

ABE USER GUIDE

Tips for Immigrant Families

Funding provided by Illinois Department of Human Services' Immigrant Family Resource Program

For more information - info@dupagefederation.org



ABE USER GUIDE – TIPS FOR IMMIGRANT FAMILIES

The purpose of this document is provide quick tips for immigrants who are just starting to use ABE and Manage My Case.

- **ABE (Application for Benefit Eligibility)** is the online tool you can use to apply for medical, food or cash assistance with the State of Illinois – abe.illinois.gov.
- **Manage My Case** is an online system to manage your State of Illinois benefits like SNAP and Medicaid. Go to the ABE home page and click on the green button to create a Manage My Case account.

A complete User Guide and other resources can be found online at www.dhs.state.il.us/abe.

General Information

The ABE system is available in English and Spanish only.

The Illinois Department of Human Services (DHS) processes the applications submitted through ABE. DHS refers to applicants and people with benefits as customers.

Creating an ABE User Account

Refer to the complete ABE User Guide for step-by-step instructions to create an account.

User Name

Your User Name must be 5 to 20 letters and/or numbers.

~ IMPORTANT ~

This account is your personal account, not the account of anybody who may be helping you. The user name and password you create should be one that you can remember.

Password

Your password must be a minimum of 8 characters and contain at least three of the following:

- one capital letter,
- one lower case letter,
- one special character (! @ # \$ % & *), and
- one number.

Passwords must be changed or reset every six months.

Secret Questions

You will also need to choose secret questions and answers to those questions. These questions will be used if you forget your password or if your password has expired. Your answers to the secret questions must be at least five (5) characters long.

If you use a date or phone number for an answer to one of the questions, make sure you remember how you enter the number.

Examples (Dates)	Examples (Phone Number)
October 21, 1967	(630) 495-2019
10/21/67	630-495-2019
10-21-1967	630.495.2019

Starting the Application

Step-by-step instructions for completing the application are available in the ABE User Guide www.dhs.state.il.us/abe.

After creating your account you will be asked to select which benefits you are requesting. Check the boxes for all of the benefits that may apply even if a particular benefit is not being requested for every person in your home.

You will also need to enter the number of people who live in your home.

- If you are applying for SNAP or cash, include yourself and everyone who lives with you.
- If you are applying for Medicaid, include anyone that lives in your home AND include anyone you claim as a dependent on your federal tax return (even if they do not live with you).
- If you are age 19 or older and you are only applying for Medicaid, always include yourself, your spouse and your children *if they live with you*. ONLY include your parents and others in the home IF they will claim you or you will claim them on your tax return.

Enter details about each person in the section called “**People in Your Home**”. This is where you will enter their social security numbers (SSN) and citizenship status.

You may need to provide information about people in your home who are not eligible for benefits or people you are not requesting benefits for. **You do NOT have to give a SSN for people who are not requesting benefits for themselves.**

Citizenship Information

- If you have a sponsor, be sure to check the box that says “Does this person have a sponsor?”
- If you have a lawful immigration status or are a documented noncitizen, enter your USICS number (or A#) and document number.
- You should also provide your sponsor’s name in the comments section at the end of the application. In some cases, a sponsor’s income may need to be included if your family is requesting SNAP or cash assistance. This is called Sponsor Liability.

Citizenship Information

Is this person a U.S. citizen? Yes No
Anyone applying for benefits has to provide information on their immigration status.

Is this a request for emergency medical for a non-citizen? Yes No

Does this person have a sponsor? Yes No

Is this person a documented alien? Yes No

Document Type: < click here to choose >

Document Number: [input field]

What is this person's alien registration number? [input field]

What was their date of entry? [input field] Ex: mm/dd/yyyy

~ SPONSOR LIABILITY ~

Sponsor liability applies until an immigrant becomes a U.S. citizen or after the immigrant achieves 40 work credits. You may not know if you have enough work credits. When in doubt, provide the information in the application. DHS will notify you if the sponsor’s income is needed.

Language

The application will ask you if the State should mail notices to you in English or Spanish. English and Spanish are the only options for written notices.

If you do not speak English well, make sure you choose what language the State should use when they contact you.

Personal Information

* First Name: Duke Middle Initial: Last Name: Ellington Suffix: [dropdown]

* Gender: Male Female

* Date of Birth: MM/DD/YYYY [input fields]

* Please Confirm Date of Birth: MM/DD/YYYY [input fields]

* What is this person's marital status? Married [dropdown]

What language should we use when we contact you? English [dropdown]

Where You Live

* Street Address: [input field]

* City: [input field] * State: Illinois [dropdown] * Zip Code: [input field]

How many days each month does this person stay at this address? [input field]

What language should we use when we mail you notices? English Spanish

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

If your primary language is not English or Spanish, enter what language you prefer and indicate that you need an interpreter in the “Comments” section. Written notifications will be sent to you in English, but the State may be able to use an interpreter for other communications with you. The process to access interpreters may

vary by local office. It is best to note this as part of the application so appointments may be scheduled.

~ IMPORTANT ~
The State is required to provide interpreters at no cost to you.

Voter Registration

The State offers voter registration as part of the application. It is important that immigrants do **NOT** complete this section of the application.

~ WARNING ~
Claiming to be a U.S. citizen when you are a noncitizen can have serious federal criminal and immigration ramifications. Doing so may result in imprisonment or deportation. Registering to vote could potentially bring about those serious consequences.

Finishing the Application

Complete each section of the application, entering information about income and household. Before you sign and submit your application, review the rights and responsibilities section.

SNAP - 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 DHS.

What does DHS 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 changes. If you or any member of your household wants to apply for SNAP benefits, but does not have a SSN, we can help you to apply for one. The SSN will be used in computer matching and program reviews or audits and to make sure the household is eligible for SNAP benefits, other federal assistance programs, and federally assisted state programs, such as school lunch, TANF, and Medicaid. This may result in criminal or civil action or administrative claims against persons fraudulently participating in the SNAP program. We do not require a social security number for any member of your household who is not eligible for the SNAP program or who does not wish to apply.

Healthcare Coverage - CLIENT RIGHTS AND RESPONSIBILITIES

Read Carefully - These are your Rights and Responsibilities as an applicant for Healthcare benefits.

1. We will keep what you tell us private as required by law.
2. Be sure to answer the questions correctly. We may check all information on your application. You must help us if we ask you to prove that your information is correct.
3. We will use the information you provided as well as information from other sources such as Social Security benefits, unemployment insurance, unearned income and wages from employment to decide if you qualify.

Identity Proofing

When applying for benefits, the ABE system will launch an electronic ID proofing process to verify your identity. You will be asked questions only you would know the answer to, such as past addresses, family member names, etc.

The ID proofing process uses a person's credit history. You may not be able to complete the electronic ID proofing process if you do not have a credit history or if you are unable to answer to the questions.

People who may not have enough credit history to complete the electronic ID proofing include:

- Immigrants who have recently relocated to the United States
- Children under age 18
- Persons who do not have bank accounts

It is strongly recommended that you try the electronic ID proofing first. If successful, you will be able to continue and link to your case. If you are not successful, you will receive a reference number and a message to call the Experian Help Desk to verify your identity over the phone.

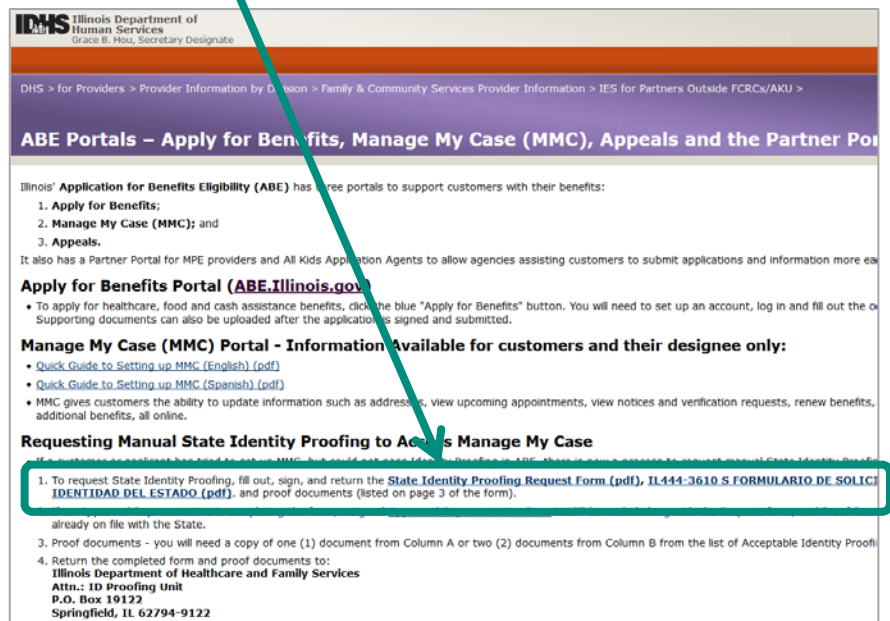
ID proofing must be completed successfully in order for you to use 'Manage My Case'.

~ IMPORTANT ~

You may still submit an online application even if you cannot complete the ID proofing process online or over the phone. Click "Verify Identity Later" to proceed with the application.

As of January 2019, you can request State Identity Proofing by going to <http://www.dhs.state.il.us/page.aspx?item=76721> and clicking on the State Identity Proofing Request Form (English or Spanish).

You must have an ABE User Account before returning this form to the state. Every section of the form must be completed or it will not be processed.



IDHS Illinois Department of Human Services
Grace B. Hou, Secretary Designate

DHS > for Providers > Provider Information by Division > Family & Community Services Provider Information > IES for Partners Outside FCRCs/AKU >

ABE Portals – Apply for Benefits, Manage My Case (MMC), Appeals and the Partner Portal

Illinois' **Application for Benefits Eligibility (ABE)** has three portals to support customers with their benefits:

1. **Apply for Benefits;**
2. **Manage My Case (MMC);** and
3. **Appeals.**

It also has a Partner Portal for MPE providers and All Kids Application Agents to allow agencies assisting customers to submit applications and information more easily.

Apply for Benefits Portal (ABE.Illinois.gov)

- To apply for healthcare, food and cash assistance benefits, click the blue "Apply for Benefits" button. You will need to set up an account, log in and fill out the application. Supporting documents can also be uploaded after the application is signed and submitted.

Manage My Case (MMC) Portal - Information Available for customers and their designee only:

- [Quick Guide to Setting up MMC \(English\) \(pdf\)](#)
- [Quick Guide to Setting up MMC \(Spanish\) \(pdf\)](#)
- MMC gives customers the ability to update information such as addresses, view upcoming appointments, view notices and verification requests, renew benefits, additional benefits, all online.

Requesting Manual State Identity Proofing to Access Manage My Case

1. To request State Identity Proofing, fill out, sign, and return the [State Identity Proofing Request Form \(pdf\)](#), [IL444-3610.S FORMULARIO DE SOLICITUD DE IDENTIDAD DEL ESTADO \(pdf\)](#), and proof documents (listed on page 3 of the form) to:
already on file with the State.
3. Proof documents - you will need a copy of one (1) document from Column A or two (2) documents from Column B from the list of Acceptable Identity Proofing Documents.
4. Return the completed form and proof documents to:
Illinois Department of Healthcare and Family Services
Attn.: ID Proofing Unit
P.O. Box 19122
Springfield, IL 62794-9122

You will need to send copies of your proof documents to the ID Proofing Unit. Page three of the form lists the types of documents that will be accepted. You may send a copy of one (1) document from Column A or two (2) documents from Column B to the ID Proofing Unit. Allow 6-8 weeks to hear back from the state.

Illinois Department of Healthcare and Family Services
ATTN: ID Proofing Unit
P.O. Box 19122
Springfield, IL 62794-9122

After the State processes your request, you will receive a notice that states whether your request was approved or denied. If approved, you can log into ABE with the username you provided on the request form and enter your personal information in order to link your account to your case. The personal information includes your date of birth and your individual ID. If you do not know your Individual ID, you should be able to enter a Social Security number instead. Once you link your account, you will be able to use the 'Manage My Case' part of ABE.