




Program Title	Eligibility Guidelines	Applic. DI's	Appeals DI's	Benefits Amount	
Food Assistance Programs					
			General	To Cont. Benefits	
 <p>SNAP WAG 14-02-02</p>	<p>130% FPL (\$1,265 for 1 person)</p> <ul style="list-style-type: none"> No asset limit for most HH's Must be listed as the same SNAP case if: Children < 22 yr. old living w/parent, Spouse living together <p><i>*Household (HH) = purchase and prepare food together</i></p> <p>200% FPL (\$1,945 for 1 person)</p> <ul style="list-style-type: none"> Only if eligible "qualifying member" "Qualifying member" = Gen. 60+/disabled Administered by DHS 	<p>Effective the day of the application; processed in 30 days; must receive benefits by 30th day</p>	<p>90 day appeal deadline</p>	<p>10 days from date of DHS notice/ date of chg. <i>*whichever is later</i></p>	<p>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>
<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 applic. date; temp. card is given (PM 02-08-02-b) 	<p>Effective from date of applic; processed on the 5th day after applic.</p>			<p>See benefits above. <i>*Benefits are provided, even if address is unavailable (use DHS address)</i></p>
Cash Assistance Programs					
<p>TANF (cash grant)</p>  <p>Good Cause 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 equivalent Non-exempt HH income must be < TANF payment level Must cooperate with child support enforcement, unless good cause, or not a parent Adults (under 60) must cooperate with work or training activity, unless barrier is noted (i.e. medical reasons), or child is < 1 yr. SSI recipients are excl. from TANF household & income 5 year/60 mo. lifetime limit for TANF grants, with exceptions DV/sexual violence victims may be excused from some requirements Administered by DHS 	<p>Effective 30 days from the date of application; benefits received by 45th day</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>TANF Benefits 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>
<p>TANF Crisis Assistance PM 06-03-01</p>	<ul style="list-style-type: none"> Same eligibility as TANF, plus: DV/sexual violence, eviction, or natural disaster (i.e. fire, flood) 	<p>Effective day of application; processed within 5 days; +2 days (proc.)</p>			<p>Helps to address crisis; e.g. Rent voucher, clothing voucher, furniture voucher, food voucher</p>
<p>AABD (cash grant) aka State Supplemental Payment 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 	<p>Effective 30 days from the date of applic.</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>Small cash amount (e.g. \$70) <i>*Based on need of individuals, calculated by allowances</i></p>
 <p>SSI (cash grant) WAG 08-02-05</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 engage in substantial gainful activity) Must have ≤ \$2,000 in assets (\$3,000 for couples) Administered by SSA & must apply at SSA 	<p>Effective the first month after the date of application</p>	<p>60 day appeal deadline, +5 days</p>	<p>10 days from date of SSA notice, +5 days</p>	<p>If receiving SSI, max. benefits = \$733 for individuals \$1082 for couples</p>
<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 Must apply at local Township 	<p>May vary by township; generally processed within 30 – 45 days of applic.</p>	<p>Gen. 60 day appeal deadline</p>	<p>Min. 10 days from date of notice <i>*whichever is later</i></p>	<p>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></p>

[Refer to chart for 2014 FPL % Guidelines](#)

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***Benefit amounts updated as of Jan. 2015 w/ 2014 FPL Guidelines**

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***Medical amounts updated w/2015 FPL Guidelines (2/4/15)**

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Medical Assistance Programs

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

 <p>ACA Adult (Adults Ages 19-64)</p>	<p>138% of FPL (133% + 5%)</p> <ul style="list-style-type: none"> • ≤\$1,354/mo. for 1 person • Cannot be eligible for Medicare • No Asset Test; Assets <u>only</u> counted for LTC coverage 	<p>Effective the month of application plus the three prior calendar months if unpaid medical bills are present.</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)</p> <p>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 as Medicaid</p>			<p>Full Medicaid coverage</p>
<p>AABD w/out Spend-Down (Seniors/ Disabilities)</p> <p>WAG 03-02-02</p>	<p>100% of FPL</p> <ul style="list-style-type: none"> • ≤\$998 (\$973+\$25)/mo. for 1 person • Less than \$1,361 (1311+50) for a married couple • Must be blind, disabled, 65+ 	<p>Same as Medicaid</p>		<p>45 days (Aged & Blind), 60 days (if determining disability); If decision is 75+ days = temp. medical card (for non-LTC only)</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)</p> <p>WAG 1-03-01</p>	<p>> 100% FPL (or) >\$2,000 assets</p> <ul style="list-style-type: none"> • <u>Must spend</u> or owe a certain amount in medical expenses before issued a medical card, or before Medicaid coverage kicks in • <u>Spend-down</u> = (countable income – FPL for the unit size) <p>Asset limit = <\$2,000 for 1 person (\$3,000 for couple) + excess assets</p>	<p>Same as Medicaid</p>			<p>Full Medicaid coverage; Use medical expenses to spend-down income and assets to 100% FPL, then receive Medicaid coverage.</p>
<p>All Kids Assist (Children <19)</p> <p>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 test • No citizenship test requirement • Must be renewed every yr. 	<p>Same as Medicaid</p>			<p>Full Medicaid coverage Covers all kids ages ≤19 yr. No premiums; no co-pay</p>
<p>All Kids Share (Children <19)</p> <p>WAG 06-08-00</p>	<p>148% thru 157% of FPL</p> <ul style="list-style-type: none"> • \$1,952 thru \$2,084/mo. for 2 ppl. • No asset test • No citizenship test requirement 	<p>Same as Medicaid</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)</p> <p>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 test • No citizenship test requirement 	<p>Same as Medicaid</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)</p> <p>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 	<p>Same as Medicaid</p>			<p>Full range of Medicaid coverage for up to 60 days after pregnancy</p>

Medicare & Savings Plans

<p>Medicare</p> <p>WAG 25-02-05</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>14 days for standard appeal decision; 72 hrs. (emerg. appeals); See Medicare.gov</p>		<p>Part A (Hospitalization), Part B (Doctor), Part C (HMO – type option), Part D (Drug coverage)</p>
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QMB (Medicare) WAG 06-12-00	Income <100% of FPL <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 	<ul style="list-style-type: none"> Apply at DHS Online at abe.illinois.gov 	Pays Medicare Part A & Part B Premiums/Copays/Deductibles
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 	<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 	<ul style="list-style-type: none"> Apply at DHS Online at abe.illinois.gov 	Pays Medicare Part B Prem.
Extra Help (Medicare) MR #14.10	Income < 150% of FPL	<ul style="list-style-type: none"> Apply at SSA 	Helps pay Medicare Part D Prem.

Other Healthcare

Health Insurance Marketplace GetCoveredIllinois.com	100% thru 400% of FPL <ul style="list-style-type: none"> Job-based insurance must be unavail./unaffordable (or) does not meet ACA requirements Marketplace Out-of-Pocket Costs and Premium Not eligible for Medicaid or Medicare 138-400% FPL = subsidized premiums (\$972 thru \$3890/mo.) Financial assistance avail. if income <400% FPL, others may still use Marketplace 	Go online to Get Covered Illinois website, or call (866) 311-1119 to apply <ul style="list-style-type: none"> Open/Closed Enrollment Periods <i>*SPE apply</i> 	Appeal request must be made within 90 days of determination; Decision issued within 90 days of request	Covers 10 essential health benefits, pre-existing conditions, and preventative care
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