. <i>*SNAP should be approved even if client has no mailing address; DHS address can be used as mailing address</i> PM 02-07-03-d |
| Cash Assistance Programs | | | | | |
|  <p>TANF (cash grant) PM Chapter 10</p> | <ul style="list-style-type: none"> Pregnant women (and husbands), families w/ children < 19 yr.; Children 18-19 yr. must be enrolled in high school or equivalent Non-exempt family income must be < TANF payment level No asset limit Must cooperate with child support enforcement, unless good cause or not a parent Adults < 60 must cooperate with work or training activity, unless barrier is noted (i.e. medical reasons) or family has child < 1 yr. SSI recipients are excluded from TANF household & income 60 month lifetime limit on receipt of TANF for adults. Several exceptions. DV/sexual violence victims may be excused from requirements Administered by DHS Benefits paid on Link card | Effective 30 days from the date of application; benefits received by 45th day | 60 day appeal deadline | 10 days from date of DHS notice/ date of chg. <i>*whichever is later</i> | TANF Benefit amounts vary by income, # of persons in the family, and region of the state (e.g. for a family of 3 in Winnebago county, max. benefits amount is \$432). |
| <p>TANF Crisis Assistance PM 06-03-01</p> | <ul style="list-style-type: none"> Eligible for TANF and need assistance due to a crisis--DV/sexual violence, eviction, or natural disaster (i.e. fire, flood) Administered by DHS | Effective day of application; processed within 5 days ; +2 days (proc.) | | | Helps to address crisis; e.g. Rent voucher, clothing voucher, furniture voucher, food voucher |
| <p>AABD (cash grant) aka <i>State Supplemental Payment</i> WAG 03-02-02</p> | <ul style="list-style-type: none"> 65+, blind, or disabled; SSI Recipient, or ineligible for SSI due to income, or qualified non-citizen who does not meet SSI immigration requirements A person will qualify if total needs > non-exempt income by \$1 Administered by DHS | Effective 30 days from the date of applic. | 60 day appeal deadline | 10 days from date of DHS notice/ date of chg. <i>*whichever is later</i> | Small cash amount (e.g. \$70) <i>*Based on need of individuals, calculated by allowances</i> |
|  <p>SSI (cash grant) SSA.gov</p> | <ul style="list-style-type: none"> Income after allowed deductions ≤ Federal Benefit Rate (1 person= \$733) Must be 65+, blind, or disabled (unable to work) Must have ≤ \$2,000 in assets (\$3,000 for couples) Administered by SSA & must apply at SSA | Effective the first month after the date of application | 60 day appeal deadline, +5 days | 10 days from date of SSA notice, +5 days | If receiving SSI, max. benefits = \$733 for individuals \$1082 for couples |
| <p>General Assistance, "GA" (cash grant or voucher) <i>*Not available in Cook County</i> Illinoislegalaid.org</p> | <ul style="list-style-type: none"> Benefits of "last resort"—cannot be eligible for TANF or SSI Administered by local townships; amounts vary by township, general rules guided by state statutes Must have very low-income, or no income Apply at local Township | May vary by township; generally processed within 30 – 45 days of applic. | Gen. 60 day appeal deadline | Min. 10 days from date of notice <i>*whichever is later</i> | Assistance meeting basic needs, like shelter and food (e.g. \$160-245/mo.) Covers emergency, disaster, medical, & rental assistance <i>**Funeral and Burial Costs incl.</i> |

Refer to 2015 Program Standards

*Benefits available for citizens, qualified LPR's, and all qualified non-citizens; unless noted

*Current amounts as of Feb. 2015

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Medical Assistance Programs

Medicaid **Apply online at abe.illinois.gov*

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|---|--|--|--------------------------------------|---|--|
| <p>ACA Adult (Adults Ages 19-64)</p> | <p>138% of FPL (133% + 5%) this is the Medicaid expansion group</p> <ul style="list-style-type: none"> • ≤\$1,354/mo. for 1 person • Cannot be eligible for Medicare • No asset limit for community care; assets <u>only</u> counted for LTC coverage | <p>Effective up to 3 months before application if eligible in those months</p> | <p>60 day appeal deadline</p> | <p>10 days from date of DHS notice/ date of chg. <i>*whichever is later</i></p> | <p>Full Medicaid coverage (doctor, hospital, drugs, vision, dental regular check-ups, etc.), + Long-Term Care (LTC) <i>*Funeral and burial is not covered</i></p> |
| <p>ACA FamilyCare (Parents & Caretaker Relatives) WAG 18-05-09</p> | <p>138% of FPL (133% + 5%)</p> <ul style="list-style-type: none"> • ≤\$1,354/mo. for 1 person • Must be living with children age ≤ 18 | <p>Same</p> | <p>60 day appeal deadline</p> | <p>Full Medicaid coverage</p> | |
| <p>AABD w/out Spend-Down (Seniors/ Disabilities) WAG 03-02-02</p> | <p>100% of FPL</p> <ul style="list-style-type: none"> • ≤\$1006 (\$981+\$25)/mo. for 1 person • Less than \$1,378 (\$1328+\$50) for a married couple • Must be blind, disabled or 65+ • Asset limit \$2000 for 1, \$3000 for couple | <p>Same</p> | <p>60 day appeal deadline</p> | <p>Full Medicaid coverage; If over income for Medicaid, may still be eligible for Spend-Down</p> | |
| <p>AABD w/ Spend-Down (Seniors/ Disabilities) WAG I-03-01</p> | <p>If eligible for AABD, but income > 100% FPL or assets > \$2,000/\$3000 asset limit <u>May spend down</u> excess income and/or assets to become eligible for Medicaid coverage May also enroll in "Pay-In Spend-down" to pay HFS directly to become eligible PM 15-08-15</p> | <p>Same</p> | <p></p> | <p>Full Medicaid coverage after spend-down is met; need to show DHS medical expenses or pay in spend-down</p> | |
| <p>All Kids Assist (Children <19) WAG 15-06-01-D</p> | <p>147% of FPL (142% + 5%)</p> <ul style="list-style-type: none"> • ≤\$1,951/mo. for 1 person • No asset limit • No citizenship test requirement | <p>Same</p> | <p></p> | <p>Full Medicaid coverage Covers all kids ages ≤19 yr. No premiums; no co-pay</p> | |
| <p>All Kids Share (Children <19) WAG 06-08-00</p> | <p>148% thru 157% of FPL</p> <ul style="list-style-type: none"> • No asset test • \$1,952 thru \$2,084/mo. for 2 ppl. • No citizenship test requirement | <p>Same</p> | <p></p> | <p>Full Medicaid coverage Covers all kids ages ≤19 yr. No premiums; \$100 co-pay</p> | |
| <p>All Kids Premium Lvl 1 (Children <19) WAG 06-08-01-a</p> | <p>158% thru 209% of FPL</p> <ul style="list-style-type: none"> • \$2,085 thru \$2,774/mo. for 2 ppl. • No asset limit • No citizenship test requirement | <p>Same</p> | <p></p> | <p>Full Medicaid coverage Covers all kids ages ≤19 yr. Max. Mo. Premium: \$40 for children 5+ yr. old; \$100 co-pay</p> | |
| <p>Moms and Babies (Pregnant Women, Newborns) WAG 06-09-00</p> | <p>213% of FPL (208% + 5%)</p> <ul style="list-style-type: none"> • ≤\$2,828/mo. for 2 ppl. • No citizenship test requirement • No asset limit | <p>Same</p> | <p></p> | <p>Full range of Medicaid coverage for up to 60 days after pregnancy</p> | |

Medicare & Medicare Savings Plans

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| <p>Medicare Medicare.gov</p> | <ul style="list-style-type: none"> • Social security retirement benefits, age 65+ • Blind or disabled (if under 65) and received Title II Benefits for 24 months • Need to enroll when first eligible, penalty if delay | <ul style="list-style-type: none"> • Apply at SSA | <p>120 days from the initial decision</p> | <p>Part A (Hospitalization), Part B (Doctor), Part C (HMO – type option), Part D (Drug coverage)</p> |
| <p>QMB (Medicare) WAG 06-12-00</p> | <p>Income <100% of FPL</p> <ul style="list-style-type: none"> • 1 person income = \$981 (\$973+\$25)/mo. (+\$347/person) • Assets: ≤\$7,280 for 1 person/≤\$10930 for couples • Administered by DHS • \$25 income disregard for single and \$50 disregard for married couples for QMB, SLIB, Qi-1 • State program to help pay Medicare costs | <ul style="list-style-type: none"> • Apply at DHS • Online at abe.illinois.gov | <p></p> | <p>Pays Medicare Part A & Part B Premiums/Copays/Deductibles</p> |

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| SLIB (Medicare) WAG 06-13-00 | 100% thru 119% <ul style="list-style-type: none"> 1 person's income = \$982 thru \$1,176/mo. (+\$416/person) Same assets as QMB State program to help pay Medicare costs | <ul style="list-style-type: none"> Apply at DHS Online at abe.illinois.gov | Pays Medicare Part B Premiums |
| QI-1 PM 06-14-01 | 120% thru 134% <ul style="list-style-type: none"> 1 person's income = \$1,177 thru \$1,323/mo. (+\$468/person) Same assets as QMB State program to help pay Medicare costs | <ul style="list-style-type: none"> Apply at DHS Online at abe.illinois.gov | Pays Medicare Part B Premiums |
| Extra Help (Medicare) MR #14.10 | Income < 150% of FPL | <ul style="list-style-type: none"> Apply at SSA | Helps pay Medicare Part D costs |

Other Healthcare

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| Health Insurance Marketplace GetCoveredIllinois.com | <ul style="list-style-type: none"> Job-based insurance must be unavailable, unaffordable or does not meet ACA requirements Must not be eligible for Medicaid or Medicare Family chooses plan. Plans have premiums, deductibles and co-pays Financial assistance available for these costs if income ≤400% FPL (\$3890/mo for 1 person); amount of assistance depends on income | <p>Go online to Get Covered Illinois website, or call (866) 311-1119 to apply</p> <ul style="list-style-type: none"> Open/Closed Enrollment Periods <i>Special Enrollment Periods may apply</i> | <p>Appeal request must be made within 90 days of determination; Decision issued within 90 days of request</p> | <p>Covers 10 essential health benefits, pre-existing conditions, and preventative care</p> |
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