I-HEAL
Laws Affecting the Health of Low-Income People
2015
How to Use the I-HEAL Guide

I-HEAL: Laws Affecting the Health of Low-Income People contains information about laws and public benefits programs that are commonly linked to health outcomes. The guide is organized by area of law and subject matter: 1) Income Assistance and Insurance, 2) Housing, 3) Education, 4) Appeals, and 5) Legal Resources for Other Health Harming Legal and Social Issues. Each section begins with the essential interview questions to ask when speaking with a patient/client who has a legal problem in that area of law. In addition, each section describes how that particular topic affects the health of low-income people, including descriptions of, and citations to, sources of law, provides information on relevant governmental programs, and offers practice tips. Part 5, Legal Resources for Other Health Harming Legal and Social Issues, provides an overview of agencies and organizations that address common legal and social issues among low-income individuals, information on immigrant eligibility for federal programs, information on the Health Insurance Portability and Accountability Act (HIPAA), and information on Consent by Minors to Healthcare Treatment. HIPAA regulations may apply if a patient-client’s protected health information is accessed. Please note, this guide is for informational purposes only and is not intended to serve as, or substitute for, legal advice in any situation. An attorney in the Health Justice Project or other organization should be consulted for legal advice.

Health Justice Project Staff Contacts

Emily Benfer, Director, Clinical Professor of Law  
312.915.7872, 202.580.5581, ebenfer@luc.edu

Allyson Gold, Supervising Attorney, Rodin Visiting Clinical Professor of Law  
312.915.6438, agold@luc.edu

Rachael Viale, Health Justice Project Senior AmeriCorps VISTA Fellow  
312.915.6394, rviale@luc.edu

Sara Sherrard, Health Justice Project AmeriCorps VISTA Fellow  
312.915.6470, ssherrard@luc.edu

About the Health Justice Project

The Health Justice Project is a medical-legal partnership between Loyola University Chicago School of Law and Erie Family Health Center. Students and practitioners of law, social work, public health and medicine engage in interprofessional collaboration to combat poverty and achieve health justice through social, legal and policy solutions. For more information about our work, visit www.luc.edu/healthjustice.

Acknowledgments

Thank you to our partners, Erie Family Health Center, Loyola University Chicago School of Social Work, Loyola University Chicago School of Medicine, AIDS Legal Council of Chicago, Equip for Equality, Drinker Biddle & Reath, LLP, LAF Chicago, Lawyers’ Committee for Better Housing, Lawyers’ Committee for Civil Rights Under the Law, National Immigrant Justice Center, NASH Disability Law, Triton College School of Continuing Education, and University of Illinois Center for Translational Studies for their support, partnership and unparalleled effort to create health equity and social justice. Thank you to John Bauman and Andrea Kovach, Sargent Shriver National Center on Poverty Law; Tom Yates, AIDS Legal Counsel of Chicago; Mark Swartz, Lawyers’ Committee for Better Housing; Colleen Boraca, Northern Illinois University; Jack Block; Alicia Aiken, Dennericka Brooks, Caroline Chapman, Julie Harcum, Miguel Keberlein, Kate McCartin, LAF Chicago; Beth Cunningham, Chicago Coalition for the Homeless; Miranda Johnson, Education Law and Policy Institute at Loyola University Chicago School of Law; Lisa Koop, National Immigrant Justice Center; Sarah Hess, Chicago Lawyers’ Committee for Civil Rights Under the Law, and Aimee Gendusa-English and Kristin Munsch, Citizens Utility Board for advice and counsel on many of the subjects covered in I-HEAL. Thank you to Loyola University Chicago School of Law and Health Justice Project students for their excellent research and outstanding contributions to I-HEAL and the Health Justice Project. Thank you to Curt (JD ’75) and Linda Rodin, Illinois Bar Foundation, Americorps VISTA, Beazley Institute for Health Law and Policy and Loyola University Chicago School of Law for making this important work possible through the generous support of the Health Justice Project.
I-HEAL
Income, Housing, Education, Appeals, Legal Resources

INCOME I: DHS Benefits and Health Insurance.........................................................I-1
FOOD INSECURITY  .............................................................................................I-1
   Food Insecurity Interview Essentials.............................................................I-1
   Food Bank Resources ....................................................................................I-2
Supplemental Nutrition Assistance Program (SNAP) ..........................................I-2
   Program Description ......................................................................................I-2
   SNAP Eligibility .............................................................................................I-3
   Income Eligibility and Benefit Levels ..........................................................I-5
   Asset Eligibility ..............................................................................................I-6
Calculating SNAP Benefit Eligibility and Benefit Amount ....................................I-6
How to Apply ......................................................................................................I-9
Expedited SNAP Benefits ..................................................................................I-10
Appeals Process ................................................................................................I-10
Viewing Case Records ......................................................................................I-11
Agency Contacts ...............................................................................................I-11
Sources of Law ..................................................................................................I-12
Therapeutic Diet Allowance ...............................................................................I-12
   Eligibility ........................................................................................................I-12
   How to Apply ...................................................................................................I-12
Women, Infants, and Children (WIC) Nutrition Program ......................................I-13
   Eligibility ........................................................................................................I-13
   How to Apply ...................................................................................................I-13
   WIC Agency Contact ......................................................................................I-14
   Sources of Law ...............................................................................................I-14
Supplemental Food for Children and Elderly Individuals .......................................I-14
   Sources of Law ...............................................................................................I-14
   Baby Hotline ..................................................................................................I-14
CASH BENEFITS .................................................................................................I-15
   Cash Benefit Interview Essentials ................................................................I-15
Temporary Assistance for Needy Families (TANF) ...............................................I-16
   Program Description ......................................................................................I-16
   Eligibility ........................................................................................................I-16
   How to Apply ...................................................................................................I-19
   Sanctions .........................................................................................................I-20
   Appeals Process ..............................................................................................I-21
   Agency Contacts .............................................................................................I-21
   DHS Metro Chicago Family Community Resource Centers .........................I-21
   Additional Resources .....................................................................................I-23
   Sources of Law ...............................................................................................I-23
Temporary Assistance/General Assistance .............................................................I-23
MEDICAL CARD & INSURANCE ...........................................................................I-24
   Medical Card & Insurance Interview Essentials ............................................I-24
# Social Security Administration Programs

## Appeals Process

- **Overview of Appeals Process**
- **Community Based Waiver Program**
- **Changes to Medicare Part D under the Affordable Care Act**
- **Medicare**
  - **Program Description**
  - **Eligibility**
  - **How to Apply**
  - **Sources of Law**
- **All Kids**
  - **Program Description**
  - **Eligibility**
  - **How to Apply**
- **Medicaid**
  - **Program Description**
  - **Eligibility**
  - **How to Apply**
  - **Sources of Law**
- **Community Care**
  - **Eligibility**
  - **How to Apply**
- **Changes to Medicaid under the ACA**
  - **Program Overview**
  - **Medicaid Eligibility Expansion**
  - **Additional Resources**
- **Additional Resources**
  - **Program Overview**
  - **Appeals Process**
  - **Eligibility**
  - **Program Description**
- **Medicaid**
  - **Program Description**
  - **Eligibility**
  - **How to Apply**
  - **Sources of Law**
- **Community Care**
  - **Eligibility**
  - **How to Apply**
  - **Medicare**
    - **Program Description**
    - **Eligibility**
    - **How to Apply**
    - **Special Enrollment**
    - **How to Apply**
  - **Changes to Medicare Part D under the Affordable Care Act**
    - **Sources of Law**
    - **Supplemental Insurance Policies (Medigap)**
      - **Program Description**
      - **Eligibility**
      - **How to Apply**
- **Medical Coverage for Noncitizens**
  - **Eligibility**
  - **How to Apply**
  - **Community Based Waiver Program**
  - **Additional Resources**
  - **Sources of Law**
- **Appeals Process for DHS Administered Benefits**
  - **Overview of Appeals Process**
    - **Reasons for an Appeal**
    - **Deadlines for Requesting an Appeal**
    - **How to Appeal a Decision**
    - **Required Forms to Appeal**
    - **Benefits Pending Appeal**
    - **Evidence Presented During Appeal**
    - **Stages of an Appeal**
    - **When to Appeal to the Department of Healthcare and Family Services**

**INCOME II: Social Security Administration Programs**

**SOCIAL SECURITY ADMINISTRATION PROGRAMS INTERVIEW ESSENTIALS**

**SUPPLEMENTAL SECURITY INCOME (SSI)**
Temporary Shelter ................................................................................................. H-4
Safe Haven ............................................................................................................ H-5
Supportive Housing ............................................................................................. H-5
Second Stage Housing ......................................................................................... H-5
Department of Family and Support Services Community Service Center Locations ........................................................................................................ H-5
Catholic Charities Family Shelter Program ...................................................... H-7
Referrals to Family Shelter Program ................................................................. H-7
FEMA Emergency Food and Shelter Program ................................................ H-7

HOUSING II: Emergency Assistance ................................................................. H-8
RENTAL ASSISTANCE ....................................................................................... H-8
City of Chicago Homelessness Prevention Call Center ...................................... H-8
Eligibility ............................................................................................................. H-8
Chicago Housing Options Survey Tool ............................................................... H-9
State Homeless Prevention Fund ....................................................................... H-9
Eligibility ............................................................................................................. H-9
How to Apply ..................................................................................................... H-9
ENERGY ASSISTANCE ..................................................................................... H-9
Low Income Home Energy Assistance Program (LIHEAP) ............................... H-9
Eligibility ............................................................................................................. H-10
How to Apply ..................................................................................................... H-11
ComEd Residential Special Hardship Program ................................................ H-11
Eligibility ............................................................................................................. H-11
For each additional person add $846 ............................................................... H-12
Peoples Gas Share the Warmth Program ........................................................... H-13
Eligibility ............................................................................................................. H-13
WATER SERVICE ASSISTANCE .................................................................... H-14
City of Chicago Department of Revenue Water Bill Payment Plans ................ H-14
General Payment Plan ....................................................................................... H-14
Water Shut-Off Payment Plan .......................................................................... H-14
Hardship Payment Plan ..................................................................................... H-15
How to Apply ..................................................................................................... H-15
DISCONTINUATION OF UTILITY SERVICE ............................................... H-16
Exemption to Discontinuation from December 1 through March 31 ............... H-16
Weather Exemption to Discontinuation of Gas and Electric Utility Service ... H-16
Medical Exemption to Discontinuation of Utility Service .............................. H-16
How to Apply for a Medical Exemption .......................................................... H-17
PROCESS FOR RESOLVING COMPLAINTS AGAINST UTILITY COMPANIES .......................................................... H-17
Overview of Illinois Commerce Commission Complaints .............................. H-17
Reasons to File a Complaint ............................................................................. H-17
Deadline to File a Complaint ........................................................................... H-17
Stages of Filing a Complaint ............................................................................ H-17
TELEPHONE SERVICE ASSISTANCE ......................................................... H-19
Illinois Universal Telephone Assistance Program ........................................ H-19
Eligibility ............................................................................................................. H-19
How to Apply ..................................................................................................... H-19
ADDITIONAL RESOURCES ............................................................................ H-19
GOODWILL CARES VOUCHER PROGRAM .................................................... H-19

5
HOUSING III: Domestic Violence ........................................................................ H-23

THE SAFE HOMES ACT .................................................................................. H-23
Ending a Lease Early Due to a Credible Imminent Threat of Harm ................. H-23
Ending a Lease Early Without a Credible Imminent Threat of Harm ............... H-24
Using the Safe Homes Act to Change the Locks ................................................. H-24
THE VIOLENCE AGAINST WOMEN ACT ....................................................... H-24
Housing Admission Protection for Survivors of Domestic Violence ............... H-25
Eligibility under VAWA .................................................................................. H-25
Housing Authority Notification Requirements under VAWA ......................... H-26
Protection from Eviction and Housing Subsidy Termination for Survivors of Domestic Violence .............................................................. H-26
Rights of Victims of Domestic Violence Who Receive Orders of Protection ...... H-26
Protection for Voucher Holders Who Flee Their Homes for Safety Reasons ...... H-27

ILLINOIS DOMESTIC VIOLENCE ACT ............................................................. H-27
Orders of Protection ....................................................................................... H-27
Emergency Order of Protection ....................................................................... H-27
Interim Order of Protection ............................................................................ H-28
Plenary Order of Protection ........................................................................... H-28
VICTIMS OF TRAFFICKING AND VIOLENCE PROTECTION ACT OF 2000 ......................................................... H-29
Eligibility Requirements for the U Visa ............................................................. H-29
Domestic Violence Help Line ......................................................................... H-29
Referral Agencies for Domestic Violence Shelters ............................................. H-30
ADDITIONAL INFORMATION ......................................................................... H-30

SOURCES OF LAW .......................................................................................... H-30

HOUSING IV: Private Housing & Housing Discrimination ............................... H-31

CHICAGO RESIDENTIAL LANDLORD AND TENANT ORDINANCE .............. H-31
Tenant’s General Duties under the RLTO ......................................................... H-31
Tenant Obligations ......................................................................................... H-31
Landlord Right of Access .............................................................................. H-31
Landlord’s General Duties under the RLTO .................................................... H-32
Maintain the Premises .................................................................................... H-32
Tenant Remedies under the RLTO ................................................................. H-34
Failure to Provide Essential Services ............................................................. H-34
Premises Not Reasonably Fit and Habitable .................................................... H-35
Failure to Deliver Possession ........................................................................ H-35
Minor Defects ............................................................................................... H-35
Failure to Maintain ....................................................................................... H-35
Landlord Remedies under the RLTO .............................................................. H-36
Prohibition Against Lockouts ........................................................................ H-36
Retaliatory Conduct by the Landlord ............................................................... H-36
Suspension of Eviction Execution ................................................................ H-37

CHICAGO BED BUG ORDINANCE .................................................................. H-37
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility</td>
<td>H-55</td>
</tr>
<tr>
<td>Application Process and Waiting List</td>
<td>H-55</td>
</tr>
<tr>
<td>Refusal of Offer of PBV Assistance</td>
<td>H-55</td>
</tr>
<tr>
<td>CHA CONTACT INFORMATION</td>
<td>H-56</td>
</tr>
<tr>
<td>ADDITIONAL INFORMATION</td>
<td>H-57</td>
</tr>
<tr>
<td>SOURCES OF LAW</td>
<td>H-57</td>
</tr>
<tr>
<td>PROTECTIONS FOR TENANTS WITH DISABILITIES</td>
<td>H-57</td>
</tr>
<tr>
<td>Fair Housing Amendments Act</td>
<td>H-57</td>
</tr>
<tr>
<td>Section 504 of the Rehabilitation Act</td>
<td>H-57</td>
</tr>
<tr>
<td>Americans with Disabilities Act</td>
<td>H-57</td>
</tr>
<tr>
<td>Additional Information</td>
<td>H-58</td>
</tr>
<tr>
<td>Sources of Law</td>
<td>H-58</td>
</tr>
<tr>
<td>教育</td>
<td>E-1</td>
</tr>
<tr>
<td>教育采访要点</td>
<td>E-1</td>
</tr>
<tr>
<td>学生提供家庭服务</td>
<td>E-3</td>
</tr>
<tr>
<td>无伴居者青年教育</td>
<td>E-3</td>
</tr>
<tr>
<td>受教育权利</td>
<td>E-4</td>
</tr>
<tr>
<td>学校入学</td>
<td>E-4</td>
</tr>
<tr>
<td>学校选择</td>
<td>E-4</td>
</tr>
<tr>
<td>交通</td>
<td>E-5</td>
</tr>
<tr>
<td>基于需求的学校服务</td>
<td>E-5</td>
</tr>
<tr>
<td>食品营养计划</td>
<td>E-5</td>
</tr>
<tr>
<td>访问费用</td>
<td>E-5</td>
</tr>
<tr>
<td>Topic</td>
<td>Page</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Prohibition Against Discrimination</td>
<td>E-6</td>
</tr>
<tr>
<td>Appeals Process</td>
<td>E-6</td>
</tr>
<tr>
<td>Additional Resources</td>
<td>E-6</td>
</tr>
<tr>
<td>MIGRANT CHILDREN</td>
<td>E-7</td>
</tr>
<tr>
<td>Right to Education</td>
<td>E-7</td>
</tr>
<tr>
<td>Illinois Migrant Education Program</td>
<td>E-7</td>
</tr>
<tr>
<td>Eligibility: Definition of Migrant Child</td>
<td>E-7</td>
</tr>
<tr>
<td>Services Provided</td>
<td>E-8</td>
</tr>
<tr>
<td>Additional Resources</td>
<td>E-8</td>
</tr>
<tr>
<td>PREGNANT AND PARENTING STUDENTS</td>
<td>E-9</td>
</tr>
<tr>
<td>Protection from Discrimination</td>
<td>E-9</td>
</tr>
<tr>
<td>School Accommodations</td>
<td>E-9</td>
</tr>
<tr>
<td>Choice of Educational Option</td>
<td>E-9</td>
</tr>
<tr>
<td>Absence and Leave Policy</td>
<td>E-10</td>
</tr>
<tr>
<td>Extracurricular Activities</td>
<td>E-10</td>
</tr>
<tr>
<td>Home Schooling</td>
<td>E-10</td>
</tr>
<tr>
<td>Reporting Discrimination</td>
<td>E-10</td>
</tr>
<tr>
<td>Appeals Process</td>
<td>E-10</td>
</tr>
<tr>
<td>Additional Resources</td>
<td>E-11</td>
</tr>
<tr>
<td>ANTI-BULLYING LAW</td>
<td>E-11</td>
</tr>
<tr>
<td>Definition of Bullying</td>
<td>E-11</td>
</tr>
<tr>
<td>Additional Resources</td>
<td>E-12</td>
</tr>
<tr>
<td>SPECIAL EDUCATION</td>
<td>E-12</td>
</tr>
<tr>
<td>Section 504 of the Rehabilitation Act and the Americans with Disabilities Act</td>
<td>E-13</td>
</tr>
<tr>
<td>Purpose</td>
<td>E-13</td>
</tr>
<tr>
<td>Eligibility</td>
<td>E-13</td>
</tr>
<tr>
<td>Accommodations and Modifications</td>
<td>E-13</td>
</tr>
<tr>
<td>Free Appropriate Public Education (FAPE)</td>
<td>E-13</td>
</tr>
<tr>
<td>Access</td>
<td>E-13</td>
</tr>
<tr>
<td>Discipline</td>
<td>E-13</td>
</tr>
<tr>
<td>Impartial Hearings</td>
<td>E-14</td>
</tr>
<tr>
<td>Individuals with Disabilities Education Act (IDEA)</td>
<td>E-14</td>
</tr>
<tr>
<td>Definition: IDEA Child</td>
<td>E-14</td>
</tr>
<tr>
<td>Child Find</td>
<td>E-14</td>
</tr>
<tr>
<td>IDEA – Early Intervention (Part C) and the Individualized Family Service</td>
<td>E-14</td>
</tr>
<tr>
<td>Plan (IFSP)</td>
<td>E-14</td>
</tr>
<tr>
<td>Transition Services</td>
<td>E-15</td>
</tr>
<tr>
<td>IDEA – Part B and Individualized Education Plan (IEP)</td>
<td>E-15</td>
</tr>
<tr>
<td>IDEA Services By Age</td>
<td>E-16</td>
</tr>
<tr>
<td>Procedural Safeguards</td>
<td>E-16</td>
</tr>
<tr>
<td>Additional Resources</td>
<td>E-17</td>
</tr>
<tr>
<td>Sources of Law</td>
<td>E-17</td>
</tr>
<tr>
<td>APPEALS AND COURT HEARINGS</td>
<td>A-1</td>
</tr>
<tr>
<td>Appeals Interview Essentials</td>
<td>A-1</td>
</tr>
<tr>
<td>DEPARTMENT OF HUMAN SERVICES PROGRAMS</td>
<td>A-1</td>
</tr>
<tr>
<td>Notice Requirement</td>
<td>A-1</td>
</tr>
<tr>
<td>Right to Appeal</td>
<td>A-2</td>
</tr>
<tr>
<td>Required Forms to Appeal</td>
<td>A-2</td>
</tr>
</tbody>
</table>
SOCIAL SECURITY ADMINISTRATION PROGRAMS (SSI/SSDI) .................................................. A-2
  Notice Requirements ........................................................................................................ A-2
  Right to Appeal ................................................................................................................ A-3
HOUSING CASES ................................................................................................................ A-3
  Notice Requirement ...................................................................................................... A-3
  Service Required ........................................................................................................... A-4
  Personal Jurisdiction ........................................................................................................ A-4

LEGAL RESOURCES FOR OTHER HEALTH HARMING LEGAL AND SOCIAL ISSUES ...... L-1
  Housing Resources ........................................................................................................ L-1
  Employment Resources .................................................................................................. L-5
  Community Health Resources ....................................................................................... L-9
  Temporary Assistance Resources .................................................................................... L-23
  Family Resources ........................................................................................................... L-31
  Immigration Resources .................................................................................................. L-37
  Deferred Action for Childhood Arrival .......................................................................... L-45
  Immigrant Eligibility for Federal Programs .................................................................... L-47
  Health Insurance Portability and Accountability Act .................................................... L-55
  Consent by Minors to Healthcare Treatment ................................................................... L-57
INCOME I: DHS Benefits and Health Insurance

Lack of income can lead to hunger, malnutrition, low-birth weight, chronic health problems, depression, anxiety, and other dangerous conditions. For example, a public benefit denial may result in an inability to provide nutritious food to one’s family. Generally, the only flexible aspect of a budget is food, which forces many families to choose between feeding their families and providing other necessities, such as heating their homes. By obtaining additional income through public benefits, advocates and attorneys help clients avoid these barriers to health. (For more information, see Barriers to Health, available at: http://luc.edu/law/centers/healthlaw/hip/patsdocs.html)

Practice Tip
Almost all income maintenance benefits are computed starting from the date of application. It is, therefore, advisable for clients to apply even if all necessary documentation is not yet available.

FOOD INSECURITY

Food Insecurity Interview Essentials
Ask the client to sign any relevant release forms. Discuss any questions with a supervisor.

General Information to Gather
- At which DHS Family Community Resource Center (FCRC) or Women, Infants, and Children (WIC) office did the client apply for benefits?
- Which FCRC has the client’s case?
- What is the name of the client’s caseworker?
- Has the client received any notices related to the problem for which he or she is seeking assistance? If so, on what day did the client receive the notice? If so, what does the notice say? If so, does the notice require any action to be taken within a particular time frame?

Application and Recertification Related Issues
- What date did the client submit the application?
- Did DHS give the client a checklist of documents to submit, and did the client submit all requested documents?
- If DHS denied the application, did the client receive written notice, and if so, what was the stated reason for the denial?
- Did the client receive a notice from DHS requesting information for recertification?
- Did the client receive a notice from DHS with information about a recertification appointment? If yes, did the date for the appointment already pass? If the date passed, did the client attend the appointment?

Concern About Eligibility and/or Amount of SNAP Benefits
- Who lives with the client?
- Who customarily purchases and prepares meals with the client?
- Are there children in the household? If so, how many and what are their ages? If any of the children are in their late teens, when are they expected to graduate from high school?
- What is the citizenship status for all of those household members?
• What is the amount and source of income for all household members?
• What is the amount paid for rent or mortgage?
• Does the client pay utilities? If so, for which utilities does the client pay and how much?
• Must dependent care be secured in order for a household member to work?
• If dependent care is required, what is the amount paid for such dependent care?
• If the household includes elderly (over 65) or disabled members (receiving SSI/SSDI), what is the amount of any unreimbursed medical expenses, including over-the-counter medical items?

Decrease, Termination, or Non-Receipt of Benefits
• When did the client last receive benefits and for what amount?
• When did the client last check his or her Illinois Link card?
• Did the client receive written notice of the proposed change? What was the stated reason for the proposed change?
• Did the client’s household income, household composition, or resources change? If so, did the client report the change to DHS, and how and when was the report made?
• Did the client quit, refuse a job, or cut back his or her work hours?
• Was the client referred to an employment and training program, and did the client attend?
• Did the client receive a notice indicating that he or she needed to recertify? When did the client last recertify?

Food Bank Resources
If a client is seeking emergency food or meal services, consult chicagosfoodbank.org. Click on “need food?” to search by zip code for the nearest food bank and food pantry locations. The DHS website includes links for additional food pantry resources sorted by county. (See http://www.dhs.state.il.us/page.aspx?item=31245) See page L-28 for additional Food Resources.

Supplemental Nutrition Assistance Program (SNAP)

Program Description
The SNAP program helps low-income people buy food at grocery stores, some meal programs, and farmer’s markets. SNAP beneficiaries may buy cheese, milk, fruits, bread, vegetables and most other food. Beneficiaries may not use SNAP to purchase alcohol, tobacco, soap, paper products, pet food, prepared foods, or any non-food items. The U.S. Department of Agriculture funds SNAP benefits, as well as approximately half of the program’s administrative costs. The Illinois Department of Human Services (DHFS) operates the program on behalf of the U.S. Department of Agriculture.

SNAP benefits are delivered to clients electronically through an Illinois Link Card. Clients are issued a plastic card, which looks and acts like a debit card. Each client chooses his or her own personal identification number. Purchases using the Link Card can be made at most grocery and convenient stores.
Practice Tip
Congress changed the name of the Food Stamps program to the Supplemental Nutrition Assistance Program (SNAP) in 2008. Clients may refer to it as “Food Stamps” or “Link.”

SNAP Eligibility

Because the purpose of SNAP is to provide nutritious food for citizens who could not otherwise afford it, the eligibility criteria are broader than many of the other programs discussed in the I-HEAL Guide. Most Health Justice Project clients will qualify for SNAP assistance.

1) Citizenship Status: To be eligible for SNAP, a client must be a United States citizen or establish that he or she fits within certain non-citizen categories. PM 03-01-03-a. The categories of eligible aliens include:

- Certain American Indians Born in Canada. PM 03-01-03-b.
  - An American Indian born in Canada to whom the provisions of Section 289 of the Immigration and Nationality Act (INA) apply; or
  - A member of an Indian tribe as defined in Section 4(e) of the Indian Self-Determination Education Assistance Act.

- Refugee, Asylee, Cuban-Haitian, Amerasian, Victims of Trafficking, or Equivalent Status. PM 03-01-03-c.
  - A refugee admitted under Section 207 of the INA;
  - An asylee admitted under Section 208 of the INA;
  - A person who is a national of Cuba or Haiti admitted on or after April 21, 1980;
  - A person who is Amerasian from Vietnam and their close family members, admitted through the Orderly Departure Program beginning on March 20, 1988;
  - A person whose deportation was withheld under Section 243(h) or 241(b)(3) of the INA;
  - A person identified by the federal Office of Refugee Resettlement as a victim of trafficking, or the minor child, spouse, parent, or sibling of the trafficking victim; or
  - Iraqi or Afghan immigrant with special immigrant status under Section 101(a)(27) of the INA.

- Hmong or Highland Laotian Tribe Members. PM 03-01-03-d.
  - A person living in the U.S. who was a member of a Hmong or Highland Laotian tribe, when the tribe helped U.S. personnel, by taking part in a military or rescue operation during the Vietnam era (between August 5, 1964 and May 7, 1975) and their spouse, widow(er), who has not remarried, and unmarried dependent children.

- Noncitizen who has Lived in the U.S. for Five Years. PM 03-01-03-e.
  - A person who is a lawful permanent resident;
  - A conditional entrant under Section 203(a)(7) of the INA;
  - A person with parolee status for at least a year under Section 212(d)(5) of the INA; or
  - An abused spouse or child, or parent or child of an abused person with a petition pending under 204(a)(1)(A) or (B) or 244(a)(3) of the INA. This status does not apply if the noncitizen lives with the abuser.
• **Noncitizen who has Not Lived in the U.S. for Five Years.** PM 03-01-03-f. A noncitizen who has not lived in the U.S. for five years must satisfy two criteria.
  
  o Under the first criteria, the person must be:
    ▪ Under age 18;
    ▪ Blind, or disabled;
    ▪ A U.S. veteran;
    ▪ In active military service;
    ▪ The dependent of a person in active military service; or
    ▪ A lawful permanent resident credited with forty qualifying quarters.
  
  o Under the second criteria, the person’s INS status must be:
    ▪ Lawful permanent resident;
    ▪ Conditional entrant under Section 203(a)(7) of the INA;
    ▪ Parolee status for at least one year under Section 212(d)(5) of the INA; or
    ▪ Abused spouse or child, or parent of the child of an abused person with a petition pending under 204(a)(1)(A) or (B) or 244(a)(3) of the INA. This status does not apply if the noncitizen lives with the abuser.

• **Person who is age sixty-five on August 22, 1996.** PM 03-01-03-g.
  
  o A noncitizen who was legally residing in the U.S. on August 22, 1996 who currently has the following INS status:
    ▪ Lawful permanent resident;
    ▪ Conditional entrant under Section 203(a)(7) of the INA;
    ▪ Parolee status for at least one year under Section 212(d)(5) of the INA; or
    ▪ Abused spouse or child, or parent of the child, of an abused person with a petition pending under 204(a)(1)(A) or (B) or 244(a)(3) of the INA. This status does not apply if the noncitizen lives with the abuser.
  
  o INS status on August 22, 1996 must have been:
    ▪ Temporary resident status under section 210 or 245A of the INA;
    ▪ Temporary protected status under section 244A of the INA; or
    ▪ Family unity beneficiary status under section 301 of P.L. 101-649, as amended;
    ▪ Deferred enforced departure status under a decision made by the President;
    ▪ Deferred action status under INS Operations Instructions at OI 242.1(a)(22); or
    ▪ Spouses and children of U.S. citizens whose visa petitions have been approved and who have a pending application for adjustment of status.

For more information on immigrant eligibility, please see *Immigrant Eligibility for Federal Programs on page L-47.*


If you are uncertain about whether a client fits into one of these categories, you may contact the USDA at 1.800.221.5689 for additional information about eligibility criteria.

2) **Work Requirement:** The SNAP work requirement is as follows: A physically and mentally fit individual over the age of eighteen and under the age of fifty, who is not exempt, must register for employment, participate in an employment and training program, or accept an offer of employment. An individual also will be disqualified if he
or she does not have good cause for not meeting this requirement. The individual will also be disqualified if he or she voluntarily and without good cause quits a job or significantly reduces work effort. 7 CFR 273.7(a); PM 03-15-01; PM 21-06-10.

3) **Exemptions:** If the client does not meet the work requirement, screen for exemptions. The following situations exempt an individual from the work requirement:

- Caring for a child under six or an incapacitated person,
- Participating in substance abuse treatment,
- In compliance with TANF work requirements,
- Half-time or full-time participation in school or training program,
- A person younger than sixteen years of age or a person sixty years of age or older,
- A person physically or mentally unfit for employment,
- A person subject to and complying with any work requirement under Title IV of the Social Security Act,
- A person receiving unemployment compensation,
- An employed or self-employed person working a minimum of thirty hours weekly or earning weekly wages at least equal to the federal minimum wage multiplied by thirty hours (including migrant and seasonal workers).

7 CFR 273.7(b)(1); PM 03-15-02.

### Practice Tip

A person who meets all eligibility requirements for TANF, AABD, or MANG is **categorically eligible** for SNAP. 89 Ill. Adm. Code § 10.120.

### Income Eligibility and Benefit Levels

DHS calculates SNAP eligibility by household. A “household” is a person living alone, or a group of people living together (whether or not they are related), who buy and eat food together. PM 04-05-01, *et seq.* Certain people living together are required to be in the same household, including: (1) spouses; (2) any person under eighteen and under the parental control of an adult unit member who is not their parent, even if the person providing parental control eats separately; and (3) a parent and their child who is under age twenty-two, unless the living quarters are totally separate with no shared living space. PM 04-05-03.

The following chart lists the income limits (gross and net) for benefits, as of October 2014. Note that the gross income limits are different for: (1) clients who are under sixty; (2) clients sixty and older and (3) households that include a person with a disability. The amount in the second to last column lists the maximum benefits allowed. This amount is determined by subtracting allowable deductions, including the standard deduction, listed in the last column, from gross income. DHS 123 (R-10-10).
Asset Eligibility

DHS calculates a household’s assets to determine eligibility. If an applicant is not categorically eligible (see page I-6 for information about categorical SNAP eligibility), the value of his or her nonexempt assets will be considered to determine eligibility for SNAP. The value of an asset is determined by subtracting the amount owed on the asset from the fair market value of the asset. 89 Ill. Adm. Code § 121.57.

Note: The term “resources” will be replacing the terms “assets.” Resources are “cash or other items having an exchange value and owned by the person,” that can be converted into cash. DHS Memorandum, July 2, 2012, available at http://www.dhs.state.il.us/page.aspx?item=60076

Calculating SNAP Benefit Eligibility and Benefit Amount

You can help a client assess eligibility and projected benefit amount by calculating their eligibility and benefit amount. To be eligible for SNAP, a client must meet the gross and net income limits listed in the table above. Gross income is the total amount of a client’s earned and unearned income. Net income is the client’s gross income, minus applicable deductions.

The maximum gross income limit is 130 percent of the Federal Poverty Level (FPL), 7 CFR 273.9(a)(1). However, if a household includes an elderly (60 or older), blind, or disabled member, it is a “qualifying household” and the gross income limit is 200 percent of FPL. All households must satisfy the same net income limits.
To determine a client’s SNAP eligibility and benefit amount, follow these steps:

**Step One: Determine Whether Client Satisfies Resource Limits**
- a. Households may have $2,250 in countable resources, such as a bank account, or $3,250 in countable resources if at least one person is age 60 or older, or is disabled.

**Step Two: Determine Whether Client Satisfies Gross Income Limits**
- a. Add all monthly unearned income (for example: SSI, SSDI, child support) and monthly earned income. The total is the gross monthly income.
  - o Unearned income is all income other than that received in the form of salary for services performed as an employee or profits from self-employment. 89 Ill. Adm. Code § 121.30(c).
  - o Earned income is payment acquired through the receipt of salaries or wages for services performed as an employee or profits from an activity in which the individual is self-employed. 89 Ill. Adm. Code § 121.40(b).
- b. Determine household size and if there is a qualifying member (60 and older or disabled) in the household.
- c. If the gross monthly income is less than the limit for the household size listed on the chart above, proceed to Step Three.

**Step Three: Apply Deductions to Gross Income to Determine Net Income**
- a. Calculate applicable deductions.

  i. **Earned Income Deduction**
  - a. Multiply earned income by 80 percent.
  - b. Add the resulting amount to client’s unearned income.

  ii. **Standard Deduction**
  - a. Determine appropriate standard deduction for the household size.
    - o See chart above to determine appropriate standard deduction.
  - b. Subtract the appropriate Standard Deduction from the amount determined in Step i(b).
    89 Ill. Adm. Code § 121.62(c).

  iii. **Dependent Care Deduction**
  - a. This deduction consists of payments for the care of a child or other dependent when necessary for a household member to accept or continue employment or seek employment in compliance with the job search criteria or to attend training or pursue education that is preparatory for employment.
  - b. The deduction amount is determined by the actual cost for care.
  - c. Subtract Dependent Care Deduction from amount determined in Step ii(b).
    89 Ill. Adm. Code § 121.63(d).

  iv. **Child Support Dedication**
  - a. This deduction is the amount of legally obligated child support paid by a household member to or for a non-household member.
  - b. Subtract Dependent Care Deduction from amount determined in Step iii(c).
    89 Ill. Adm. Code § 121.63(e).

  v. **Excess Medical Deduction**
a. This deduction is only available for qualifying households – those that contain an elderly or disabled member – that have medical costs over $35 a month.

b. When a qualifying household member incurs medical expenses that are over $35 dollars, the household will be given a Standard Medical Deduction if the expenses will not be reimbursed by insurance or a third party.

c. The Standard Medical Deduction is $450 a month of residents of group homes or supportive living facilities and $210 a month for all other eligible households.

d. Households whose medical expenses exceed $450 a month (for residents of group homes or supportive living facilities) and $210 a month (for all other eligible households) may claim actual documented medical expenses in lieu of the Standard Medical Deduction. In this case, the amount of medical expenses exceeding $35 a month will be allowed as a deduction.

e. To ensure federal costs do not increase, the Standard Deduction will be reduced by $4 per month for all SNAP households.

f. Subtract Medical Deduction from amount determined in Step iv(b). This is the adjusted net income.

89 Ill. Adm. Code § 121.63(h).

vi. Shelter Costs Deduction

a. The Shelter Costs Deduction is the amount of shelter costs that exceed half of total adjusted net income after making the following deductions in the preceding steps:

o Earned Income Deduction
o Standard Deduction
o Dependent Care Deduction
o Child Support Deduction

b. The Shelter Deduction may not exceed $490. However, if the household contains a member who is elderly or disabled, there is no limit on the amount of the Shelter Costs Deduction.

c. Add the following to determine Shelter Costs:

o Rent, mortgage, and other charges leading to the ownership of the shelter;

o Property taxes, state and local assessments, and insurance on the structure; and

o Utility costs. (See Step vii to determine utility deduction).

o Shelter costs may also include housing expenses related to natural disaster. See 89 Ill. Adm. Code §§ 121.63(f)(4) – (5) for more information.

d. Divide adjusted net income (Step v(f)) by 2.

e. Subtract resulting amount (Step vi(d)) from total shelter costs (Step vi(c)). This is the excess shelter cost.

f. Subtract the excess shelter cost (Step vi(e)) from adjusted net income (Step v(f)). This is the amount of the Shelter Cost Deduction.

g. To apply the Shelter Cost Deduction, subtract the amount of the deduction (Step vi(f)) from the adjusted net income (Step v(f)). The result is the net income.

89 Ill. Adm. Code § 121.63(f)

vii. Utility Deduction

a. Utility Costs Include the following:

o Cost of heating and cooking fuel, air conditioning, electricity, water, sewage, garbage, and trash collection;

o Basic service fee for one telephone (including tax) of $32; and

o Fees charged by the utility provider for installation.

o Utility deposits are not considered to be utility costs.

b. A utility standard will be used if the household is billed for utilities.

o A standard deduction of $370 is used for households that are billed for:

• heating air conditioning or both; or
- heating, air conditioning, and electricity.
  
  o A standard deduction of $62 will be used for households that are not billed for air conditioning or heating but are billed for a single utility, other than a telephone.

c. A household may be billed directly from the utility company or the landlord.
d. Households that receive a bill for over-usage are entitled to use the air conditioning/heating standard deduction.
e. Households whose expense for heat or electricity, or both is covered under the Low Income Home Energy Assistance Program are entitled to the air conditioning/heating deduction.

89 Ill. Adm. Code §121.63(g).

**Step Four: Calculate Monthly Benefit Amount**

a. Using the chart above, determine whether net income exceeds limits for the family size.
b. If net income does not exceed permissible limits, multiply net income by 0.30.
c. Round up to the next dollar. This is the adjusted food stamp income.
d. Using the chart above, determine the maximum food stamp allotment for the household size.
e. Subtract the adjusted food stamp income (Step Four(c)) from the maximum food stamp allotment. The result is the household’s monthly benefit amount.

---

**Practice Tip**

You can help a client preliminarily assess their eligibility and projected benefit amount by using the Illinois Legal Aid Online SNAP calculator at:

http://www.illinoislegalaid.org/index.cfm?fuseaction=home.dsp_content&contentID=871#state=default

Be sure to screen a client for eligibility for expedited SNAP benefits. (See page I-11.)

---

**How to Apply**

DHS must allow anyone wishing to apply for SNAP benefits to receive and submit an application form on the same day the request is made. Clients may submit SNAP applications:

1) **In person**: If applying in person the client must visit one of the DHS Family Community Resource Centers listed on page I-22.

2) **By mail or fax**: Clients should fill out as much information as possible. If a client cannot answer all of the questions, that is okay. However, the client must sign the form. Once the form is filled out, the client may mail or fax it to one of the DHS Family Community Resource Centers listed later in this Chapter on page I-22 A copy of the paper application is available at:

http://www.dhs.state.il.us/OneNetLibrary/27897/documents/Forms/IL444-2378B.pdf

   - Submitting an application by mail is not recommended, as it may be difficult to prove an application was, in fact, submitted if DHS disputes receipt.
   - If a client submits and application by fax, he or she should keep a copy of the fax confirmation report.

3) **Online**: To submit an application online, visit Application for Benefits Eligibility at:

https://abe.illinois.gov/abe/access
Once the DHS office receives the client’s signed application, the application process begins. The application date is the first workday the DHS office receives the application before 5:00 pm, unless it is received from an All Kids Application Agent, accepted by an Office of Rehabilitation Services counselor for clients who receive Vocational Rehabilitation or Blind Services, faxed when the office is closed, or submitted online as a DHS web application received after 5:00 pm or on a holiday. PM 02-04-06, et seq. SNAP applications may also be received by an SSA officer. PM 02-04-06b. The client will receive a letter notifying the individual of an interview time, date, and location. The interview can be conducted in person or over the phone. Clients must present documentation for identity, gross income, citizenship or immigration status if an alien, address, social security numbers, and proof of any income payments received. DHS 124D (R-04-10).

All clients should receive a written notice of denial or approval within thirty days. PM 17-01-01; PM 17-01-04. The notice must contain:

- Approval or denial of the decision,
- Amount of the benefit,
- Persons in the unit who are eligible,
- The date of notice,
- The Family Community Resource Center phone number,
- A clear statement of the action taken,
- A clear statement of the reason for the action,
- A specific policy reference which supports the action, and
- A clear statement of the client’s right to appeal and the right to free legal counsel.

PM-01-06-02.

To continue receiving benefits after that time period, the client will need to reapply or “recertify.”

DHS cannot discriminate against clients on the basis of a disability. If a client requires an accommodation, contact 1.800.843.6154 or 1.800.447.6404 (TTY).

**Expedited SNAP Benefits**

Clients are entitled to receive SNAP benefits within five calendar days if:

- They have $100 or less in cash resources and less than $150 in gross monthly income;
- Their combined gross income and liquid resources are less than their monthly rent/mortgage plus the appropriate utility standard; or
- At least one person in the house is a migrant farm worker and the household’s cash and bank accounts are not more than $100.

PM 02-08-01; WAG 02-08-01.

To receive expedited service, clients need to show some form of identification, and assert one of the circumstances listed above. They will need to complete the eligibility verification process to continue receiving benefits.

**Appeals Process**

Applicants for, and recipients of, SNAP may appeal any action or inaction by requesting a hearing through the DHS appeals process discussed later is this chapter on page I-45.

A request for an appeal must be made within **90-days** of the date of notice of DHS’s decision.
Practice Tip
In addition to the Fair Hearing Appeals Process (See Appeals Process for DHS Administered Benefits at I-45), local jurisdictions that operate SNAP programs are required to provide a process for filing complaints. Clients, recipients, or other concerned individuals or groups can file complaints about things like inconvenient procedures or disrespectful workers, and the Complaints Office will investigate and issue a written report. The Complaints Office must also maintain statistics on the types of complaints it receives. These statistics are monitored by the Department of Agriculture, an agency that can require a corrective action plan if patterns of low performance are evident. To file a complaint, a client must file a grievance form within sixty days of the date the client was mistreated. Grievance forms may be obtained at http://www.dhs.state.il.us/OneNetLibrary/27897/documents/Forms/IL444-2622.pdf

To file a complaint of discrimination, a client may call 1.800.795.3272 or 202.720.6382 (TTY). Please advise the client that the caseworker will receive a copy of the complaint filed against them (e.g. they are not anonymous unless specified).

Viewing Case Records
For all DHS matters, the client, or their approved representative, may view the client’s case record, including closed case records. The client, or their representative, must visit DHS during normal work hours. DHS requires that a DHS employee be present while the records are being viewed. When documents, such as psychiatric or other medical reports in the case file, specifically state that the client or benefit unit should not view the information, DHS may remove it from the case record. DHS will not allow the client to view this information; however, the approved representative may see it. PM 01-01-04-d.

For cases involving SNAP benefits, a request to see the record must be in writing. It may be submitted by any responsible SNAP unit member, the approved or authorized representative, or a person acting on the client’s behalf. PM 01-01-04-d; WAG 01-01-04-d. Note that DHS may also remove confidential material, such as the names of persons who have provided information without the client’s knowledge and facts about pending criminal prosecutions. If you are viewing a case record, make copies of the entire record. If the copies are for a SNAP appeal, there is no charge; otherwise, copies are $.10 per page. PM 01-01-04-d; PM 01-01-04-e; WAG 01-01-04-d.

Agency Contacts
• DHS Family Community Resource Centers, listed below on page I-22
• DHS General Information Help Line: 1.800.843.6154 or 1.800.447.640 (TTY)
• DHS Customer Service and Change Reporting Center Hotline: 1.800.720.4166 or 1.800.447.6404 (TTY)
• Office of Paternity Establishment: 1.888.855.2858
• Appeals: 312.793.2618 or 1.800.435.0774
• Appeals Fax: 312.793.3387
• Child Support Help: 1.800.526.5812 or 1.800.447.4278 (TTY)
• Health Care Benefits Helpline: 1.866.468.7543
• DHS Customer Service: 1.800.843.6154 or 1.800.447.6404 (TTY)
Illinois Link Customer Service Hotline: 1.800.678.LINK (5465) or 1.877.765.3459 (TTY) (To report lost or stolen cards, check balances, etc.)

Sources of Law

7 CFR 271, et seq.
89 Ill. Adm. Code §§ 121.1, et seq.
89 Ill. Adm. Code § 10.120.

Therapeutic Diet Allowance

Some clients are eligible for additional food assistance benefits through the Therapeutic Diet Allowance (TDA). TDA provides additional food assistance benefits to help clients meet dietary restrictions related to his or her condition. PM 11-01-01-a.

Monthly Allowances for Therapeutic Diets

<table>
<thead>
<tr>
<th>TYPE OF DIET</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ulcer (and other chronic conditions requiring a bland low-residue diet)</td>
<td>$ 5.95</td>
</tr>
<tr>
<td>Diabetic—less than 1700 calories—adult</td>
<td>$ 7.92</td>
</tr>
<tr>
<td>Diabetic—1700 calories or more—adult</td>
<td>$17.82</td>
</tr>
<tr>
<td>Diabetic—all children</td>
<td>$17.82</td>
</tr>
<tr>
<td>High-protein, High-caloric, High-vitamin for clients thirteen years of age or older</td>
<td>$12.85</td>
</tr>
<tr>
<td>High-protein, High-caloric, High-vitamin for children six through twelve years of age</td>
<td>$ 7.91</td>
</tr>
<tr>
<td>High-protein, High-caloric, High-vitamin for children three through five years of age</td>
<td>$ 9.02</td>
</tr>
</tbody>
</table>

WAG 11-01-01-a.

Eligibility

To be eligible for TDA, a client must fall into one of the following categories:

1) A person age sixty-five or older who:
   - Receives Supplemental Security Income (SSI);
   - Is ineligible for SSI due to income;
   - Is a noncitizen who was legally residing in the U.S. on August 22, 1996 and who was denied SSI due to a finding of “not disabled,” and who meets the immigration requirements for medical assistance; or
   - Is a noncitizen ineligible for SSI due to expiration of the federal seven-year limit.
2) A person under age sixty-five who:
   - Receives SSI;
   - Is ineligible for SSI due to income and was found disable; or
   - Is a noncitizen ineligible for SSI due to expiration of the federal seven-year limit.

PM 11-01-00; see also PM 03-08-00.

How to Apply

A client can apply for TDA benefits by submitting a Request for Therapeutic Diet Allowance (Form 146, on file in the Health Justice Project workroom). The Request for Therapeutic Diet
Allowance must be completed by the client’s doctor. PM 11-01-01-a. A client may submit the request:

1) **In person:** If applying in person the client must visit one of the DHS Family Community Resource Centers available by zip code at [http://www.dhs.state.il.us/page.aspx?module=12](http://www.dhs.state.il.us/page.aspx?module=12) (See also page I-22).

2) **By mail or fax:** The client may mail or fax it to one of the DHS Family Community Resource Centers listed later in this chapter on page I-22.

**Women, Infants, and Children (WIC) Nutrition Program**

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a federal health, nutrition, and prevention program with a successful record of improving the diet and safeguarding the health of infants and children under five and pregnant, postpartum, and breastfeeding women who are at risk for nutrition-related illness. WIC is administered by DHS and is funded by the United States Department of Agriculture (USDA). WIC benefits are available in all 102 Illinois counties at more than 220 clinics, which include county health departments, community action agencies, and hospitals. WIC provides nutrition education, counseling and support, breastfeeding support, nutritious foods, health screenings, and referral to other services.

**Eligibility**

Pregnant women, new mothers, and children under five may be eligible for WIC. Clients must have incomes below 185% of the Federal Poverty Level (FPL) (the Monthly Net Income Limit for SNAP benefits is 100% of the FPL). All TANF recipients are automatically income-eligible. Clients should request a letter from a medical professional documenting nutritional risk factors, including pregnancy, anemia, or underweight/overweight children.

**WIC Income Eligibility Guidelines (Effective from July 1, 2015 to June 30, 2016)**

<table>
<thead>
<tr>
<th>Persons in Family or Household Size</th>
<th>Annual</th>
<th>Monthly</th>
<th>Bi-Monthly</th>
<th>Bi-Weekly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$21,775</td>
<td>$1,815</td>
<td>$908</td>
<td>$838</td>
<td>$419</td>
</tr>
<tr>
<td>2</td>
<td>29,471</td>
<td>2,456</td>
<td>1,228</td>
<td>1,134</td>
<td>567</td>
</tr>
<tr>
<td>3</td>
<td>36,167</td>
<td>3,098</td>
<td>1,549</td>
<td>1,430</td>
<td>715</td>
</tr>
<tr>
<td>4</td>
<td>44,863</td>
<td>3,739</td>
<td>1,870</td>
<td>1,726</td>
<td>863</td>
</tr>
<tr>
<td>5</td>
<td>52,559</td>
<td>4,380</td>
<td>2,190</td>
<td>2,022</td>
<td>1,011</td>
</tr>
<tr>
<td>6</td>
<td>60,255</td>
<td>5,022</td>
<td>2,511</td>
<td>2,318</td>
<td>1,159</td>
</tr>
<tr>
<td>7</td>
<td>67,951</td>
<td>5,663</td>
<td>2,832</td>
<td>2,614</td>
<td>1,307</td>
</tr>
<tr>
<td>8</td>
<td>75,647</td>
<td>6,304</td>
<td>3,152</td>
<td>2,910</td>
<td>1,455</td>
</tr>
<tr>
<td>Each Add’l Member Add</td>
<td>+$7,696</td>
<td>+642</td>
<td>+321</td>
<td>+296</td>
<td>+148</td>
</tr>
</tbody>
</table>


**How to Apply**
Erie Family Health Center patients may be referred directly to the WIC office at Erie Humboldt Park. Other clients must call 1.800.345.1WIC for an initial screening interview. If the client meets the initial eligibility screening, he or she will be scheduled for an appointment at one of the WIC clinic sites. Clients should bring the following items to the appointment: proof of residence; proof of total family income; proof of pregnancy or proof of birth; eligible children’s shot records; and the eligible children.

**WIC Agency Contact**

Please call the hotline before using the local number.
WIC Hotline: 1.800.345.1WIC

**Local** (as of October 17, 2012)
Penny Roth, Acting Director
Bureau of Family Nutrition
Office of Family Health
Illinois Department of Human Services
815-823 East Monroe Springfield, IL 62701

Toll-free in-state: 1.800.323.4769
Voice: 1.217.782.2166
Fax: 1.217.785.5247
Email: dhshpat@dhs.state.il.us

**Sources of Law**

7 CFR 246.

**Supplemental Food for Children and Elderly Individuals**

Low-income pregnant women, women with a child under one year of age, children under six, and senior citizens (sixty and older) may obtain a monthly food package through the Commodity Supplemental Food Program.

The Commodity Supplemental Food Program is offered only in the city of Chicago and selected sites in suburban Cook County. Eligibility for the program requires that pregnant, lactating or postpartum women, infants or children, and elderly persons meet residency and income criteria. For more information about the program, visit [http://www.dhs.state.il.us/page.aspx?item=31874](http://www.dhs.state.il.us/page.aspx?item=31874)

**Sources of Law**

7 U.S.C. § 612(c).

**Baby Hotline**

Referrals for emergency supplies of milk, formula, diapers, and other services for new mothers, may be available through the All Kids Hotline: 1.866.ALL.KIDS (1.866.255.5437).
Cash Benefit Interview Essentials
Ask the client to sign any relevant release forms. Discuss any questions with a supervisor.

General Information to Gather
- At which DHS Family Community Resource Center (FCRC) or Women, Infants, and Children (WIC) office did the client apply for benefits?
- Which FCRC has the client’s case?
- What is the name of the client’s caseworker?
- Has the client received any notices related to the problem for which he or she is seeking assistance? If so, on what day did the client receive the notice, what does the notice say, and does the notice require any action to be taken within a particular time frame?

Application and Recertification Related Issues
- What date did the client submit the application?
- Did DHS give the client a checklist of documents to submit, and did the client submit all requested documents?
- If DHS denied the application, did the client receive written notice, and if so, what was the stated reason for the denial?
- Did the client receive a notice from DHS requesting information for recertification?
- Did the client receive a notice from DHS with information about a recertification appointment? If yes, did the date for the appointment already pass? If the date passed, did the client attend the appointment?

Concern about Eligibility and/or Amount of TANF Benefits
- Who lives with the client?
- Are there children in the household? If so, how many and what are their ages? If any of the children are in their late teens, when are they expected to graduate from high school?
- What is the citizenship status for all of those household members?
- What is the amount and source of income for all household members?
- What is the amount paid for rent and utilities?
- Are the biological parents of any of the children absent, mentally or physically incapacitated, or recently unemployed?
- Must dependent care be secured in order for a household member to work?
- If dependent care is required, what is the amount paid for such dependent care?

Decrease, Termination, or Non-Receipt of Benefits
- When did the client last receive benefits and for what amount?
- When did the client last check his or her Illinois Link card?
- Did the client receive written notice of the proposed change? What was the stated reason for the proposed change?
- Did the client’s household income, household composition, or resources change? If so, did the client report the change to DHS, and how and when was the report made?
- Did the client quit, refuse a job, or cut back his or her work hours?
- Was the client referred to an employment and training program, and did the client attend?
• Is the client in compliance with work program requirements? If not, what is the reason?
• Has the client been asked to provide any information or attend any meetings related to collecting child support form a non-custodial parent?
• If the client is unable to work because of mental or physical incapacity, did the client receive a medical form to take to his or her doctor and did the client return it?
• Did the client receive a notice indicating that he or she needed to recertify? When did the client last recertify?

Temporary Assistance for Needy Families (TANF)

**Program Description**

The TANF program provides monthly cash assistance to low-income pregnant women or families to pay for food, shelter, utilities, and other expenses. Adult caretaker relatives can be included in the grant if they are within six-degrees of relation to the child(ren). The TANF program is funded primarily by the federal government and is administered by DHS. TANF is a block grant program (meaning local jurisdictions receive a set amount regardless of the caseload) without any entitlement to benefits. Illinois must demonstrate that a specific percentage of its caseload is participating in qualified work activities or it will lose block grant money. Currently, Illinois must have fifty percent of its single-parent household caseload in qualified work activities for at least thirty hours per week. Illinois gets credits toward meeting that goal if it reduces its overall caseload.

TANF benefits are delivered to clients electronically through an Illinois Link Card. Clients are issued a plastic card, which looks and acts like a debit card. Each client chooses his or her own personal identification number. Link Card accounts can also be accessed at certain ATMs, and beneficiaries may withdraw TANF cash benefits or check account balances. In some situations, a client may request to have TANF benefits issued to a checking or savings account via direct deposit. PM 22-01-02.

**Eligibility**

Generally, to qualify for TANF, a person must be: (1) an Illinois resident; (2) pregnant or caring for a related child under age nineteen who resides with the beneficiary; and (3) develop and follow a plan for becoming self-sufficient. If caring for a “child” who is under nineteen, that child must be a full-time high school student. A pregnant woman (and her spouse, if he lives with her) may qualify for help, even if they do not have any other children.

**Practice Tip**

Undocumented immigrants may apply for SNAP and TANF benefits on behalf of citizen children. DHS is prohibited from inquiring into the parent’s citizenship status, and if asked, the parent should immediately report the line of questioning and refuse to answer. See http://www.hhs.gov/ocr/civilrights/resources/specialtopics/origin/policyguidanceregardinginquiriesintocitizenshipimmigrationstatus.html.

1) **Income Level:** A household is income eligible if their income after available deductions is less than the payment standard for their household size. The amount of their benefit will be their countable income subtracted from the payment standard for their household size.
• Deductions:
  o Select Sources of Income: Certain sources of income, like Supplemental Security Income, are not factored into the calculation. See 89 Ill. Adm. Code § 112.
  o Work Incentive Deductions: One-fourth of each employed recipient’s earning and all other non-exempt income will be deducted from the family’s payment level. See 89 Ill. Adm. Code § 112.141.
  o Child Care: Out-of-pocket costs for childcare can also be deducted.
  o For Additional deductions see 89 Ill. Adm. Code § 112.151.

2) Asset Level: With the passage of Illinois H.B. 2262, asset limits are no longer criteria to determine a family’s eligibility for TANF. For more information, visit: http://www.theshriverbrief.org/2013/05/articles/asset-opportunity/illinois-general-assembly-votes-to-eliminate-tanf-asset-limits

3) Citizenship Status: To be eligible for TANF, a client must be a United States citizen or establish that they fit within certain non-citizen categories. PM 03-01-02-a. The categories of eligible aliens include:
   • Certain American Indians Born in Canada. PM 03-01-02-b.
     o An American Indian born in Canada to whom the provisions of Section 289 of the Immigration and Nationality Act apply (INA); or
     o A member of an Indian tribe as defined in Section 4(e) of the Indian Self-Determination Education Assistance Act.
   • U.S. Veterans, Active Military Service, and Dependents. PM 03-01-02-c.
     o A noncitizen who is:
       ▪ A veteran, honorably discharged from U.S. military service, for reasons other than being a noncitizen;
       ▪ In active military service; or
       ▪ A spouse or unmarried dependent child of a veteran or a person in active military service.
   • Refugee, Asylee, Cuban-Haitian, Amerasian, Victims of Trafficking, or Equivalent Status. PM 03-01-02-d.
     o A refugee admitted under Section 207 of the INA;
     o An asylee admitted under Section 208 of the INA;
     o A person who is a national of Cuba or Haiti admitted on or after April 21, 1980;
     o A person who is Amerasian from Vietnam and their close family members, admitted through the Orderly Departure Program beginning on March 20, 1988;
     o A person whose deportation was withheld under Section 243(h) of the INA prior to April 1997 or 241(b)(3) of the INA after April 1997;
     o A person identified by the federal Office of Refugee Resettlement as a victim of trafficking, or the minor child, spouse, parent, or sibling of the trafficking victim; or
     o Iraqi or Afghan immigrant with special immigrant status under Section 101(a)(27) of the INA.
     o A person who enters the country under one of the above statuses continues to be eligible without a five year wait even if his or her status is later adjusted to lawful permanent resident.
   • Hmong or Highland Laotian Tribe Members. PM 03-01-02-e.
A person living in the U.S. who was a member of a Hmong or Highland Laotian tribe, when the tribe helped U.S. personnel, by taking part in a military or rescue operation during the Vietnam era (between August 5, 1964 and May 7, 1975) and their spouse, widow(er), who has not remarried, and unmarried dependent children.

**Persons Granted Conditional Entry and Certain Parolees. PM 03-01-02-f.**
- A person granted conditional entry prior to April 1, 1980 under Section 203(a)(7) under the INA; or
- A person paroled at least one year under Section 212(d)(5) of the INA prior to August 22, 1996.

**Person Lawfully Admitted for Permanent Residence. PM 03-01-02-g.**
- The person must:
  - Have been residing in the U.S. on August 22, 1996; and
  - Currently be lawfully admitted for permanent residence.

**Abused Noncitizens and their Children or Parents**
- A lawful permanent resident or has a petition for status pending with or approved by the Bureau of Citizenship and Immigration Services;
- The person is or was a spouse, widow, widower, or child of a U.S. citizen or spouse or child of a lawful permanent resident;
- The person has been abused (or the noncitizen’s child under age nineteen has been abused) by the U.S. citizen or lawful permanent resident or by a member of that relative’s family who lived with them;
- The person needs assistance, at least in part, due to the abuse; and
- The person no longer lives with the abuser or plans to live separately within one month after receipt of assistance.

For more information on immigrant eligibility, please see Immigrant Eligibility for Federal Programs on page L-47.

4) **Work Requirement:** all nonexempt adult household members must participate in work, a work related activity such as job search or training, education, or community service. If a participant is not already participating in gainful activity, they must meet with one of DHS’s private contractors for job training, work experience, placement service, or other work activity.

**Teen Parents:** For teen parents, the work requirement is satisfied by attendance at school and habitation in an adult-supervised setting.

**Exemption:** The work requirement exemptions are narrowly drawn and include:
- A child who is not a parent;
- The parent or other caretaker relative of a child under age one in the home who is personally providing care for the child;
  - Only one person in a case may be exempted for this reason.
  - A parent under age twenty, without a high school diploma or equivalent, cannot claim this exemption unless his or her youngest child is under twelve weeks of age.
- Is sixty years of age or older;
- Is an adult in a family when only children are receiving TANF benefits and the adult is not the parent of the children who are receiving TANF;
• Is a parent in a family when only children are receiving TANF benefits and the parent is a minor parent who is not the head of household or spouse of the head of household;
• Is a parent in a family when only children are receiving TANF benefits and the parent is an alien who is ineligible to receive assistance due to his or her immigration status;
• Is a parent in a family when only children are receiving TANF benefits and the parent is a recipient of Supplemental Security Income benefits; or
• Is a parent providing care for a disabled family member living in the home who does not attend school on a full-time basis.


5) **Time Limit**: The time limit for receiving TANF is sixty months or five years beginning in July 1997. For information on how months are counted, see PM 03-060-01.

   **Time Limit Exception**: The time limit does not apply to people who meet the following criteria.
   • Client has pending SSI application;
   • Client is determined unable to work at least thirty hours per week as a result of a medical barrier;
   • Client is in an intensive program that prevents working at least thirty hours per week;
   • Client is in an approved education and training program that will be finished within six months after the end of the sixty months;
   • Client is approved to care for a related child under eighteen or spouse due to their medical condition;
   • Client has a disabled child who is approved for home and community-based care waiver for medically fragile/technology dependent children under age twenty-one.

89 Ill. Adm. Code § 112.3(b).

6) **Other Requirements (Child Support)**: Parents and caretakers must cooperate with paternity and child support collection. The parents and caretakers must assign their rights to receive child support to Illinois and cooperate with collection efforts. WAG 23-03-02-c; PM 23-03-02-c; WAG 24-01-04-a; PM 24-01-04-a. However, client may be exempt from this requirement if he or she can show good cause. PM 24-02-04.

**How to Apply**

DHS must allow anyone wishing to apply for TANF benefits to receive and submit an application form on the same day the request is made. Clients may submit TANF applications:

1) **In person**: If applying in person the client must visit one of the DHS Family Community Resource Centers, available by zip code at [http://www.dhs.state.il.us/page.aspx?module=12](http://www.dhs.state.il.us/page.aspx?module=12) (See also page I-22)
2) **By mail or fax**: Clients should fill out as much information as possible. If a client cannot answer all of the questions, that is okay. However, the client must sign the form. Once the form is filled out, the client may mail or fax it to one of the DHS Family Community Resource Centers listed later in this chapter on page I-22 A copy of the paper application is available at
http://www.dhs.state.il.us/OneNetLibrary/27897/documents/Forms/IL444-2378B.pdf

3) **Online:** To submit an application online, visit Application for Benefits Eligibility at: https://abe.illinois.gov/abe/access

If a client who already receives medical benefits requests TANF benefits, he or she will complete a Request for Financial Assistance (Form 2905). WAG-18-02-1.

Once the DHS office receives the client’s signed application, the application process begins. The application date is the first workday the DHS office receives the application before 5:00pm, unless it is received from an All Kids Application Agent, accepted by an Office of Rehabilitation Services counselor for clients who receive Vocational Rehabilitation or Blind Services, faxed when the office is closed, or submitted online as a DHS web application received after 5:00pm or on a holiday, in which case the application date is the following business day. See PM 02-04-06, *et seq.* The client will receive a letter notifying the individual of an interview time, date, and location. The interview can be conducted in person or over the phone. Clients must present documentation for identity, gross income, citizenship/immigration status if an alien, address, social security numbers, and any other documents depending on the circumstances.

All clients should receive a written notice of denial or approval within forty-five days. PM 17-01-01; PM 17-01-04. The notice must contain:

- approval or denial of the decision;
- amount of the benefit;
- persons in the unit who are eligible;
- the date of notice;
- the Family Community Resource Center phone number;
- a clear statement of the action taken;
- a clear statement of the reason for the action;
- a specific policy reference which supports the action;
- a clear statement of the client’s right to appeal; and
- the right to free legal counsel.

PM-01-06-02.

To continue receiving benefits after that time period, the client will need to reapply or “recertify.”

DHS cannot discriminate against clients on the basis of a disability. If a client requires an accommodation, contact 1.800.843.6154 or 1.800.447.6404 (TTY).

**Sanctions**

If a client is unable to meet program requirements, DHS penalizes the client by reducing his or her benefits, terminating benefits, or exempting a client from future benefits. The amount and length of the cash benefit reduction is based on the sanction level.

- **Level 1:** The cash benefit is reduced by 50% of the family’s payment level. Benefits are restored as soon as the requirement is met. If the requirement is not met within three months, the entire cash benefit stops for the fourth month.
- **Level 2:** The cash benefit is reduced by 50% for three full months. If the client cooperates within three months, benefits are restored for the fourth month. If the client does not cooperate within three months, the entire cash benefit stops for the fourth month.
• **Level 3**: The entire cash benefit is stopped for at least three months. If the client cooperates within three months, cash benefits are restored for the fourth month. If the client does not cooperate within three months, the sanction continues.

Generally, a client will receive a Level 1 sanction if the case has no previous sanction codes and Level 2 or 3 if the case has a previous sanction code. The client will receive a Level 2 sanction if the highest previous sanction is Level 1 and will receive a Level 3 sanction if the highest previous sanction is Level 2 or Level 3. However, a client may request a Reconciliation Meeting with DHS to address reasons that he or she failed to meet a requirement and/or demonstrate compliance. PM 24-04-03, *et seq.*

A non-cooperating client is ineligible for medical benefits until he or she cooperates, unless she is pregnant or within sixty days postpartum. SNAP benefits are not affected by the sanction, but they cannot increase due to the reduction in the cash benefit. WAG 24-04-05; PM 24-04-05; 27-80-01-e; PM 24-04-06; PM 24-04-07.

**Appeals Process**

Applicants for, and recipients of, TANF may appeal any action or inaction by requesting a hearing through the DHS appeals process discussed later in this chapter on page I-45.

A request for an appeal of a TANF denial must be made within **sixty days** of the date of notice of DHS’s decision.

**Agency Contacts**

- DHS General Information Help Line: 1.800.843.6154 or 1.800.447.6404 (TTY)
- DHS Customer Service and Change Reporting Center Hotline: 1.800.720.4166 or 1.800.447.6404 (TTY)
- Office of Paternity Establishment: 1.888.855.2858
- Appeals: 312.793.2618 or 1.800.435.0774
- Appeals fax: 312.793.3387
- Child Support Help: 1.800.526.5812 or 1.800.447.4278 (TTY)
- Health Care Benefits Helpline: 1.866.468.7543
- DHS Customer Service: 1.800.843.6154 or 1.800.447.6404 (TTY)
- Illinois Link Customer Service Hotline: 1.800.678.LINK (5465) or 1.877.765.3459 (TTY)
  (To report lost or stolen cards, check balances, etc.)

**DHS Metro Chicago Family Community Resource Centers**

For full listing, see: [http://www.dhs.state.il.us/page.aspx?item=16954](http://www.dhs.state.il.us/page.aspx?item=16954)

<table>
<thead>
<tr>
<th>FAMILY COMMUNITY RESOURCE CENTER</th>
<th>LOCAL OFFICE ADMINISTRATOR</th>
<th>ADDRESS</th>
<th>CONTACT NUMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calumet Park</td>
<td></td>
<td>831 W 119th St Chicago, IL 60643-5274</td>
<td>Phone: 773.660.4700&lt;br&gt;Nextralk: 866.439.3713&lt;br&gt;Fax: 773.660.2335</td>
</tr>
<tr>
<td>Cook South</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Englewood</td>
<td>Amaparo Esparza-Berrini</td>
<td>5323 S Western Ave Chicago, IL 60609-5436</td>
<td>Phone: 773.918.6700&lt;br&gt;Nextralk: 866.214.9360&lt;br&gt;Fax: 773.918.6767</td>
</tr>
<tr>
<td>Cook Central</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td>Contact Name</td>
<td>Address Details</td>
<td>Phone</td>
</tr>
<tr>
<td>---------------</td>
<td>------------------</td>
<td>------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Humboldt Park</td>
<td>Margaro Rosario</td>
<td>2753 W North Ave Chicago, IL 60647-5246</td>
<td>773.292.7200</td>
</tr>
<tr>
<td>Roseland</td>
<td>Tracey King</td>
<td>2650 W Fulton St Chicago, IL 60612-2154</td>
<td>773.638.7373</td>
</tr>
<tr>
<td>Medical Field</td>
<td>Willie States</td>
<td>1112 S Wabash, 4th Floor Chicago, IL 60605-2351</td>
<td>312.793.8000</td>
</tr>
<tr>
<td>Lower North</td>
<td>Margaro Rosario</td>
<td>2753 W North Ave Chicago, IL 60647-5246</td>
<td>773.292.7200</td>
</tr>
<tr>
<td>South Loop</td>
<td>Aida Sanchez</td>
<td>4105 W Chicago Ave Chicago, IL 60651-3623</td>
<td>773.265.7000</td>
</tr>
<tr>
<td>Northwest</td>
<td>Georgia Hughes</td>
<td>11203 S Ellis Ave Chicago, IL 60628-4696</td>
<td>773.660.7000</td>
</tr>
<tr>
<td>Northwest</td>
<td>Shelia Loftin</td>
<td>1112 S Wabash, 1st Floor Chicago, IL 60605-2351</td>
<td>312.793.7500</td>
</tr>
<tr>
<td>South Suburban</td>
<td>Felicia Gholston</td>
<td>3301 Wireton Road Blue Island, IL 60406-2442</td>
<td>708.293.4700</td>
</tr>
<tr>
<td>Southeast</td>
<td>LK McIntosh</td>
<td>8001 S Cottage Grove Chicago, IL 60619-4095</td>
<td>773.602.4200</td>
</tr>
<tr>
<td>Special Units</td>
<td>Wanda Catalan</td>
<td>5050 North Broadway St Suite 400 Chicago, IL 60640</td>
<td>773.907.4100</td>
</tr>
<tr>
<td>Uptown</td>
<td></td>
<td>5050 North Broadway St Suite 400 Chicago, IL 60640</td>
<td>773.907.4100</td>
</tr>
<tr>
<td>Western</td>
<td>Enid Rivera</td>
<td>3910 W Ogden Chicago, IL 60623-2461</td>
<td>773.522.8370</td>
</tr>
<tr>
<td>West Suburban</td>
<td>Ramon Ortiz</td>
<td>2701 W Lake Melrose Park, IL 60160-3041</td>
<td>708.338.7600</td>
</tr>
<tr>
<td>Woodlawn</td>
<td>Janet Hampton</td>
<td>915 E 63rd St Chicago, IL 60637-3609</td>
<td>773.753.5200</td>
</tr>
<tr>
<td>Western</td>
<td></td>
<td>3910 W Ogden Chicago, IL 60623-2461</td>
<td>773.522.8370</td>
</tr>
<tr>
<td>West Suburban</td>
<td></td>
<td>2701 W Lake Melrose Park, IL 60160-3041</td>
<td>708.338.7600</td>
</tr>
<tr>
<td>Woodlawn</td>
<td></td>
<td>915 E 63rd St Chicago, IL 60637-3609</td>
<td>773.753.5200</td>
</tr>
</tbody>
</table>
Additional Resources


Sources of Law

45 CFR 260, et seq.
89 Ill. Adm. Code § 112.

Temporary Assistance/General Assistance

Beginning on July 1, 2012, elements of Medicaid and All Kids began seeing cuts pursuant to Public Act 097-0689. Most people who were eligible will still be covered. However, some adults who were covered under the Temporary Assistance/General Assistance program lost benefits. No children will lose eligibility because of Public Act 097-0689. Any adults in a program that is ending will get an individually addressed notice.

These include:

• Adults enrolled in Illinois Cares Rx
• Adults enrolled in FamilyCare Share, one of the FamilyCare Premium levels, or FamilyCare Rebate
• Adults enrolled in General Assistance medical and living in Chicago

Dental care for adults will be limited to only care needed to treat an emergency condition. 305 ILCS 5/5-5f(b).
MEDICAL CARD & INSURANCE

Medical Card & Insurance Interview Essentials
Ask the client to sign any relevant release forms. Discuss any questions with a supervisor.

General Information to Gather

- Did the client apply for a medical card at a DHS Family Community Resource Center (FCRC)?
  - If so, which FCRC has the client’s case?
  - If not, where and how did the client apply for medical insurance?
- What is the name of the client’s caseworker?
- Has the client received any notices related to the problem for which he or she is seeking assistance? If so, on what day did the client receive the notice, what does the notice say, does the notice require any action to be taken within a particular time frame, and is the notice in the client’s primary language?

Application and Recertification Related Issues

- What date did the client submit the application?
- Did DHS refuse a to accept the client’s application?
- Did DHS or the relevant agency give the client a checklist of documents to submit, and did the client submit all requested documents?
- If the application was denied, did the client receive written notice, and if so, what was the stated reason for the denial? What was the postmark date for the written notice?
  - If the client did not receive notice, how does the client know he or she was denied?
- Does DHS/HFS have the client’s correct current phone number and address?
- Did the client receive a notice requesting further information for recertification? If so, what information was requested?
- Did the client receive a notice with information about a recertification appointment? If yes, did the date for the appointment already pass? If the date passed, did the client attend the appointment?

Problems Establishing Eligibility

- What is the client’s birth date?
- Does the client work?
  - Where? Doing what? How much does the client earn?
- When did the client last work?
  - Where? Doing what? Why is the client no longer working?
- Does anyone in the client’s family work?
  - Where? Doing what? How much do they earn?
- Is the client the guardian of any children?
  - If so, what are the birthdates of the children? Where do these children live?

Termination of Benefits

- When did the client last receive a medical card?
- Did the client receive written notice of the proposed termination of coverage? What was the stated reason for the proposed termination?
• Did the client’s household income, household composition, or resources change? If so, did the client report the change to DHS or the relevant agency, and how and when was the report made?
• Did the client receive a notice indicating that he or she needed to recertify? If so, when was the notice received? What is the postmark date on this notice? When did the client last recertify?

Medicaid

Program Description

Medicaid is a federal program created to allow local jurisdictions to provide medical coverage to low-income families and aged, blind, and disabled individuals. Illinois shares in the cost of providing coverage through Medical Assistance. Clients often refer to participation in the program by stating that he or she has a “medical card.”

Medical Assistance will cover bills for medical services received in the three months before the date of the application. Clients should be aware that not all doctors and hospitals accept Medicaid patients. Medical Assistance will also cover well-care, sick visits, nursing home care, medical devices, and medications. See DHS website for full listing: http://www.hfs.illinois.gov/programs/

Under Medicaid, prescription drugs are covered with a $2.00 co-pay for generics and a $3.65 co-pay for brand name. Families usually must receive care through a managed care provider. However, these costs may change under the Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148 (ACA).

Significant expansion of the Medicaid program became effective in 2014 as a result of enactment of the ACA. See Changes to Medicaid Under the ACA on page I-30 for more information.

Practice Tip: Medicaid v. Medicare

Medicaid is an entitlement program administered by the state government with federal oversight to provide health insurance to persons, with eligibility based on income, residency and immigration status.

Medicare is an entitlement program funded by the federal government that provides health insurance to persons age sixty-five and over.

Eligibility

To qualify for traditional Medicaid, a client must fall within one of the following categories:
• Children (eighteen years old and younger) in households up to 300% of the federal poverty level through the Illinois All Kids program;
• Families receiving TANF, 89 Ill. Adm. Code § 120.10;
• Custodial parents and other caregivers of children enrolled in All Kids that are below 133% of the federal poverty level are eligible for Medical Assistance;
• Individuals who are aged (over sixty-five), blind, or disabled (must meet the SSI/SSDI standard of disability. See Social Security Administration Programs on page I-49) with incomes under the federal poverty level; or
• Pregnant women who are 200% below the poverty level. 89 Ill. Adm. Code § 120.31; 42 U.S.C.A. § 1396a (a)(10)(A)(i)(I) (see 2015 Poverty Guidelines below).

The ACA will expand Medicaid eligibility categories. (See Changes to Medicaid under the ACA on page I-30 for more information.)

For more information about Medicaid programs, visit:
http://www2.illinois.gov/hfs/MedicalCustomers/Programs/Pages/default.aspx.

<table>
<thead>
<tr>
<th>Persons in Family/Household</th>
<th>100% Poverty Guideline</th>
<th>133% Poverty Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$11,770</td>
<td>$15,654</td>
</tr>
<tr>
<td>2</td>
<td>15,930</td>
<td>21,187</td>
</tr>
<tr>
<td>3</td>
<td>20,090</td>
<td>26,720</td>
</tr>
<tr>
<td>4</td>
<td>24,250</td>
<td>32,253</td>
</tr>
<tr>
<td>5</td>
<td>28,410</td>
<td>37,785</td>
</tr>
<tr>
<td>6</td>
<td>32,570</td>
<td>43,318</td>
</tr>
<tr>
<td>7</td>
<td>36,730</td>
<td>48,851</td>
</tr>
<tr>
<td>8</td>
<td>40,890</td>
<td>54,384</td>
</tr>
</tbody>
</table>

For families/households with more than 8 persons, add $4,160 for each additional person Federal Register, 2015.

In addition to falling into an eligible category, a client must satisfy citizenship and income requirements to qualify for Medicaid.

Citizenship: Status: To be eligible for Medicaid, a client must be a United States citizen or establish that they fit within certain non-citizen categories. PM 03-01-02-a. The categories of eligible aliens include:

• **Certain American Indians Born in Canada.** PM 03-01-02-b.
  o An American Indian born in Canada to whom the provisions of Section 289 of the Immigration and Nationality Act (INA) apply; or
  o A member of an Indian tribe as defined in Section 4(e) of the Indian Self-Determination Education Assistance Act.

• **U.S. Veterans, Active Military Service, and Dependents.** PM 03-01-02-c.
  o A noncitizen who is:
    ▪ A veteran, honorably discharged from U.S. military service, for reasons other than being a noncitizen;
    ▪ In active military service; or
    ▪ A spouse or unmarried dependent child of a veteran or a person in active military service.

• **Refugee, Asylee, Cuban-Haitian, Amerasian, Victims of Trafficking, or Equivalent Status.** PM 03-01-02-d.
  o A refugee admitted under Section 207 of the INA;
  o An asylee admitted under Section 208 of the INA;
  o A person who is a national of Cuba or Haiti admitted on or after April 21, 1980;
o A person who is Amerasian from Vietnam and his or her close family members, admitted through the Orderly Departure Program beginning on March 20, 1988;
o A person whose deportation was withheld under Section 243(h) of the INA prior to April 1997 or 241(b)(3) of the INA after April 1997;
o A person identified by the federal Office of Refugee Resettlement as a victim of trafficking, or the minor child, spouse, parent, or sibling of the trafficking victim; or
o Iraqi or Afghan immigrant with special immigrant status under Section 101(a)(27) of the INA.
o A person who enters the country under one of the above statuses continues to be eligible without a five year wait even if his or her status is later adjusted to lawful permanent resident.

• **Hmong or Highland Laotian Tribe Members**. PM 03-01-02-e.
o A person living in the U.S. who was a member of a Hmong or Highland Laotian tribe, when the tribe helped U.S. personnel, by taking part in a military or rescue operation during the Vietnam era (between August 5, 1964 and May 7, 1975) and their spouse, widow(er), who has not remarried, and unmarried dependent children.

• **Persons Granted Conditional Entry and Certain Parolees**. PM 03-01-02-f.
o A person granted conditional entry prior to April 1, 1980 under Section 203(a)(7) under the INA; or
o A person paroled at least one year under Section 212(d)(5) of the INA prior to August 22, 1996.

• **Person Lawfully Admitted for Permanent Residence**. PM 03-01-02-g.
o The person must:
 ▪ Have been residing in the U.S. on August 22, 1996; and
 ▪ Currently be lawfully admitted for permanent residence.

• **Abused Noncitizens and their Children or Parents**
o A lawful permanent resident or has a petition for status pending with or approved by the Bureau of Citizenship and Immigration Services;
o The person is or was a spouse, widow, widower, or child of a U.S. citizen or spouse or child of a lawful permanent resident;
o The person has been abused, or the noncitizen’s child under age nineteen has been abused, by the U.S. citizen or lawful permanent resident or by a member of that relative’s family who lived with him or her;
o The person needs assistance, at least in part, due to the abuse; and
o The person no longer lives with the abuser or plans to live separately within one month after receipt of assistance.

• **Noncitizen Children who are Lawfully Present in the U.S.** PM 03-01-02-j.
o Noncitizen children under age nineteen who are lawfully present in the U.S. and residents of Illinois may qualify for any of the All Kids programs.

• **Other Noncitizen Children**. PM 03-01-02-k.
o Noncitizen children under age eighteen do not have to meet any immigration requirements to qualify for All Kids.

Non-pregnant adults must live in Illinois and be U.S. citizens or legal permanent immigrants in the country for a minimum of five years.

For more information on immigrant eligibility, please see *Immigrant Eligibility for Federal Programs* on page L-47.
**Income**: The income limits and budgeting methodology vary with each Medicaid category. For information on how income is counted, see PM 08-02-00. See also, 89 Ill. Adm. Code § 120.60, *et seq.* Persons whose incomes are above the standards may qualify for Medicaid under the spend-down program.

Income limits will be calculated differently for new Medicaid populations under the ACA. Further, the Illinois Department of Healthcare and Family Services (HFS) has discretion to apply new income limits to all Medicaid populations. For more information, call the HFS Health Benefits Hotline at 866.468.7543.

**Practice Tip**

Individuals who qualify for SSI are categorically eligible for Medical Assistance from the date they establish SSI eligibility. DHS will accept SSA’s disability determination. 89 Ill. Adm. Code § 120.314.

---

**How to Apply**

DHS must allow anyone wishing to apply for Medicaid to receive and submit an application form on the same day the request is made. Clients may submit Medicaid applications:

1) **In person**: If applying in person the client must visit one of the DHS Family Community Resource Centers, available by zip code at [http://www.dhs.state.il.us/page.aspx?module=12](http://www.dhs.state.il.us/page.aspx?module=12) (See also page I-22.

2) **By mail or fax**: Clients should fill out as much information as possible. If a client cannot answer all of the questions, that is okay. However, the client must sign the form. Once the form is filled out, the client may mail or fax it to one of the DHS Family Community Resource Centers listed earlier in this chapter on page I-22. A copy of the paper application is available at [http://www.dhs.state.il.us/OneNetLibrary/27897/documents/Forms/IL444-2378B.pdf](http://www.dhs.state.il.us/OneNetLibrary/27897/documents/Forms/IL444-2378B.pdf)

3) **Online**: To submit an application online, visit Application for Benefit Eligibility at: [https://abe.illinois.gov/abe/access](https://abe.illinois.gov/abe/access)

**Practice Tip**

Because individuals who qualify for SSI/SSDI are categorically eligible for Medicaid, all clients should apply for Medicaid while waiting for a decision from SSA. In many cases, they can receive Medical Assistance while they are waiting for the Social Security Administration to process their SSI application.

---

**Appeals Process**

Applicants for, and recipients, of Medicaid may appeal any action or inaction through the DHS appeals process discussed on page I-45.

A request for an appeal for Medicaid must be made within **sixty days** of the postmark on the notice of DHS’s decision.
Changes to Medicaid under the ACA


Program Overview

The central purpose of the ACA is to expand access to health insurance, improve care, and lower costs through Medicaid, Children’s Health Insurance Program (CHIP) Exchanges, and other sources of private insurance. The ACA aims to provide significant financial assistance to the States to: (1) fill coverage gaps; (2) eliminate barriers to Medicaid and CHIP enrollment and retention; and (3) simplify eligibility determinations and renewals. Centers for Medicare & Medicaid Services, DHS, *Changes under the Affordable Care Act of 2010: Final Regulatory Impact Analysis*, CMS-2349-F, 3 (March 2012).

Under the ACA, all individuals subject to the statute’s insurance requirement must, starting in 2014, have, in force, minimum essential coverage. Such coverage can take one of five forms: Health services from approved government programs such as Medicaid, Medicare, CHIP, and federal veterans medical care;

1. Participation in an eligible employer-sponsored plan;
2. Health coverage acquired in a state’s “health insurance marketplace;”
3. Health coverage under a grandfathered health plan, which generally means any “group health plan or health insurance coverage” in effect on March 23, 2010, the day the ACA was enacted; or
4. The Secretary of Health and Human Services, after consulting with the Secretary of the Treasury, may recognize any other program, as constituting minimum essential coverage for purposes of the individual mandate.

26 U.S.C. § 5000A (f). Failure to meet the mandated health coverage will be subject to a tax. Those who cannot afford healthcare, however, are exempt. 26 U.S.C. § 5000A (e)(1)(A).

Medicaid Eligibility Expansion

The ACA aims to fill the gaps in Medicaid eligibility for the poorest Americans by creating a standard minimum Medicaid income eligibility level nationwide. Effective January 2014, the ACA will expand Medicaid to nearly all individuals between the ages nineteen and sixty-five with incomes below 133% of the federal poverty line (FPL). Though, 133% is a floor and not a ceiling. Therefore, states are able to expand eligibility if they choose. For the first time, low-income adults without children will be eligible for Medicaid without need of a waiver. See Centers for Medicare & Medicaid Services, DHS, *Changes under the Affordable Care Act of 2010: Final Regulatory Impact Analysis*, CMS-2349-F, 3 (March 2012).

Practice Tip

The text of the ACA states 133% but also calls for a new methodology of calculating income wherein five percent of income is disregarded, which will make the effective minimum threshold 138%. See [www.kff.org/health-reform/fact-sheet/who-benefits-from-the-aca-medicaid-expansion](http://www.kff.org/health-reform/fact-sheet/who-benefits-from-the-aca-medicaid-expansion) for more information.
Childless adults who are not otherwise eligible for Medicaid may be eligible in the new “adult” category in 2014. States may begin offering such coverage in 2010 with an approved State Plan Amendment. States must maintain existing income eligibility levels for CHIP and Medicaid until 2019. Further, under the ACA, foster care children will remain eligible for the full scope of Medicaid benefits until they turn twenty-six.

From 2014-2016, new federal matching rates will provide 100% federal funding for newly eligible individuals, gradually reducing to 90% in 2020. For more information, visit: http://www.medicaid.gov/AffordableCareAct/Provisions/Provisions.html.

Under the ACA the categorical definitions can be looked at as “traditionally eligible” and “newly eligible” persons.

- **Traditionally eligible:** Persons who are already eligible in their state. These persons will continue to receive the services to which they are entitled.

- **Newly eligible:** Persons who were not previously eligible but will become eligible for Medicaid under the ACA.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 0-5</td>
<td>133%</td>
<td>235% FPL (133-300% FPL)</td>
<td>133%</td>
</tr>
<tr>
<td>Children 6-19</td>
<td>100% FPL</td>
<td>235% FPL (100-300% FPL)</td>
<td>133% FPL (note change)</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>133%</td>
<td>185% FPL (133-300% FPL)</td>
<td>133% FPL</td>
</tr>
<tr>
<td>Working parents</td>
<td>State’s July 1996 AFDC eligibility</td>
<td>64% FPL (17-200% FPL)</td>
<td>133% FPL (note change)</td>
</tr>
<tr>
<td></td>
<td>level^</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-working parents</td>
<td>State’s July 1996 AFDC eligibility</td>
<td>38% FPL (11-200% FPL)</td>
<td>133% FPL (note change)</td>
</tr>
<tr>
<td></td>
<td>level^</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childless adults</td>
<td>Eligibility not mandated. State must</td>
<td>0% FPL (0% FPL in 46 states; 100-160%</td>
<td>133% FPL (note change)</td>
</tr>
<tr>
<td></td>
<td>apply for waiver to cover this group</td>
<td>FPL in 5 states)</td>
<td></td>
</tr>
<tr>
<td>Elderly, blind, disabled</td>
<td>Receipt of SSI</td>
<td>75% FPL (65-133% FPL)</td>
<td>Receipt of SSI</td>
</tr>
</tbody>
</table>

Source: Kaiser Family Foundation

*State threshold must be at or above the U.S. minimum threshold.

**In states that choose to expand Medicaid, the threshold will be at or above the new U.S. minimum threshold starting in 2014. If a state’s threshold was already higher, it may remain so.

^ Aid to Families with Dependent Children (AFDC), the cash welfare program, was replaced by TANF.

Additional Resources
• For Illinois ACA policy recommendations and updates, visit: http://www2.illinois.gov/gov/healthcarereform/Documents/Health%20Reform%20Implementation/Updated%20HRIC%20Recommendations%2010%2011.pdf

• Interactive website for health coverage of Illinois residents: http://visualizingreform.illinoishealthmatters.org/uninsured#95-86,0117-1141Gender

• Overview of the Medicaid financing for the uninsured under the Affordable Care Act: http://www2.illinois.gov/hfs/PublicInvolvement/AffordableCareAct/Pages/default.aspx

All Kids

Program Description

All Kids is a public health insurance program for children. It covers medical, dental, and other care, including speech therapy and physical therapy. A child may be eligible for All Kids even if they have private health insurance; in that instance, the private insurance would be the child’s primary insurance while All Kids would provide secondary coverage. Some families pay monthly premiums for the coverage, but rates for middle-income families are significantly lower than they are on the private market. The type of coverage depends on which All Kids program the client selects. As of July 1, 2011, only applications for children in families qualifying for All Kids Assist, Share, Premium Levels 1 and 2, and Rebate may be approved for enrollment. For more information about All Kids, visit: http://www.allkidscovered.com/.

Illinois FamilyCare public health insurance covers parents and caregivers of minor children, but there are income and immigration restrictions. Parents and children can apply on the same application. For more information, visit http://www.familycareillinois.com/.

Eligibility

To be eligible for All Kids, a child must meet the following requirements:

• **Residency:** Be a resident of Illinois
  
  o Note that this is a *residency* requirement, rather than a *citizenship* requirement. PM 06-05-00.

• **Age:** Eighteen or younger

• **Insurance:** Children can qualify for All Kids Assist Share and Premium Level 1 even if they have had insurance within the past twelve months. To qualify for All Kids Premium Level 2, a child must have been uninsured for twelve months or have lost insurance because a job ended or the insurance was COBRA. The annual income amounts for All Kids Premium Level 2 are shown below.

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Income Limit for Child with Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>$28,000 per year</td>
</tr>
<tr>
<td>3</td>
<td>$36,000 per year</td>
</tr>
<tr>
<td>4</td>
<td>$42,000 per year</td>
</tr>
<tr>
<td>5</td>
<td>$50,000 per year</td>
</tr>
</tbody>
</table>

• **Income:** The income requirement for All Kids depends on the specific All Kids coverage program.
### How to Apply

Clients can apply for All Kids in the following ways:

1. **Online:** To submit an application online, visit: [https://secure.myhfs.illinois.gov/allkidsapplicant/index.jsp?lang=en](https://secure.myhfs.illinois.gov/allkidsapplicant/index.jsp?lang=en)

2. **Phone:** Clients can apply on the phone by calling 1.866.255.5437 or 1.877.204.1012 (TTY).

3. **By Mail:** Clients can download an application online at [http://www.allkids.com/assets/hfs2378kcc.pdf](http://www.allkids.com/assets/hfs2378kcc.pdf) and submit it to:  
   Illinois Department of Healthcare and Family Services: Medical Programs  
   State of Illinois – KidCare Unit  
   P.O. Box 19122  
   Springfield, IL 62794-9122

For questions about applications, and to find an All Kids’ representative in your client’s area, go to: [http://www.allkids.com/akaa/search](http://www.allkids.com/akaa/search) or call 1.866.ALL.KIDS (1.866.255.5437).

### Sources of Law


### Community Care

**Program Description**

The Illinois Department on Aging Community Care Program provides in-home community-based services to senior citizens, who might otherwise need nursing home care.

The Community Care Program is one of the 1915(c) waivers for home and community-based services under Medicaid.

Services include the following:

<table>
<thead>
<tr>
<th>Family Size</th>
<th>All Kids Assist</th>
<th>Kids All Kids Share</th>
<th>All Kids Premium 1</th>
<th>Kids Level 1</th>
<th>All Kids Premium 2</th>
<th>Kids Level 2</th>
<th>All Kids Rebate</th>
<th>Kids Level 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Up to $1,238 per month</td>
<td>$1,239 - 1,396 per month</td>
<td>$1,397 - 1,862 per month</td>
<td>$1,863 - 2,793 per month</td>
<td>$1,239 - 1,862 per month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Up to $1,677 per month</td>
<td>$1,678 - 1,891 per month</td>
<td>$1,892 - 2,522 per month</td>
<td>$2,523 - 3,783 per month</td>
<td>$1,678 - 2,522 per month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Up to $2,116 per month</td>
<td>$2,117 - 2,386 per month</td>
<td>$2,387 - 3,182 per month</td>
<td>$3,183 - 4,773 per month</td>
<td>$2,117 - 3,182 per month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Up to $2,555 per month</td>
<td>$2,556 - 2,881 per month</td>
<td>$2,882 - 3,842 per month</td>
<td>$3,843 - 5,763 per month</td>
<td>$2,556 - 3,842 per month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Up to $2,994 per month</td>
<td>$2,995 - 3,376 per month</td>
<td>$3,377 - 4,502 per month</td>
<td>$4,503 - 6,753 per month</td>
<td>$2,995 - 4,502 per month</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
• **Adult Day Service:** Provides respite for family caregivers and includes health monitoring, medication supervision, personal care and recreational/therapeutic activities. Nutritional lunches and snacks are served.

• **Emergency Home Response Service (EHRS):** A 24-hour emergency communication link to assistance outside the home for adults with documented health and safety needs and mobility limits. The service is provided by a two-way voice communication system consisting of an activation device work by the client that will automatically link them to a support center.

• **In-Home Services:** Provides assistance with household tasks. Homecare Aides also assist clients with personal care tasks. The Community Care Program is one of the 1915(c) waivers for home and community-based services under Medicaid.

**Eligibility**

To be eligible for the Community Care Program, a person must be

- 60 years old or older;
- A U.S citizen or legal alien;
- A resident of Illinois;
- Have non-exempt assets of $17,500 or less (Non-exempt assets do not include home, car, or personal furnishings); and
- Have an assessed need for long term care (to be at risk for nursing facility placement as measured by the Determination of Need (DON) assessment

Although a person’s level of income does not affect eligibility for the program, an income level is established to determine the participant’s ability to contribute to the cost of care.

**How to Apply**

A client may apply by calling the Senior Help Line at 1-800-252-8966.

For more information on the community Care Program and for a list of Adult Day Service and In-Home Service Providers, please visit [https://www.illinois.gov/aging/CommunityServices/Pages/ccp.aspx](https://www.illinois.gov/aging/CommunityServices/Pages/ccp.aspx)

**Medicare**

**Program Description**

Medicare is a federal government health insurance program that provides medical coverage for those who are **sixty-five or older**, those **under sixty-five with a disability**, or anyone with **End Stage Renal Disease**.

Medicare has four parts:

- **Part A – Hospital Insurance**
  - Helps cover inpatient care in hospitals, post-hospital skilled nursing facilities, hospices, and home health care (also covered under Part B).

- **Part B – Medical Insurance (Supplemental Insurance)**
Helps cover doctors’ and other health care providers’ services, outpatient care, laboratory services, durable medical equipment, physical and occupational therapy, and some home health care.

- Helps cover some preventive services.
- Requires a monthly premium payment.

- Part C – Medicare Advantage
  - Medicare Advantage plans are offered by approved private insurance companies.
  - Medicare Advantage plans are a way to get the benefits and services covered under Part A and Part B.
  - Most Medicare Advantage Plans cover Medicare prescription drug coverage (Part D).
  - Some Medicare Advantage Plans may include extra benefits for an extra cost.
  - Requires a monthly premium payment.

- Part D – Prescription Drug Coverage
  - Outpatient prescription drug benefit for Part A eligible or Part B enrolled beneficiaries.
  - Part D covered drugs include Medicaid-covered prescription drugs, biological products, and vaccines.
  - May help lower prescription drug costs and help protect against higher costs in the future.
  - Run by Medicare-approved private insurance companies.
  - Requires a monthly premium payment.

**Eligibility**

To qualify for Medicare, a client must:
- Have worked for ten years or have a spouse that worked for over ten years, and be sixty-five or older;
- Have a disability; or
- Have End Stage Renal Disease.

**Practice Tip**
Persons under age sixty-five who have received SSDI benefits for twenty-four months qualify for Medicare benefits. SSA Publication No. 05-10043.

In addition, a client must meet citizenship requirements, which vary with the type of Medicare:

**Part A: Hospital Insurance**
- Qualified Immigrants
- Not Qualified Immigrants, only if:
  - Lawfully present with authorized employment history.

**Parts B, C, and D**
- Qualified Immigrants who entered the U.S. before August 22, 1996, only if:
  - The individual has resided continuously in the U.S. for at least five years.
- Qualified Immigrants who entered the U.S. on or after August 22, 1996, only if:
  - The individual has resided continuously in the U.S. for at least five years.
For more information on immigrant eligibility, please see *Immigrant Eligibility for Federal Programs* on page L-47.

**Practice Tip: Determining Medicare Eligibility**
To determine whether a client is eligible, use the eligibility calculator available at: [http://www.medicare.gov/MedicareEligibility/home.asp?dest=NAV%7CHome%7CResources%7CEligibilityCalcQuestions%7CResourcesOverview&version=default&browser=Chrome%7C16%7CWinXP&language=English](http://www.medicare.gov/MedicareEligibility/home.asp?dest=NAV%7CHome%7CResources%7CEligibilityCalcQuestions%7CResourcesOverview&version=default&browser=Chrome%7C16%7CWinXP&language=English)

**How to Apply**

Each Medicare part has specific enrollment periods:

**Parts A and B**

**Initial Enrollment**: When you are first eligible, you have seven months to sign up for Medicare Parts A and B.

**Open Enrollment**: If you do not sign up during the initial seven months, then you can enroll during the general enrollment period each year between January 1 and March 31. There may be a premium for late enrollment.

**Special Enrollment**: A client may be eligible for special enrollment if he or she is unable to sign up during the initial enrollment period because the client was covered under a group health plan based on current employment. Under special enrollment, a client may enroll in Medicare:
- Any time that the client or the client’s spouse, or family member if the client is disabled, is working and the client is covered by a group health plan through the employer or union based on that work
- During the eight month period that begins the month after the employment ends or the group health plan coverage ends, whichever occurs first.

Clients volunteering in a foreign country may also qualify for special enrollment. Special enrollment does not apply to clients with End Stage Renal Disease.

**Parts C and D**

**Initial Enrollment**: Initial enrollment for Medicare Parts C and D depends on the client’s particular situation.

<table>
<thead>
<tr>
<th>Client’s Situation</th>
<th>What can the Client do?</th>
<th>When?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Client is newly eligible for Medicare because the client turns sixty-five.</strong></td>
<td>Sign up for a Medicare Advantage and/or Medicare Prescription Drug Plan.</td>
<td>During the seven month period that starts three months before the month the client turns sixty-five, includes the month the client turns sixty-five, and ends three months after the month the client turns sixty-five.</td>
</tr>
<tr>
<td><strong>Client is newly eligible for Medicare because the client is disabled (under sixty-five).</strong></td>
<td>Sign up for a Medicare Advantage or Medicare Prescription Drug Plan. The client’s Medicare coverage begins twenty-four months after the client gets Social Security or Railroad</td>
<td>Starting twenty-one months after the client gets Social Security or RRB benefits. The client’s chance to sign up lasts through the twenty-seventh month after the client gets</td>
</tr>
</tbody>
</table>
### Client is already eligible for Medicare because of a disability, and the client turned sixty-five.

- Sign up for a Medicare Advantage and/or Medicare Prescription Drug Plan.
- Switch from the client's current Medicare Advantage or Medicare Prescription Drug Plan to another plan.
- Drop a Medicare Advantage or Medicare Prescription Drug Plan completely.

During the seven month period that starts three months before the month the client turns sixty-five, includes the month the client turns sixty-five, and ends three months after the month the client turns sixty-five.

If the client signs up for a Medicare Advantage Plan during this time, the client can drop that plan at any time during the next twelve months and go back to Original Medicare.

### Client does not have Medicare Part A coverage, and the client enrolls in Medicare Part B during the Part B General Enrollment Period (January 1-March 31).

Sign up for a Medicare Prescription Drug Plan.

April 1-June 30.

### Client has Medicare Part A coverage, and the client enrolls in Medicare Part B during the Part B General Enrollment Period (January 1-March 31).

Sign up for a Medicare Advantage Plan (with or without drug coverage).

April 1-June 30.

---

### Open Enrollment:

<table>
<thead>
<tr>
<th>Enrollment Period</th>
<th>What can the Client do?</th>
<th>When?</th>
</tr>
</thead>
</table>
| Open Enrollment Period for Medicare Advantage AND Medicare prescription drug coverage | • Change from Original Medicare to a Medicare Advantage Plan.  
• Change from a Medicare Advantage Plan back to Original Medicare.  
• Switch from one Medicare Advantage Plan to another Medicare Advantage Plan.  
• Switch from a Medicare Advantage Plan that does not offer drug coverage to a Medicare Advantage Plan that offers drug coverage.  
• Switch from a Medicare Advantage Plan that offers drug coverage to a Medicare Advantage Plan that does not offer drug coverage.  
• Join a Medicare Prescription Drug Plan.  
• Switch from one Medicare Prescription Drug Plan to another Medicare Prescription Drug Plan.  
• Drop Medicare prescription drug coverage completely. | October 15-December 7 |
| Medicare Advantage Disenrollment Period | • If the client is in a Medicare Advantage Plan, the client can leave his or her plan and switch to Original Medicare.  
• If the client switches to Original Medicare during this period, the client will have until February 14 to also join a Medicare Prescription Drug Plan to add drug coverage. The client’s coverage will begin the first day of the month after the plan gets the client’s enrollment | January 1-February 14 |
Special Enrollment

Special enrollment refers to changes the client makes to his or her Medicare Advantage and Medicare Prescription Drug Coverage as a result of certain events in the client’s life, such as moving or losing insurance coverage. For specific rules regarding these special events, please see: http://www.medicare.gov/navigation/medicare-basics/sign-up-part-c-and-part-d.aspx#iep.

How to Apply

If a client is already receiving Social Security retirement, disability benefits, or railroad retirement checks, then the client will be contacted a few months before he or she becomes eligible for Medicare and given information to apply. If the client lives in one of the fifty states or Washington, D.C., then he or she will be enrolled in Medicare Parts A and B automatically. Though, because Part B requires payment of a premium, the client has the option of turning it down. Residents of Puerto Rico and foreign countries must elect Part B coverage.

Clients may submit applications in one of two ways:

1) In person: To apply in person, call 1.800.772.1213 or 1.800.325.0778 (TTY) between 7:00 am and 7:00 pm to make an appointment with a representative.

2) Online: To submit an application online, visit http://www.ssa.gov/medicareonly/.
   - To apply online, the client must:
     o Be at least sixty-four years and eight months old;
     o Want to sign up for Medicare and not currently have any Medicare coverage; and
     o Not want to start receiving Social Security benefits at this time. If the client is unsure, the client can apply for Medicare now and apply online for Social Security benefits later.

For more information, please visit http://www.ssa.gov/disabilityresearch/wi/medicare.htm or www.medicare.gov.

Changes to Medicare Part D under the Affordable Care Act

The Affordable Care Act includes a provision to addresses the coverage gap, or “donut hole,” in drug coverage in Medicare Part D. As a result of the coverage gap, many Medicare enrollees have a limit on what their plans will cover for drugs. The coverage gap begins after a person and his or her drug plan have spent a certain amount for covered drugs. In 2013, once an enrollee enters the coverage gap, he or she will only pay 47.5% of the plan’s cost for covered brand-name drugs and 79% of the plan’s cost for covered generic drugs until the end of the coverage gap is reached. By 2020, the coverage gap will be closed.
For more information, see *Closing the Coverage Gap – Medicare Prescription Drugs are Becoming More Affordable* and *Medicare & You Handbook 2013* available at: www.medicare.gov/publications

**Sources of Law**

42 U.S.C.A § 1395, *et seq.*
89 Ill. Adm. Code § 120.10, *et seq.*

**Supplemental Insurance Policies (Medigap)**

Medigap is a supplemental insurance policy sold by private insurance companies to fill in gaps in Medicare coverage by paying for health care costs not covered by Medicare.

**Program Description**

Medicare provides broad protection against the costs of many health care services, but has relatively high deductibles and gaps in coverage. Original Medicare (Medicare Part A and B) provides for hospital and medical insurance, but it does not pay for many of the services needed by elderly and disabled beneficiaries. As a result, most beneficiaries have some form of supplemental coverage, known as Medigap, Medicare SELECT, or Medicare Supplemental Insurance Policies. Medigap policies follow both federal and state law and must be identified as “Medicare Supplemental Insurance” by the insurance company.

“Original” Medicare beneficiaries have the option of purchasing Medigap coverage from private commercial insurers. These policies offer a range of coverage options for Medicare excluded services and help defray the cost of coinsurance and deductibles. Beneficiaries are responsible for paying the premiums of this supplemental program in addition to the Medicare Part B premiums.

Medigap policies pay only for services deemed medically necessary by Medicare, and payments are based on the Medicare-approved charge. Medigap policies generally do not cover long-term care, vision, dental, hearing aids, or private-duty nursing. Prescription drugs are no longer covered in Medigap programs and are instead covered under Medicare Part D, which beneficiaries may opt into. Medigap policies are identified by letters A through N, each representing the type of supplemental insurance offered. Each letter corresponds to a type of coverage that is the same regardless of insurance provider, but the cost of the insurance may vary. For more information on what these plans cover in Illinois, visit: http://insurance.illinois.gov/HealthInsurance/MedSupplement.asp
Practice Tip
There are 10 different Medigap plans in Illinois, labeled A, B, C, D, F, G, K, L, M, and N. Each plan pays for a particular set of benefits. Each plan offers a different combination of benefits. Each insurance company must use these same identifying letters that correspond with the plan they are selling. Plans E, H, I, and J are no longer for sale, but a beneficiary can keep these plans if they already have one. Medigap plans A through G must include the following basic benefits:

1) Inpatient Hospital Care: Covers Medicare Part A co-insurance plus coverage for an additional year after Medicare coverage ends.
2) Medical Costs: Covers Medicare Part B co-insurance or co-payments for outpatient services.
3) Blood: Covers three pints of blood per year.

Some additional benefits covered by some plans:
- Skilled nursing facility co-insurance;
- At-home recovery care;
- Annual hospital deductibles;
- Part B annual deductibles;
- Emergency care during travel abroad; and
- Preventative care not covered by Medicare.


Eligibility

In order to be eligible for Medigap coverage, a beneficiary must have Medicare Part A and Part B, also known as original Medicare. In Illinois, both seniors and disabled original Medicare beneficiaries are eligible. 215 ILCS 5/363. Each Medigap policy only covers one person, so spouses must buy separate policies.

As long as a beneficiary pays his or her premiums, an insurance company cannot cancel the Medigap policy, regardless of any health problem that may arise. When a beneficiary enrolls during the six-month open enrollment period, he or she cannot be rejected because of a health condition and he or she cannot be charged more because of a health condition.

A beneficiary may buy a Medigap policy from any insurance company licensed to sell it. Medigap policies do not cover a beneficiary’s costs under other types of health coverage, like Medicare Advantage Plans, Medicare Prescription Drug Plans, employer health coverage, Medicaid, VA benefits, or TRICARE. See [http://www.medicare.gov/pubs/pdf/02110.pdf](http://www.medicare.gov/pubs/pdf/02110.pdf) for more information on these other insurance plans.
Practice Tip
When enrolling in Medicare, a beneficiary has two coverage options: (1) “Original Medicare”, also known as Medicare Part A and B, with an optional prescription drug plan (Part D); or (2) Medicare Advantage Plan (Part C), which is like an HMO or PPO and may include prescription drug coverage. If a beneficiary does not opt into the Medicare Advantage plan, they will have Original Medicare.

Original Medicare includes Part A (Hospital Insurance) and Part B (Medical Insurance) and is provided by Medicare. Beneficiaries can go to any provider that accepts Medicare. Beneficiaries usually pay a premium for Part B and, either the beneficiary or a Medigap insurance program will pay the deductibles and co-insurance.

Medicare Advantage Plans are also known as Medicare Part C. This program includes Medicare Part A and Part B coverage, but private insurance companies approved by Medicare provide the coverage. Beneficiaries may go to any provider covered by the insurance plan and beneficiaries pay a monthly premium for this plan in addition to the regular Part B premium. There are also additional coverage options that can be bought, but these are different from Medigap programs.

The benefits offered by a Medigap policy are already covered by Advantage Plans. Medigap policies do not pay for Medicare Advantage Plan deductibles, copayments, or co-insurance. It is also illegal for an insurance company to sell a Medigap policy to someone who is not enrolled in Original Medicare.


How to Apply
The best time to buy a Medigap policy is during the Medicare open enrollment period because companies must sell any plan they offer without regard to pre-existing conditions. There are three times that a person may be able to enroll in a Medigap program:

1. Medicare Open Enrollment for Seniors
The Open Enrollment period for seniors begins three months prior to a senior’s ability to enroll in Medicare Part B and lasts for seven months. 42 CFR 407.14. During this time, an insurance company offering Medigap coverage must allow the person to buy any Medigap plan it offers. Once enrolled, a person can only lose coverage if he or she fails to pay the premiums. He or she cannot lose coverage because of a preexisting condition. If a person does not enroll during this time, it is possible that he or she will be denied in the future because of a preexisting condition.

During the open enrollment period, companies may not charge a rate higher than the highest
rate on the company’s current rate schedule filed with the Illinois Department of Insurance. 215 ILCS 5/363.

2. Medicare Open Enrollment for Disabled Persons Under Sixty-five
Although federal law does not require Medigap insurers to provide coverage to those under sixty-five enrolled in Medicare Part B, Illinois law does. The Medigap Open Enrollment Period begins on the first day an individual is enrolled in Medicare Part B. 215 ILCS 5/363. This period lasts six months. During open enrollment, a company must allow the person to buy any of the Medigap plans it offers. This right is also available for persons who are retroactively enrolled in Medicare Part B due to a retroactive eligibility decision made by the Social Security Administration if they apply within six months after receiving notice of retroactive eligibility. During the open enrollment period, companies may not charge a rate higher than the highest rate on the company’s current rate schedule filed with the Illinois Department of Insurance. 215 ILCS 5/363.

3. Enrolling in Medigap Outside of Open Enrollment
A person may still apply for a Medigap policy outside of his or her enrollment period if he or she loses certain types of health coverage. Generally, this right is for sixty-three days from the date the coverage ends or the date he or she receives notice that coverage will end. If a person is either currently enrolled in a Medicare Advantage plan or has a Medigap policy and the insurance company goes out of business, withdraws from the market, or misrepresented the product purchased, the person will also be eligible for a sixty-three day open enrollment period under most circumstances.

However, if a person has more than a sixty-three day gap in coverage, he or she may be unable to get Medigap insurance based on a preexisting condition, or he or she may be charged more for the same policy. See http://insurance.illinois.gov/HealthInsurance/MedSupplement.asp for more information.

How to Apply
Medigap policies are purchased directly from the private insurance provider. A person interested in purchasing a Medigap policy should research the various plans and compare prices.

Illinois offers the following Medicare Supplement Premium Comparison Guide for persons interested in purchasing Medigap: http://www.state.il.us/aging/SHIP/2012-2013CHICAGOAREAMedSuppGuide.pdf. Once an individual decides to purchase a Medigap policy, it should arrive within thirty days.

Medical Coverage for Noncitizens
The Illinois Department of Public Aid (DPA) funds medical services to non-citizens in emergency situations, including pregnancy and End State Renal Disease.

Eligibility
To be eligible for medical coverage, a person must satisfy the following requirements:

- **Medical Necessity**: The person applying for emergency medical benefits must need, or have received, emergency medical services in the month of application or during the three months before the month of application.

- **Residency**: Be a resident of Illinois:
- An ineligible noncitizen who comes to Illinois solely to receive medical care does not qualify.
- Noncitizens who are lawfully admitted for permanent residency may receive emergency medical care during the five-year period that they are disqualified from receiving ongoing benefits.

**Eligible Coverage**
The coverage for an emergency medical condition is very limited. It must be strictly an emergency nature, such as treatment in an emergency room or intensive care unit. All payments will stop when the patient is stabilized. Regardless of the medical condition, DPA will not pay for services rendered beyond thirty consecutive days.

Medical coverage is given only to the person with the emergency medical condition; other family members are not eligible.

Further, noncitizen pregnant women who do not meet immigration status requirements may qualify for medical benefits under the Family Assist, FamilyCare Assist, or Moms and Babies programs. PM 06-09-00.

**How to Apply**
A client may apply:
1) **In person**: If applying in person, the client must visit one of the DHS Family Community Resource Centers listed on page I-22.
2) **By mail or fax**: Clients should fill out as much information as possible. If a client cannot answer all of the questions, that is okay. However, the client must sign the form. Once the form is filled out, the client may mail or fax it to one of the DHS Family Community Resource Centers listed on page I-22. A copy of the paper application is available at https://wb.dhs.illinois.gov/wbpublic/register/wb/wbHomePre.do
3) **Online**: To submit an application online, visit the Illinois Web Benefits Online Application System at: https://wb.dhs.illinois.gov/wbpublic/register/wb/wbHomePre.do If an application is filled out using this service, you do not need to fill out a paper application.

Once an application is submitted, the client will be asked to submit proof of identification for all household members (i.e. driver’s license, state issued ID, Social Security card), birth certificate of client, proof of any employment (i.e. pay stubs, W-2 forms), and/or verification of other public benefits. If the individual is applying for Medical Assistance based on disability, instruct the client to bring any available medical records and prepare to ask his or her physician to complete a medical report.

Decisions on applications must be made within forty-five days, unless eligibility is tied to a finding of disability. For disability cases, decisions must be made within sixty days. See http://www2.illinois.gov/hfs/MedicalPrograms/Brochures/Pages/HFS591.aspx.

**Community Based Waiver Program**
Illinois offers nine home and community based waiver programs for persons with disabilities as an alternative to hospital and nursing facility care. See DHS website for waiver program listing: http://www.dhs.state.il.us/page.aspx?item=45915 Each program requires an application.
Additional Resources

- For general information about insurance options, call the Senior Health Insurance Program (SHIP) at 1.800.548.9034.
- For insurance related problems or questions about Medigap policies in Illinois, call the Illinois Insurance Department at 1.866.445.5364.
- For complaints or questions regarding an individual policy, call the insurance agent or the Consumer Services Division of the Illinois Department of Insurance at 1.866.445.5364.

Sources of Law

42 U.S.C. §§ 1396, et seq.
42 U.S.C. §§ 430, et seq.
42 CFR 407.14
Title XIX of the Social Security Act, Medicaid
215 ILCS 5/363.
Illinois Public Aid Code, 305 ILCS 5/5, et seq.
APPEALS PROCESS FOR DHS ADMINISTERED BENEFITS

Overview of Appeals Process

If a state denies an application or does not act upon the application with reasonable promptness, the state must afford applicants the requisite due process protections as required under federal Medicaid Law. SSA § 1902(a)(3); 42 U.S.C.A. § 1396a; 42 CFR 435.912 (Section redesignated as 42 CFR 435.913 effective Oct. 1, 2013); 42 CFR 431.

Applicants for, or recipients of, public assistance benefits administered by the Department of Human Services, or its grantees or contractors, can use an administrative appeal process to contest decisions, actions, or inactions related to participation in those programs. The law requires all DHS administered programs—including SNAP, TANF and Medical Assistance—to offer this appeals process.

Reasons for an Appeal

Any individual who applies for or receives financial or medical assistance, social services, or food stamps benefits shall have the right to appeal any of the following:

- Refusal to accept an application or reapplication;
- Failure to act on an application within the mandated time period;
- A decision to deny an application;
- A decision to reduce, suspend, terminate, or in any way change the amount of assistance/food stamps or manner in which it is provided;
- Failure to make a decision or take appropriate action on any request which the client makes;
- A decision affecting the basis of issuance of food stamps with which the client disagrees;
- A decision to deny the payment for a medical service or item that requires prior approval;
- A decision granting prior approval request for a lesser or different medical service or item than was originally requested;
- An issue of Department policy, if the client is aggrieved by its application; or
- The determination of the amount of a premium that may be charged to a client under any medical assistance program. The Department’s determination of the amount of a premium shall remain in force during the appeal process.

The client or the client’s authorized representative may file the appeal. For SNAP clients, the request for a hearing may be made orally or in writing, though it is recommended that it be in writing. The appeal process is initiated effective on the date of the request. 89 Ill. Adm. Code § 102.80.

Deadlines for Requesting an Appeal

- **SNAP**: A request for an appeal for SNAP must be made within **ninety days** of the date of notice of DHS’s decision.
- **TANF**: A request for an appeal for TANF must be made within **sixty days** of the date of notice of DHS’s decision.
• **Medicaid**: A request for an appeal for Medical Assistance must be made within **sixty days** of the date of notice of DHS’s decision.

DHS is required to mail the beneficiary a written notice at least ten days before benefits are cut back or stopped.

**How to Appeal a Decision**

There are four ways to appeal a denial or cutback of SNAP, TANF, and Medical Assistance benefits:

- **In Person**: Visit a DHS Family Community Resource Center (see listing on page I-22).
- **By Mail**: Illinois Department of Human Services Bureau of Assistance Hearings 401 S. Clinton, 6th Floor Chicago, Illinois 60607
- **By Phone**: 312.793.2618 or 1.800.435.0774 or 1.877.734.7429 (TTY) Monday through Friday, between 8:30 am and 4:45 pm
- **By Fax**: 312.793.8573 or 312.793.0783

**Practice Tip**

If the appeal is regarding only SNAP benefits, an applicant/beneficiary can also appeal by telling his or her caseworker of a desire to appeal.

**Required Forms to Appeal**

If an individual does not wish to call the 1-800 number, he or she may appeal in writing. If the individual sends a letter, the letter must specifically request a hearing. In the alternative, the client can complete a Notice of Appeal Form. The Notice of Appeal form is available online at: http://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL444-0103.pdf.

**Benefits Pending Appeal**

Before benefits are terminated, the client will receive a notice from DHS that will state the date by which the client must appeal in order to receive benefits through the hearing date. If the client requests a hearing on or before the date the benefits are to be cut back or stopped, benefits will continue. However, the client may elect not to receive benefits. A client is not entitled to continuing benefits when a redetermination was due but not submitted.

If the outcome of the appeal is that the decision to cut back or stop the cash and/or SNAP benefits was correct, the client will owe DHS the difference between what was received during the appeal and what should have been received.

**Evidence Presented During Appeal**

During the appeals process, the client may present additional information and verifications, except evidence that the client *specifically* refused to provide prior to the action under appeal. If the client previously failed to provide information or verification, but did not express an intentional refusal to do so, DHS must accept the evidence during the appeals process.
This policy also applies to applications denied because the client failed to appear for a scheduled interview. If the client appeals the denial within the statute of limitations, DHS must reschedule the interview. If the client appears at the rescheduled interview and provides all required information, DHS must reopen the application with the original application date. PM 01-07-08.

### Stages of an Appeal

**Part 1: Informal Meeting**

Once the appeal is requested, a representative of the local DHS office will contact the client to ask him or her to attend an informal meeting. At the meeting, DHS should explain why benefits were denied or cut. The client should be sent a notice informing him or her when this meeting will take place. If the client does not receive this notice, the client or advocate should request this meeting to avoid unnecessary delays.

**Part 2: Formal Hearing**

If the outcome of the informal hearing is not favorable, the client may choose to not withdraw the appeal. If the client does not withdraw the appeal, the matter will be heard by an administrative law judge in a formal hearing.

**Part 3: Circuit Court**

If the outcome of the hearing is not favorable and the client wishes to appeal the decision, speak to your supervisor about bringing the appeal to an Illinois Circuit Court.

### When to Appeal to the Department of Healthcare and Family Services

In certain circumstances, an individual must submit an appeal to the Department of Healthcare and Family Services (HFS), rather than DHS. The following chart, prepared by DHS, provides information on appeals that must be submitted to DHS and those that must be submitted to HFS.

---

### Practice Tip

As a general rule, the appeal should be made to the agency that made the decision the client is contesting.
### DHS

<table>
<thead>
<tr>
<th>FCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Medicaid Application Eligibility (A)</td>
</tr>
<tr>
<td>• SNAP (Food Stamps) (F)</td>
</tr>
<tr>
<td>o SNAP Disqualification (D)</td>
</tr>
<tr>
<td>• TANF (S)</td>
</tr>
<tr>
<td>• Child Care (V)</td>
</tr>
<tr>
<td>• Administrative Support Order: Support of Responsible Relative (R)</td>
</tr>
<tr>
<td><strong>DRS</strong></td>
</tr>
<tr>
<td>• Waivers (HSP Cases) (MCO) (H)</td>
</tr>
<tr>
<td>o Persons with Disabilities</td>
</tr>
<tr>
<td>o Persons with Traumatic Brain Injuries</td>
</tr>
<tr>
<td>o Persons with HIV/AIDS</td>
</tr>
<tr>
<td>• Vocational Rehabilitation (I)</td>
</tr>
<tr>
<td>• Blind Vendor (B)</td>
</tr>
<tr>
<td><strong>DMH/DASA</strong></td>
</tr>
<tr>
<td>• Behavioral Health (MCO)</td>
</tr>
<tr>
<td>o Mental Health (P)</td>
</tr>
<tr>
<td>o Substance Abuse (J)</td>
</tr>
</tbody>
</table>

* MCO – Program may involve a Managed Care Organization

*Letter in parenthesis is beginning letter of appeal number

### HFS

<table>
<thead>
<tr>
<th>All M cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>• All Kids</td>
</tr>
<tr>
<td>• Breast and Cervical Cancer</td>
</tr>
<tr>
<td>• IL Healthy Women</td>
</tr>
<tr>
<td>• Veteran’s Care</td>
</tr>
<tr>
<td>• HBWD</td>
</tr>
<tr>
<td>• Denials of the following items/services (MCO):</td>
</tr>
<tr>
<td>o Dental (DentaQuest)</td>
</tr>
<tr>
<td>o Equipment and Items</td>
</tr>
<tr>
<td>o Pharmacy</td>
</tr>
<tr>
<td>o Transportation (First Transit)</td>
</tr>
<tr>
<td>• Waivers</td>
</tr>
<tr>
<td>o Developmental Disability (DD)</td>
</tr>
<tr>
<td>o MFTD</td>
</tr>
<tr>
<td>o Supportive Living Facility Discharges</td>
</tr>
<tr>
<td>• Collins v. Bradley (provider attempts to collect Medicaid eligible clients)</td>
</tr>
<tr>
<td>• Property Liens (on property owned by residents in Nursing Homes)</td>
</tr>
<tr>
<td>• Health Insurance Premium Program (HIPP)</td>
</tr>
<tr>
<td>• Recipient Restriction Program (RRP)</td>
</tr>
</tbody>
</table>

* MCO – Program may involve a Managed Care Organization

### Contact Information:

**DHS**

Department of Human Services  
Bureau of Hearings  
69 W. Washington, 4th Floor  
Chicago, IL 60602  
Toll-free (800) 435-0774  
Fax Number: (312) 793-3387  
DHS.BAHNewAppeal@Illinois.gov (FCS Only)  
DHS.HSPAppeals@Illinois.gov (All Others)

**HFS**

Department of Healthcare and Family Services  
Fair Hearings Section  
69 W. Washington, 4th Floor  
Chicago, IL 60602  
Toll-free (855) 418-4421  
Fax number: (312) 793-2005  
HFS.FairHearings@Illinois.gov

I-47
GENERAL INFORMATION TO GATHER

• What is the client’s date of birth?
• What is the client’s social security number?
• Did the client receive any notices related to the problem for which he or she is seeking assistance?
  o If so, on what day did the client receive the notice?
  o What does the notice say?
  o Does the notice require any action to be taken within a particular time frame?

PROBLEMS ESTABLISHING DISABILITY

• How old is the client?
• How far did the client go in school?
• Did the client participate in any special education classes? What schools did the client attend?
• Does the client work?
  o Where? Doing what? How much does the client earn?
• When did the client last work?
  o Where? Doing what? Why did the client leave that job?
• Is the client married?
• Does anyone in the client’s family work?
  o Where? Doing what? How much do they earn?
• Does the client pay rent? If not, who supports him or her?
• What other kinds of work has the client done in the past fifteen years?
• If so, has the client filed tax returns? Does he or she have a copy of the tax returns?
• Did the client ever file a Worker’s Compensation claim?
  o If so, when did the client file the claim, and what were the results?
• Was the client born the in the United States? If not, what is the client’s current immigration status?
• What are the client’s medical conditions?
• What are the client’s symptoms?
• What hospitals and clinics might have medical records related to the client?
• What are the names, addresses, and telephone numbers of the doctors who have, or are currently, treating the client?
  o What are the dates of the client’s past appointments and/or treatments?
  o Does the client have any appointments or treatments scheduled for the future?
  o Does the client currently take any medication? If so, what type(s)?
  o Specifically, has the client received any mental health treatment from a psychiatrist, psychologist or mental health counselor? If so, when? Where?
• Ask the client about a typical day. Does he or she take naps? If so, how often and for how long? Does he/she need help with bathing, cooking, cleaning, etc.? 
• Does the client have any recent drug or alcohol use? Has the client attended any treatment programs?

**Determining the Application Stage**
• Has the client applied?
  o When did the client submit his or her application?
  o Does the client have a copy of the application?
  o At which Social Security Administration office did the client apply for benefits?
  o Is he or she waiting for an initial decision?
• Did the client submit a Request for Reconsideration?
  o When? What was the result?
• Did the client request a hearing?
  o When? What was the result?
  o Does the client have a case number?
• If the client recently received a denial, does the client have the notice?
• What is the date of the denial?

**Reduction, Suspension, Review or Termination of Benefits**
• Did the client begin working since he or she started receiving benefits?
  o How many hours per week? What rate of pay?
  o Was any of the income reported to SSA? Does the client have receipts to prove this?
• Is the client aware of any criminal charges pending against him or her?
  o Is the client in compliance with parole or probation?
• Did the client receive a notice from the Social Security Administration relating to a reduction, suspension, or termination of benefits?
  o If so, what is the stated reason?

**Practice Tip: SSI v. SSDI**
SSI and SSDI are different programs with different eligibility requirements and benefit amounts. The same standard for determining disability is used for both programs. Confusion arises because the Social Security Administration administers both programs, and both require that the recipient be aged, blind, or disabled.

**Supplemental Security Income (SSI):** SSI is a needs-based program. Eligible individuals and couples must have income and resources that fall below a set amount.

**Social Security Disability Insurance (SSDI):** SSDI does not take into account the recipient’s income and resources, providing benefits only to those who have contributed to the Social Security system through payroll taxes and fulfilled a certain number of work “credits.” The amount of SSDI benefits varies depending on how much the recipient contributed through payroll taxes and, as a result, may be much more than the SSI payment rate.

A person can receive both SSDI and SSI if the SSDI benefit amount is low enough that the person is still “needy” and therefore entitled to SSI.

**Supplemental Security Income (SSI)**

Program Overview
Supplemental Security Income (SSI) is a federally funded cash benefits program for low-income persons who are over sixty-five years of age, blind, or disabled. The program is funded through general revenue. Unlike SSDI, SSI is a need-based program where eligible individuals must have income and resources that fall below a set amount. For 2013, the SSI Federal Payment Standard is $710 per month for an individual and $1,066 if both members of a married couple are eligible (http://www.ssa.gov/oact/cola/SSI.html). The benefit standard is adjusted and becomes effective in January of each year to reflect changes in the cost of living.

If a person meets the eligibility requirements, the benefits will continue as long as the medical condition has not improved, and he or she cannot work more than a set number of hours per week. However, benefits will not necessarily continue indefinitely. SSA will review the case periodically, and any working may trigger a review.

**Eligibility**

If the client has internet access, he or she may take the SSA Benefit Eligibility Screening Test (see http://www.benefits.gov/ssa/questionnaire). The screening does not ask for the individual’s name or social security number and takes approximately fifteen minutes to complete.

**Presumptive Eligibility**

The following conditions are presumptively eligible:

- symptomatic AIDS,
- amputation of two limbs,
- amputation of a leg at the hip,
- bed confinement or immobility due to a long-standing condition,
- cerebral palsy,
- stroke more than three months in the past and continued marked difficulty in walking or using a hand or arm,
- Down’s syndrome,
- total deafness,
- total blindness,
- amyotrophic lateral sclerosis (ALS, Lou Gehrig’s disease),
- severe mental deficiency, and
- premature birth.

20 CFR 416.934.

SSA can make immediate payments in SSI cases only if a client alleges a condition that is considered presumptively disabling. Medical documentation must support the existence of these conditions. Presumptive payments can last up to six months while the Social Security Administration gathers and evaluates evidence and makes a formal finding of disability.

**Adult Eligibility and Child Eligibility**

In addition to the criteria listed below, regardless of whether the client is an adult or child, the client must still meet citizenship, income, and resource criteria.

**Adults**

In general, in order to be eligible, an applicant must:

- be sixty-five or older or blind or disabled;
• satisfy income and resource criteria; and
• be U.S. citizen (though some categories of non-citizens may apply; see Immigrant Eligibility for Federal Programs on page L-47).

Disability is defined as an inability to engage in “substantial gainful activity” due to a medically determinable physical or mental impairment that has lasted or is expected to last at least twelve months, or can be expected to result in death. 20 CFR 404.1505.

To determine whether an adult client is disabled, the Social Security Administration employs a five-step sequential evaluation. 20 CFR. 404.1520. Adults must meet the following criteria:
• May not be employed with an average gross income greater than $1,040/month in 2013 for non-blind disability or $1,740/month in 2013 for blind disability;
• Must have severe medical impairment(s), which must be expected to persist for twelve months, that interferes with basic work related activities;
• Have a medical condition diagnosed by a medical provider that meets or equals a Social Security Bluebook listing (the Bluebook is the SSA’s list of disabling conditions and may be accessed at: http://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm);
• Must have a medical condition that interferes with the client’s ability to do previous work;
• Must have a medical condition that interferes with the client’s ability to perform any other work in the national economy. (When making this determination, SSA also considers the client’s age, education, past work experience, and any transferable skills.)

Children
A child is someone younger than eighteen years old or under twenty-two years old and a full time student regularly attending school. To determine whether a child client is disabled, the Social Security Administration employs a different three-step sequential evaluation. 20 CFR 416.906; 20 CFR 416.924. Children must meet the following criteria:
• If working, the work must not be a substantial gainful activity;
• Must have received a medical diagnosis from a doctor that has lasted, or will last, more than twelve months;
• Diagnosis must meet or equal a Social Security Bluebook listings. (Bluebook listing may be accessed at: http://www.ssa.gov/disability/professionals/bluebook/ChildhoodListings.htm).

Exemptions from Citizenship Requirement
The client must be a U.S. citizen or national, unless one of the categories of eligible non-citizens applies. The citizenship eligibility criteria have undergone multiple changes over the past few years and are fairly complicated. If you discover a Social Security citizenship eligibility issue, consult with your supervisor. Categories of eligible non-citizens include (see full listing at 20 CFR 416.1618):

• Qualified immigrants who entered the U.S. before August 22, 1996, only if:
  o Qualify as disabled and were lawfully residing in the U.S. on August 22, 1996; or
  o Were receiving SSI (or application pending) on August 22, 1996; or
  o Lawful permanent resident with credit for forty hours of work; or
  o Were granted refugee or asylum status or withholding of deportation/removal, Cuban/Haitian entrant, Amerasian immigrant, or victim of trafficking, but only during first seven years after getting status; or
• Veteran, active duty military, spouse, un-remarried surviving spouse, or child; or
  • Certain American Indians born abroad.

• **Qualified immigrants who entered the U.S. on or after August 22, 1996, only if**
  o Lawful permanent resident with credit for forty quarters of work (but must wait until five years after entry before applying); or
  o Were granted refugee or asylum status or withholding of deportation/removal, Cuban/Haitian entrant, Amerasian immigrant, or victim of trafficking, but only during first seven years after getting status; or
  o Veteran, active duty military, spouse, un-remarried surviving spouse, or child; or
  o Certain American Indians born abroad.

• **Not qualified immigrants, only if:**
  o Were receiving SSI (or application pending) on August 22, 1996; or
  o Certain American Indians born abroad; or
  o Victim of trafficking and his or her derivative beneficiaries during the first seven years after getting status.

For more information on immigrant eligibility, see *Immigrant Eligibility for Federal Programs* on page L-47.

**Practice Tip**
An individual **cannot qualify as disabled if alcoholism or drug abuse is material** to the determination of disability. Alcoholism or drug abuse is a material factor if the person would not be considered disabled but for the effects of his or her ongoing use of drugs or alcohol. However, a client could qualify as disabled if other impairments are disabling, independent of substance abuse—even if substance abuse caused the impairment—as long as impairment continues to limit the client’s function after cessation of substance abuse.

**Backpay Date**

If a client meets the eligibility requirements, he or she will be approved to receive SSI disability payments. SSA determines the start date of benefit payments as the first day of the month following the date of application or the date of eligibility (whichever is later). Clients will not receive backpay for months in which they received presumptive benefits. It may take around a year for clients to receive backpay. Backpay is not typically paid out immediately. Accordingly, please encourage clients to apply as soon as possible. Additionally, advise your client to keep a diary of symptoms and medical appointments.

**SOCIAL SECURITY DISABILITY INSURANCE (SSDI)**

**Program Overview**

Social Security Disability Insurance (SSDI) is a federal insurance program that pays benefits to aged, blind, or disabled workers who have the necessary number of work credits or employment history. SSDI is essentially an insurance policy for which the employee pays premiums in the form of Federal Insurance Contribution Act (FICA) payroll taxes.

If a person meets the eligibility requirements, the benefits will continue as long as the medical condition has not improved, and he or she cannot work more than a set number of hours per
week. However, benefits will not necessarily continue indefinitely. SSA will review the case periodically, and any working may trigger a review.

Dependents of persons drawing SSDI benefits are also eligible for benefits in certain circumstances.

**Eligibility**

Generally, SSDI requires the client to have worked five out of the last ten years from the date of diagnosis with a disability. Otherwise, the five-step disability standard (including citizenship exemptions) is exactly the same as that for the SSI program described above. This includes the requirement that the client cannot be engaged in substantial, gainful activity—meaning that earned income must be less than $1,040 per month during 2013 for non-blind disability, and less than $1,740 for blind disability. However, with SSDI there are neither income limits nor asset limits. See 42 U.S.C.A. § 423.

**Work Credit Calculation**

When a person works and pays Social Security taxes, he or she earns up to a maximum of four credits for each year. The way credits are earned has changed over the years:

- **Before 1978:** Employers reported earnings every three months and SSA called credits “quarters of coverage” or QC. A person earned a QC, or credit, if he or she earned at least $50 in a three-month calendar quarter.
- **Since 1978:** Employers started reporting earnings just once a year. Credits are now based on total wages and self-employment income during the year, no matter where the actual work was completed. The maximum number of possible credits in a year is four.

To qualify for Social Security benefits, an individual must earn Social Security credits by working in a job and paying social security taxes. The chart below details how much income a person must earn to qualify for one credit. Currently, a person must earn at least $1,160 to qualify for one quarter of coverage, or credits.

<table>
<thead>
<tr>
<th>Year</th>
<th>Earnings</th>
<th>Year</th>
<th>Earnings</th>
<th>Year</th>
<th>Earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1978</td>
<td>$250</td>
<td>1993</td>
<td>$590</td>
<td>2008</td>
<td>$1,050</td>
</tr>
<tr>
<td>1979</td>
<td>260</td>
<td>1994</td>
<td>620</td>
<td>2009</td>
<td>1,090</td>
</tr>
<tr>
<td>1980</td>
<td>290</td>
<td>1995</td>
<td>630</td>
<td>2010</td>
<td>1,120</td>
</tr>
<tr>
<td>1981</td>
<td>310</td>
<td>1996</td>
<td>640</td>
<td>2011</td>
<td>1,120</td>
</tr>
<tr>
<td>1982</td>
<td>340</td>
<td>1997</td>
<td>670</td>
<td>2012</td>
<td>1,130</td>
</tr>
<tr>
<td>1983</td>
<td>370</td>
<td>1998</td>
<td>700</td>
<td>2013</td>
<td>1,160</td>
</tr>
<tr>
<td>1984</td>
<td>390</td>
<td>1999</td>
<td>740</td>
<td>2014</td>
<td>1,200</td>
</tr>
<tr>
<td>1985</td>
<td>410</td>
<td>2000</td>
<td>780</td>
<td>2015</td>
<td>1,220</td>
</tr>
<tr>
<td>1986</td>
<td>440</td>
<td>2001</td>
<td>830</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1987</td>
<td>460</td>
<td>2002</td>
<td>870</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1988</td>
<td>470</td>
<td>2003</td>
<td>890</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1989</td>
<td>500</td>
<td>2004</td>
<td>900</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1990</td>
<td>520</td>
<td>2005</td>
<td>920</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1991</td>
<td>540</td>
<td>2006</td>
<td>970</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1992</td>
<td>570</td>
<td>2007</td>
<td>1,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
For example, a disabled person who earns $1,160 earns one credit. And, a disabled person who earns $3,480 earns three credits. For more information, visit: http://www.ssa.gov/oact/cola/QC.html

In general, a person must earn forty credits, twenty of which were earned in the last ten years ending with the year the person became disabled. However, younger workers may qualify with fewer credits. See http://www.ssa.gov/retire2/credits3.htm

- **Applying for SSDI before age 24:** May qualify if the client has six credits earned within three consecutive years prior to the start of disability.
- **Applying for SSDI between age 24 to 31:** May qualify if the client has credits for at least half of the time between turning twenty-one and the start of disability. For example, if a person becomes disabled at age twenty-seven, this person would need at least three years of credit (twelve credits) within the six years to qualify.
- **Applying for SSDI after Age 31:** In general, a person must have the number of work credits as shown in the chart below.

<table>
<thead>
<tr>
<th>Became Disabled at Age</th>
<th>Number of Credits Required to Qualify for SSDI</th>
</tr>
</thead>
<tbody>
<tr>
<td>31 through 42</td>
<td>20</td>
</tr>
<tr>
<td>44</td>
<td>22</td>
</tr>
<tr>
<td>46</td>
<td>24</td>
</tr>
<tr>
<td>48</td>
<td>28</td>
</tr>
<tr>
<td>50</td>
<td>30</td>
</tr>
<tr>
<td>52</td>
<td>32</td>
</tr>
<tr>
<td>54</td>
<td>34</td>
</tr>
<tr>
<td>56</td>
<td>36</td>
</tr>
<tr>
<td>58</td>
<td>38</td>
</tr>
<tr>
<td>60</td>
<td>40</td>
</tr>
</tbody>
</table>

See http://www.ssa.gov/retire2/credits3.htm

In certain circumstances, an individual will qualify for both SSI benefits and SSDI benefits. This beneficiary is known as a dual beneficiary. Usually, the dual beneficiary qualifies for only a small SSDI amount and the SSI benefit supplements that amount to bring the total amount up to the maximum allowable benefit under SSI. In 2013, the maximum allowable benefit under SSI is $710 for individuals and $1,066 per couple. See http://www.ssa.gov/pubs/EN-05-10003.pdf.

**Backpay Date**

SSDI payments are retroactive, as far back as five months after the start of the disability. SSDI payments usually start during the sixth month of disability. For example, if a client applies for SSDI on January 1, 2001 and is found eligible (e.g., has sufficient work credits and is disabled), then he or she could be paid retroactively starting on January 1, 2000 if the disability began on or before August 1, 1999 (the five month waiting period). Benefits can be awarded retroactively for up to twelve months prior to an application being filed.

**SSI/SSDI APPLICATION**
There are three options when applying for SSI/SSDI:

- **Over the phone** by calling 1.800.772.1213 or 1.800.325.0778 (TTY). Clients who apply over the phone must sign and return the application form.
- **Online** at [https://secure.ssa.gov/iCLM/dib](https://secure.ssa.gov/iCLM/dib)
- **In person at a local office. Check www.ssa.gov for list of office locations.**

Every client must complete and submit the following forms:

- Disability Benefit Application ([https://secure.ssa.gov/iCLM/dib](https://secure.ssa.gov/iCLM/dib))

All clients need the following documents in order to apply:

- Social Security card or number
- Proof of age (i.e. birth certificate)
- Citizenship status verification
- Proof of income (i.e. any pay stubs from past fifteen years, W-2 forms)
- Proof of Resources and Living arrangements (i.e. bank account statements, mortgage, insurance policies)
- Medical sources (if you are filing as blind or disabled)
- Doctor/clinic contact information
- List of medications
- Medical records, especially regarding diagnoses

For more information, visit: [http://www.ssa.gov/ssi/text-documents-ussi.htm](http://www.ssa.gov/ssi/text-documents-ussi.htm).

SSDI applications also require W-2 forms for the past two years and other available information about work history.

## SSI/SSDI Appeals

The Disability Determination Services (DDS) makes the disability decision at the Initial and Reconsideration stages (see Appeals Process below for more information about SSA hearing stages). DDS is an Illinois agency that has a contract with the Social Security Administration to make disability determinations. DDS employs doctors and trains adjudicators to review the applications. DDS will request the client’s medical records and may require clients to meet with doctors for consultative examinations. DDS will also review materials submitted by clients’ medical providers as well as representatives. During 2011, the Illinois DDS averaged four to five months to make an initial decision on an application. The written decision indicates whether the decision is favorable (client awarded benefits from date of application or disability), partially favorable (client awarded benefits but from a date more recent than he or she alleged disability began on application), or unfavorable (SSA decided that the client is not disabled).

### Whether to Appeal

A client should appeal a denial when the medical record submitted to the SSA is **incomplete**. A medical record is incomplete when a client’s medical condition has worsened but it is not reflected in the application. During the first stage in the appeal, Request for Reconsideration, a client is permitted to supplement his or her application with new evidence, including updated medical records, written legal arguments, or a memorandum.
Second, a client should appeal if they disagree with SSA’s reason for denial. For example, a client may disagree with SSA’s determination that their medical condition does not prohibit them from working (light work, or work where a person does not frequently move).

Third, a client should appeal when the SSA denial letter has an error on its face, such as incorrect disability onset dates or incorrect employment dates.

How to Appeal

An appeal must be requested within sixty days from the date a client receives the notice from SSA. SSA assumes that notices are received five days after the date on the notice, unless the client can prove it was received later.

An appeal may be requested in person at an SSA office, over the phone, or online.

- **In person**: A client can appeal with or without an appointment at an SSA office. It is recommended that the client appeal at the office where the application was filed (see Social Security Offices by Neighborhood on I-60 for more information). Make sure to obtain a receipt from the SSA office that reflects when an appeal was filed.

- **Over the phone**: A client can appeal over the phone by calling: 1.800.325.0778, or 1.800.772.1213 (TTY).

- **Online**: A client may visit SSA’s website to appeal (https://secure.ssa.gov/apps6z/iAppeals/ap001.jsp). The date of the appeal is the date the SSA office receives the forms.

The client must complete the following forms in order to appeal:

- Form 561 (Request for Reconsideration) available at: (http://www.ssa.gov/online/ssa-561.pdf)
- Form 827 (Authorization to Disclose Information to Social Security Administration) available at: (http://www.ssa.gov/online/ssa-827.pdf)
- If you will be representing the client in an appeal, please have the client sign an Approved Representative Form available at: http://www.ssa.gov/online/ssa-1696.pdf

Appeals Process

In Illinois, approximately twenty to thirty percent of initial Social Security claims result in approval. The SSA administrative appeals process (for both SSI and SSDI) consists of four levels. There are no legally mandated time frames within which the Social Security Administration must act on applications or appeals, and it can sometimes take many months or even years.

At all levels of the Social Security Administrative appeal process, a client has sixty days from the date of the notice of denial to file a request in the next level of appeal. 20 CFR 416.1409. The sixty-day period begins five days after the date on the face of the decision to accommodate for mailing time. A client may file a late appeal if they have good cause (i.e. misinformation given by an SSA employee, circumstances beyond the client’s control). 20 CFR 416.1411. However, “good cause” decisions are discretionary and exceedingly difficult to successfully appeal.
### Practice Tip

If you are going to represent a client in the appeals process, you must file a signed Appointment of Representative form (SSA Form 1696) available at: [http://www.ssa.gov/online/ssa-1696.pdf](http://www.ssa.gov/online/ssa-1696.pdf)

The Appointment of Representative form may be faxed to SSA. As soon as you agree to represent the client, request the record from SSA.

### The steps in the appeals process include:

**1. Reconsideration:** The forms required include: 1) Request for Reconsideration, 2) Disability Report – Appeal, and 3) Authorization for Source to Disclose Information to SSA. At the Reconsideration stage, a second Disability Determination Service team reviews the claim. The file may be supplemented with additional medical information or written legal argument during the process. Find out the name of the Disability Examiner assigned to the case, and discuss the weaknesses of the file. During 2011, the Illinois DDS averaged three months to make a decision on the appeal. Social Security Administration statistics show that nearly eighty-five percent of Requests for Reconsideration result in a second denial of benefits. For more information, visit: [https://secure.ssa.gov/apps6z/iAppeals/msg002.jsp](https://secure.ssa.gov/apps6z/iAppeals/msg002.jsp).

In order to complete a Request for Reconsideration, an advocate will need to obtain the following:

- **Part I: Request for Reconsideration**
  - Applicant’s name, address, social security number, and telephone number
  - The notice of the decision
  - Information about the Approved Representative

- **Part II: Disability Report**
  - Name, address, and phone number of someone who knows about the applicant’s disability and can provide information about the applicant’s condition
  - Description of any changes in the applicant’s condition since the last report
  - Name, address, and phone number for all doctors, hospitals, and clinics that the applicant has seen since the applicant’s last report, as well as dates of treatments and visits
  - Name of each medical test the applicant has experienced since his or her last report, when and where the test was conducted, who ordered the test, and why
  - Name of each of the applicant’s current prescriptions and the doctor who prescribed it
  - Name of any over the counter medication the applicant takes and the name of the doctor who prescribed it, if applicable
  - Changes in conditions, illnesses, and injuries
  - New physical or mental limitations
  - How the applicant’s conditions affect his or her ability to care for his or her personal needs
  - Any changes to the applicant’s daily activities
  - Any job training obtained by the applicant
  - The reason the applicant is submitting the Request for Reconsideration

After completing the Request for Reconsideration, the advocate will need to send the following to SSA:

- Cover sheet printed from completed application
- Authorization for release of medical records (signed by the applicant)
- Approved Representative form (signed by both the applicant and the representative)
2. Administrative Law Judge (ALJ) Hearing: The client has sixty days from the Reconsideration denial to request a hearing. The forms required include: 1) Request for Hearing by Administrative Law Judge and 2) Disability Report Appeal. This is the client’s only chance for a face-to-face meeting with a decision maker. An ALJ from the Office of Disability Adjudication and Review conducts the hearing on the record. Medical or vocational experts may be called by the ALJ to testify at the hearing. It usually takes eleven to twelve months from the request until the hearing is scheduled. The client may supplement the record with additional medical records, treating physician affidavits, or other evidence prior to the hearing. The client, or his or her representative, should submit a written argument as well. Statistics show that approximately 55% of hearing decisions are favorable to the client. For more information, visit: https://secure.ssa.gov/apps6z/iAppeals/msg002.jsp

3. Appeals Council: A client has sixty days from the ALJ denial to request Appeals Council review by filling out a Request for Review of Decision/Order of Administrative Law Judge form, available at: http://www.socialsecurity.gov/online/ha-520.pdf This is the final administrative step, and in most cases, leaves the ALJ decision undisturbed. Generally, the Appeals Council denies or dismisses over 70% of the appeals it decides. Successful appeals usually result in a remand back to an ALJ. Additional evidence may be submitted to the Appeals Council if it was unavailable at earlier stages of the review and is relevant to the issues in dispute. For more information, visit: https://secure.ssa.gov/apps6z/iAppeals/msg002.jsp

4. Judicial Review: If all administrative remedies have been exhausted, a complaint may be filed in federal District Court within sixty days after receipt of the Appeals Council decision. Social Security Administration statistics show that federal courts grant benefits in approximately 6% of appeals decided and remand over 40% to the Social Security Administration for further action. For more information, visit: https://secure.ssa.gov/apps6z/iAppeals/msg002.jsp

Subsequent Applications Generally Prohibited During Appeal
As of July 28, 2011, pursuant to Social Security Ruling 11-1p, a client may NOT file a subsequent application under the same title and of the same benefit type while an appeal is pending the administrative review process. 76 Fed. Reg. 45309 (July 28, 2011). The only exception to this new rule is when the appeal is pending in federal court. Only then may the client file a new application while the court case is pending. Please note that this new rule does not apply to subsequent applications that were filed before July 28, 2011.

Under this change, a client who wants to file a new disability claim under the same title and of the same benefit type will have to choose between continuing with the administrative appeal or filing a new application. If the client chooses to pursue the appeal, additional evidence reporting a new medical condition, or the deterioration of existing medical conditions, may still be submitted to the client's SSA Field Office. If the client decides not to pursue further review of the pending claim, a new application can be filed. However, the client will need to withdraw the request for review. See 20 CFR. 404.971, 416.1471.

The National Organization of Social Security Clients' Representatives (NOSSCR) notes that this policy change is “obviously terrible for clients whose conditions have deteriorated and have even become terminal.” Representatives will need to discuss with their clients the benefits and drawbacks to pursuing the appeal without filing a new claim or dropping the appeal and proceeding with a new claim.
SSA CONTACT INFORMATION

Social Security Administration Contacts
SSA Toll-Free Information: 1.800.772.1213
For Deaf and Hearing Impaired: 1.800.325.0778
www.ssa.gov

Disability Determination Service Contacts
Ann P. Robert, Deputy Director
Rhonda Pratt, Division Administrator for Technical Services
1.800.225.3607

Social Security Appeals Council
5107 Leesburg Pike
Falls Church, VA 22041-3255
1.800.772.1213

Social Security Offices by Neighborhood
To Search by Zip Code, go to: https://secure.ssa.gov/apps6z/FOLO/fo001.jsp

Chicago Loop
77 W. Jackson Blvd., Suite 300
Chicago, IL 60604
Phone: 312.353.4022
E-mail: il.fo.chicago.loop@ssa.gov
Zip Codes Served: 60601, 60602, 60603, 60604, 60605, 60606, 60610, 60611, 60614, 60616, 60654, 60661, 60664, 60670, 60672, 60684, 60685, 60688, 60690, 60693

Chicago East
6338 S. Cottage Grove Ave., Ground Floor
Chicago, IL 60637-3569
Phone: 773.684.5035
E-mail: il.fo.chicago.east@ssa.gov
Zip Codes Served: 60615, 60621, 60637, 60653

Chicago Back of the Yards
4631 S. Ashland
Chicago, IL 60609
Phone: 773.890.2492 Ext. 220
E-mail: il.fo.chicago.boy@ssa.gov
Zip Codes Served: 60609

Chicago Near Northwest
3260 W. Fullerton Ave.
Chicago, IL 60647-2563
Phone: 773.687.0325 Ext. 3052
E-mail: il.fo.chicago.near.northwest@ssa.gov
Zip Codes Served: 60618, 60647

Chicago West Town
1279 N. Milwaukee Ave., Suite 400
Chicago, IL 60622
Phone: 773.687.0325 Ext. 3052
E-mail: il.fo.chicago.west.town@ssa.gov
Zip Codes Served: 60622

Chicago Near Southwest
1233 W. Adams
Chicago, IL 60607
Phone: 312.886.8848 Ext. 7133
E-mail: il.fo.chicago.near.southwest@ssa.gov
Zip Codes Served: 60607, 60608, 60612, 60680

Chicago North
2127 W. Lawrence Ave.
Chicago, IL 60625
Phone: 312.886.8848 Ext. 7133
E-mail: il.fo.chicago.north@ssa.gov
Zip Codes Served: 60613, 60625, 60626, 60640, 60645, 60657, 60659, 60660, 60712

Chicago Lawndale
2416 S. Pulaski Rd.
Chicago, IL 60623
Phone: 773.522.0576 Ext. 3012
E-mail: il.fo.chicago.lawndale@ssa.gov
Zip Codes Served: 60623

Chicago Northwest
4849 N. Milwaukee Ave., Suite 200
Chicago, IL 60630-2199
Phone: 773.522.0576 Ext. 3012
E-mail: il.fo.chicago.northwest@ssa.gov
Zip Codes Served: 60176, 60630, 60631, 60634, 60641, 60646, 60656, 60666, 60706

Chicago South
8658 S. Sacramento
Chicago, IL 60652
Phone: 773.776.0325 Ext. 205
E-mail: il.fo.chicago.south@ssa.gov
Zip Codes served: 60620, 60629, 60632, 60636, 60638, 60643, 60652, 60655, 60805, 60827

Chicago Southeast
1111 East 87th Street
Suite 400
Chicago, IL 60619
Phone: 773.978-1531 Ext. 3007
E-mail: il.fo.chicago.southeast@ssa.gov
Zip Codes served: 60617, 60619, 60628, 60633, 60649

Chicago West
5130 West North Avenue
Chicago, IL 60639
E-mail: il.fo.chicago.southeast@ssa.gov
E-mail: il.fo.chicago.west@ssa.gov
Zip Codes served: 60624, 60639, 60644, 60651
Office of Disability Determination
Disability Determination Division (DDD)
Illinois Department of Rehabilitation Services
Bureau of Disability Services
P.O. Box 19250
Springfield, IL 62794-9250
Phone: 1.800.225.3607

Offices of Disability Adjudications and Review (ODAR)
Chicago
131 South Dearborn Street; Suite 2500
Chicago, IL 60603
Phone: 1.877.800.7576
Fax: 312.263.7418
eFile Fax: 877.670.6914

Services the following Social Security Field Offices: Chicago South, Chicago West, Chicago East, Chicago Near Southwest, Chicago Southeast, Chicago Near Northwest, Chicago Lawndale, Chicago Loop, and Chicago Back of the Yards.

Orland Park
15401 South 94th Avenue
Orland Park, IL 60462
Phone: 877.490.9530
Fax: 708.675.3300
eFile Fax: 877.670.6915

Services the following Social Security Field Offices: Chicago Heights, Danville, Joliet, Kankakee, Palos Hills, and Peru.

Oak Brook
2301 West 22nd Street; Suite 201
Oak Brook, IL 60523
Phone: 866.964.7344
Fax: 630.954.2995
eFile Fax: 877.670.6912

Services the following Social Security Field Offices: Aurora, Bloomingdale, Elgin, Hillside, North Riverside, and Woodridge.

Northwestern University Research Park
1033 University Place, Suite 200
Evanston, IL 60201
Phone: 1.866.336.6051
Fax: 847.869.6121
eFile Fax: 877.670.6920 (for sending evidence)
Services the following Social Security Field Offices: Chicago North and Chicago Northwest.

Sources of Law
42 U.S.C. §§ 401, et seq. (Title II of the Social Security Act)
20 CFR. 404
42 U.S.C. § 1381, et seq. (Title XVI of the Social Security Act)
20 CFR 416
INCOME III: Debt Reduction (Charity Care - Medical Debt Forgiveness)

Many low-income individuals and families do not have access to regular health services or preventative medicine. This can exacerbate chronic conditions and allow new conditions to develop. By helping clients obtain medical debt forgiveness, advocates and attorneys enable individuals and families to access health services they may not otherwise be able to afford.

Charity Care Interview Essentials
Ask the client to sign Authorization to Disclose Protected Health Information release form. Under “Release of Information,” check “other” and specific medical bills. Discuss any questions with a supervisor.

Information About the Hospital Visit
- What hospital did the client go to?
- Was the client admitted to the hospital or treated in the Emergency Room?
- How long was the client in the hospital?
- When was the client’s visit to the hospital?
- Were translation services provided at the hospital?
- Did the hospital offer Charity Care/Financial Assistance?
- What is the amount of the client’s original bill?
- What is the amount of the bill for the patient? Did the client pay any portion of the bill?
- When did the client receive his or her first bill from the hospital?

Insurance Information
- Does the client have insurance?
- Does the client currently receive, or has the client applied to receive, Medicaid or Medicare? If the client receives Medicaid or Medicare, what services are covered?
- Does the client receive worker’s compensation? If yes, in what amount?

Concern About Collection
- When was the last time that the hospital contacted the client about the bill?
- Did the hospital discuss any payment options with the collection agency?
- Did the hospital turn the client’s account over to a collection agency?
- Does the client have copies of the collections letters?
- Is there currently a court proceeding on the matter?

Concern About Eligibility
- Who lives with the client and customarily purchases and prepares meals with the client?
- What is the amount and source of income for all household members?
- What is the amount paid for rent and utilities?
- Does the client have copies of his or her tax return?
- Can anyone verify the client’s status as low-income or dependent?
- Is the client currently employed?
- Does the client receive support from anyone (i.e.: with food, housing, etc.)?
- Does the client have copies of his or her tax return?
- Can anyone verify the client’s status as low-income or dependent?
Program Description

Non-profit hospitals in Illinois must provide “Charity Care,” or medical debt forgiveness, to a certain percentage of patients in order to maintain tax-exempt charitable status. The tax-exempt charitable status requires hospitals to provide free and low-cost health services to low-income, uninsured individuals in the community.

In addition to these non-profit requirements, the Illinois Hospital Uninsured Patient Discount Act (210 ILCS 89/1 et seq.) requires that all hospitals licensed in Illinois provide some form of a discount to patients who qualify. It is important to apply for these discounts as soon as possible. The Act only requires hospitals to accept applications within sixty days of discharge from the hospital. 210 ILCS 89/15.

As a result, all hospital bills or invoices must include a statement that an uninsured patient who meets certain eligibility requirements may qualify for financial assistance. These bills should also include information on how an uninsured patient may apply. Additionally, the hospital must post this information, prominently, in areas around the hospital. 210 ILCS 89/10.

Practice Tip
Charity Care is often referred to by hospitals as “Financial Assistance.”

Eligibility

If a client has unpaid medical bills and meets income guidelines, his or her debt may be reduced or forgiven entirely through Charity Care programs. To be eligible for Charity Care, a patient must be: 1) low-income, and 2) uninsured. 210 ILCS 89/5.

Practice Tip
Charity Care only applies to hospital bills, not doctor’s bills or ambulance bills that a client may incur during one treatment. However, some physician billing departments will accept the hospital’s determination of a client’s Charity Care eligibility and discount the physician bill.

Low-income

All hospitals are required to provide a 100% discount for medically necessary services exceeding $300 to uninsured patients who are Illinois residents, apply for the discount, and have a family income of up to 200% of the federal poverty level (FPL) at urban hospitals and 125% of the FPL at rural and Critical Access Hospitals (hospitals located in rural areas that are more than thirty-five miles from another hospital and have no more than twenty-five in-patient beds). Currently, 200% of FPL is $23,540 for an individual and $48,500 for a family of four; 125% of FPL is $14,058 for an individual and $29,813 for a family of four. 210 ILCS 89/10.

2015 Poverty Guidelines- U.S. Department of Health and Human Services

<table>
<thead>
<tr>
<th>Annual</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Uninsured

To apply, an individual must be completely uninsured at the time of treatment. Thus, patients with high deductible health plans are ineligible for Charity Care. Hospitals can make Charity Care benefits contingent upon the patient first applying for public benefits such as Medicaid, Medicare, All Kids, or other programs if there is reason to believe the uninsured patient may be eligible for such programs.

Responsive to Hospital Requests

If an uninsured patient fails to provide the hospital with necessary information or documentation, or fails to apply for public benefits within thirty days of a request by the hospital, the hospital’s obligation to provide Charity Care benefits to that patient will cease. 210 ILCS 89/15.

Timeliness of Application

Hospitals are only required to allow patients to apply for charity care until sixty days from the date of discharge or service. It is important to get the application submitted within the sixty day time frame. In addition, if the hospital requests any further documentation or requests that the patient applies for public benefits, the patient must do so within thirty days or the hospital’s obligation to provide financial assistance terminates. 210 ILCS 89/15.

Bills Sold to Collections Agencies

A client can apply for Charity Care despite the age of a bill, even if the debt was sold to a collection agency. The hospital may elect to buy back the debt in order to forgive it. The use of collection agencies to satisfy an uninsured patient's debt could affect a hospital’s charitable, tax-exempt status if the patient is eligible for Charity Care. Provena Covenant Med. Cntr. v. Dept. of Revenue, 925 N.E.2d 1131 (Ill. 2010). However, if a judgment has been issued, nothing can be done. To check whether a judgment has been issued, enter the client’s name in the following website: http://www.cookcountyclerkofcourt.org

Practice Tip

If a client’s bill has been sold to collections and he or she does not have a copy of the actual bill or know where the bill was incurred, he or she can run a free credit report on www.annualcreditreport.com to obtain that information.

HOW TO APPLY

Hospitals require certain documentation to complete an application for Charity Care. Each hospital has its own application process and form, which can be obtained either online or by calling the hospital’s finance department. In some situations, we will assist clients in forming
the best possible application by guiding him or her through the process and drafting supporting
documentation.

Documents Generally Required for Charity Care:

- Hospital’s application form for Charity Care
- Photo ID
- If filed, tax returns or W-2s for the past two years (Advocates or clients can request tax
  information from the IRS if the client is unable to locate it.)
- Bank statements (If the client does not have bank accounts the advocate should write a
  letter to that effect.)
- Pay stubs, if employed
- Outstanding bills from the hospital
- Public benefits award letters (SNAP, social security, disability, unemployment, TANF—
  these letters should state the amount of benefits received and the date benefits began.)
- Letter of support from the individual or program that provides for the client’s basic
  needs (The advocate or client must submit this letter if the client is unemployed,
  homeless, or has no source of income. The advocate can help draft this letter.)

Other supporting documents that may be helpful include:

- Documents showing the client’s monthly expenses like utility bills, child support
  payments, or child care costs
- Documents detailing outstanding loans

Immigration Status

Neither the Illinois Hospital Uninsured Patient Discount Act nor the Fair Patient Billing Act
require clients to provide social security numbers to apply for Charity Care. Nor do the statutes
restrict undocumented, uninsured patients from participation in Charity Care. See 210 ILCS
89/5; 210 ILCS 88/30(a)(3).

Lack of Obstacles

A hospital should not place obstacles of any kind in the way of those who need and would avail
themselves of Charity Care benefits. Riverside Med. Cntr. v. Dep’t. of Revenue, 795 N.E.2d 361, 365
(3d Dist. 2003).

Presumptive Eligibility

By no later than January 1, 2014, each hospital must develop and implement a Presumptive
Eligibility Policy setting forth presumptive eligibility criteria by which an uninsured client’s
eligibility for financial assistance is determined without a Charity Care application. 77 Ill. Adm.
Code § 4500.40(a).

A client that received treatment in a hospital that is not a critical access hospital or rural hospital
that demonstrates one or more of the following will be presumptively eligible for Charity Care:

- Homelessness;
- Deceased with no estate;
- Mental incapacitation with no one to act on patient’s behalf;
- Medicaid eligibility, but not on date of service or for non-covered service; or
• Enrollment in the following assistance programs for low-income individuals having eligibility criteria at or below 200% of the federal poverty income guidelines:
  o WIC;
  o SNAP;
  o Illinois Free Lunch and Breakfast program;
  o LIHEAP;
  o Enrollment in an organized community-based program providing access to medical care that assess and documents limited low-income financial status as a criterion for membership; or
  o Receipt of grant assistance for medical services.
77 Ill. Adm. Code § 4500.40(b).

These hospitals may include additional presumptive eligibility criteria including, but not limited to:
• Recent personal bankruptcy;
• Incarceration in a penal institution;
• Affiliation with a religious order and vow of poverty; or
• Enrollment in the following programs:
  o TANF; or
  o IHDA’s Rental Housing Support Program.
77 Ill. Adm. Code § 4500.40(c).

Ambulance/City of Chicago EMS Charity Care

Many clients who incur outstanding hospital debt also incur an outstanding debt from an ambulance service, such as City of Chicago EMS. In many instances, these services will discount or forgive a hospital bill if the hospital discounts or forgives the bill. However, every ambulance service is different and has its own Charity Care policies.

A common ambulance service is the City of Chicago EMS. In order to have debt from City of Chicago EMS forgiven, the patient must complete a “hardship application” from the city. The patient should request the application as soon as possible, as Chicago EMS is reluctant to mail the application anywhere other than the patient’s home address. However, the Health Justice Project can assist patients with the application. Call the City of Chicago customer service department to make payment arrangements: 1.877.987.2083.

Before a member of the Health Justice Project can discuss an individual patient with Chicago EMS, the patient must fill out and submit an authorization for release of information form. The required form can be any HIPAA form, but this one is specific for the City of Chicago EMS so it should be used if possible. The form can be found at: http://www.cityofchicago.org/dam/city/depts/rev/supp_info/AccountsReceivable/FormOn lyAuthorizationAmbulanceCharges010406.pdf

Completed forms can be submitted to City of Chicago EMS via fax at 614.987.2075. The fax should be sent ATTN: City of Chicago EMS. It typically takes 3-4 weeks for the form to post to the patient’s account.

GUIDE TO CREATING A CHARITY CARE APPLICATION

Cover Letter to Hospital
Each completed application for Charity Care should begin with a cover letter addressed to the hospital. The cover letter should explain the contents of the application packet and the advocate’s involvement in the application process. See the sample letter below.

Northwestern Medical Faculty Foundation  
Patient Financial Services  
680 N. Lake Shore Drive, Suite 1000  
Chicago, IL 60611  

RE: Client Name  

To Whom It May Concern:  

We write on behalf of [client], a patient of Northwestern Memorial Hospital. Mr. [Client] has outstanding medical bills that he is unable to pay because he is low-income and uninsured. We request that you accept the enclosures as Mr. [Client’s] application for financial assistance (Charity Care) and relieve his debt in its entirety pursuant to the amendments in the Fair Patient Billing Act. 201 ILCS 88/27.

In addition to Mr. [Client’s] completed application for financial assistance, we have included: 1) a letter from [Client] verifying his lack of income, assets, and bank accounts; and 2) a letter from [Family/Friend’s Name], describing the room, board, and basic needs assistance that she provides to Mr. [Client].

Thank you for your attention to this request. If you have any questions, please contact our office at [phone number]. We look forward to hearing from you.

Sincerely,  
Client Advocate  

Completed Application Form  

The cover letter should be followed by the hospital’s completed application form. Instructions or links to each participating hospital’s application form are provided below under “Participating Hospitals.”

Declaration of Assets  

Each hospital application requires a list of assets, including bank account information, pay stubs, and other applicable assets. When a client is unemployed and does not have bank accounts or other assets, the client must supplement the application with a letter declaring his or her lack of assets. The letter should be reviewed and signed by the client prior to sending the completed Charity Care application to the hospital. See the sample “lack of asset declaration” letter below.

Northwestern Medical Faculty Foundation  
Patient Financial Services  
680 N. Lake Shore Drive, Suite 1000  
Chicago, IL 60611  

RE: Client Name
To Whom It May Concern:

I am a patient of Northwestern Memorial Hospital and have incurred medical bills from your facility that I am unable to pay due to lack of income and insurance. For this reason, I am applying for financial assistance from your hospital.

The proof of income section of the application for financial assistance requests documentation of bank accounts and other assets. I am unable to provide such documentation because I do not have a checking or savings account, or any other type of bank account that would verify my income.

My income consists of the following: Supplemental Nutrition Assistance Program benefits in the amount of $200.00 per month and a monthly housing voucher from the Chicago Housing Authority in the amount of $956.00. Because my expenses are greater than my income, [Family/Friend Supporter’s Name], a friend, pays for my utilities and the balance of my rent, as well as other basic needs.

Thank you for your consideration in this matter.

Sincerely,

[Client]

Public Benefit Award Letters

If the client is receiving public benefits, such as SNAP, TANF or SSI/SSDI, the Charity Care application must be supplemented with a letter from the administering agency (DHS or SSA). The letter should state the amount of benefits the client is receiving as well as the date benefits began. The client should obtain this letter by visiting his or her local DHS or SSA office. The client can walk-in and request the letter from the reception desk. DHS will generally provide the letter immediately.

Letter of Support from Friend/Family Member

Oftentimes a friend or family member provides for the client’s basic needs, utility bills, or housing expenses. A letter from that friend or family member explaining his or her contribution to the client’s expenses must be included with the Charity Care application. HJP will draft a letter on behalf of this person, which should then be reviewed and signed by the friend or family member and included in the completed Charity Care application.

This letter is especially important and must be provided when the client has no income, is unemployed, or is homeless. See the sample letter below.

Northwestern Memorial Hospital
251 E. Huron Street, Chicago, IL,
Chicago, IL 60611

RE: Client Name

To Whom It May Concern:
I am a [Friend/Family Member] of [Client]. I am writing to verify that [Client] does not have the income to support [his/herself]. I have been providing [him/her] with financial support since [date]. [Client] is unemployed and receives no income, other than public benefits in the form of Food Stamps. [Client] is also uninsured and not eligible for Medicaid or Medicare. [He/she] currently lives in subsidized low-income housing and receives a voucher from the Department of Housing and Urban Development for the majority of [his/her] monthly rent payment. I pay the remaining amount of [his/her] rent each month, as well as [his/her] monthly utility bills and prescription drug costs, which range from $43.99-$219.66 each month.

If you have any questions, please contact me at 123 Main Street, Chicago, IL 60611, or by phone at [phone number].

Sincerely,

[Friend/ Family Member]

**Tax Return Information**

Most Charity Care application forms will require the patient’s most recent tax return information (which includes filings and verification that the client did not file). If the client does not have this information available, we can request it from the IRS using IRS Form 4506 (see below). The client will have the option of having the tax return information sent directly to a third party. If the client approves, the advocate can be listed as the third party recipient and the client’s tax information will be sent directly to the advocate to be included in the application.

**Who must file:** An individual under age sixty-five who earns income and claims the single tax rate filing status is not required to file a tax return until his gross income exceeds $9,750 or, in the case of self-employment income, net income exceeds $400 for the year 2012. (IRS Form 9452). However, even with income less than $9,750 a person might file a tax return to get a tax refund from income tax withheld by his employer, to obtain a refund from the benefit of an earned income tax credit, or to claim a refund from the “making work pay” credit.

**Late filing:** If a person files a late tax return, the IRS applies late-filing penalties on the amount of tax due. However, if no tax is due but the taxpayer is entitled to a refund, there is no late-filing penalty. There will be interest running calculated from the March 15, 2013 due date of the 2012 tax return to the date that payment is made by the taxpayer to the IRS (or by the IRS to the taxpayer in the case involving a refund).

**Requesting transcripts (individuals):** There are two options for obtaining copies of the client’s federal tax return information – tax return transcripts and tax account transcripts.

1) **By Phone:** Request transcripts by calling 1.800.829.1040.

2) **By Mail:** Order transcripts by mail using IRS Form 4506T (http://www.irs.gov/pub/irs-pdf/f4506t.pdf). There is no fee for transcripts. Allow two weeks for delivery.

If a taxpayer wishes to obtain an actual copy of a tax return, use Form 4506 (http://www.irs.gov/pub/irs-pdf/f4506.pdf) and enclose a $57 payment for each tax return requested. An advocate also has the option to obtain a limited power of attorney Form 2848 (http://www.irs.gov/pub/irs-pdf/f2848.pdf) from the client and, under that authority, the advocate can request a transcript of account and transcript of tax returns on the client’s behalf, as needed.
A tax return transcript shows most line items from the client’s tax return (Form 1040, 1040A or 1040EZ) as it was originally filed, including any accompanying forms and schedules. It does not reflect any changes the client, the client’s representative, or the IRS made after the return was filed. In many cases, a return transcript will meet the requirements of lending institutions such as those offering mortgages and requirements for applying for student loans.

A tax account transcript shows any later adjustments either the client or the IRS made after the tax return was filed. This transcript shows basic data, including marital status, type of return filed, adjusted gross income, and taxable income.

**APPEALS PROCESS**

If a client’s Charity Care application is denied, make sure to thoroughly review the reasoning given by the hospital for the denial. Many times hospitals make mistakes in calculating income, and advocates should pay close attention to the listed reasons. It is also possible to file a complaint with the Illinois Attorney General.

**PARTICIPATING HOSPITALS IN THE CHICAGO AREA**

**Practice Tip**

Erie Family Health Centers have a partnership with Northwestern Memorial Hospital, Northwestern Faculty Foundation, Ann & Robert H. Lurie Children’s Hospital of Chicago, Illinois Masonic Hospital, Cook County Hospital, Swedish Hospital, and Norwegian American Hospital. Generally, insured Erie patients can be treated at any of the hospitals listed above as long as the patient first obtains a referral from Erie. No additional financial application is required.

Uninsured Erie patients can be referred to Cook County Hospital or Northwestern Memorial Hospital. When a patient is referred to Cook County Hospital, Erie must submit a request through the Cook County-IRIS System for an appointment time to be assigned. After an appointment time is assigned, the patient must fill out a financial assistance application at Cook County Hospital prior to the appointment.

Uninsured patients who are referred to Northwestern for diagnostic procedures not available at Erie do not need to fill out a financial assistance form, but eligibility is based on proof of income, which must be on file with Erie at the time of the referral. If the procedure or service requires follow-up office visits, a patient must fill out a Northwestern Memorial Faculty Foundation (NMFF) application prior to obtaining an appointment. The NMFF application should be faxed by Erie staff.

- **Adventist Midwest Health:**
  - **Financial Assistance Department**
    Phone: 630.856.8400
    Email: AMHFinancialassistance@ahss.org
    Fax: 630.312.7381

- **Advocate (BroMenn, Christ, Good Samaritan, Illinois Masonic, Lutheran, South Suburban, Trinity):** [http://www.advocatehealth.com/charitycareguidelines](http://www.advocatehealth.com/charitycareguidelines)
- Christ, Condell, Good Samaritan, Good Shepherd, Illinois Masonic, South Suburban, and Trinity Financial Assistance Office
  Phone: 630.645.2400

- BroMenn Financial Assistance Office
  Phone: 309.268.5289

- Eureka Financial Assistance Office
  Phone: 309.268.5289

- Sherman Financial Assistance Office
  Phone: 224.783.8715

  • Alexian Brothers: Call the financial assistance office to obtain the application
    - Financial Assistance Office
      Phone: 866.690.3370

  • Cook County Health and Hospital System (Provident, Stroger, Oak Forest): Patients must go to the hospital’s financial assistance department to obtain the application. There is also a copy of the application on file at the Health Justice Project.
    http://www.cookcountyhhs.org/patient-services/billing-financial-assistance/
    - Cook County Health and Hospital System General Financial Assistance Office
      Phone: 866.223.2817
    - John H. Stroger, Jr. Hospital
      Hours of Operation: 7:00 AM – 4:00 PM
      Fax: 312.864.9136
    - Provident Hospital of Cook County
      Hours of Operation: 8:30 AM – 4:00 PM
      Fax: 312.572.2375
    - Oak Forest Health Center
      Hours of Operation: 8:00 AM – 4:00 PM
      Fax: 708.633.3427

    - Financial Counseling Office
      Phone: 331.221.6740

  • Evanston Northwestern:
    - Financial Counseling Office
      Phone: 847.570.5000

  • Gottlieb Loyola University Health Systems:
    - Financial Counselors
      Phone: 708.538.4902
• Sinai Health System (Sinai Health System, Mount Sinai Hospital, Holy Cross Hospital, Sinai Community Institute, Sinai Urban Health Institute, Schwab Rehabilitation Hospital, Sinai Children's Hospital): [http://www.sinai.org/content/financial-assistance-0](http://www.sinai.org/content/financial-assistance-0)
  o Sinai Health System Financial Assistance Office
    Phone: 773.542.2000
  o Mount Sinai Hospital Financial Assistance Office
    Phone: 773.542.2000
  o Holy Cross Hospital Financial Assistance Office
    Phone: 773.884.9000
  o Sinai Community Institute Financial Assistance Office
    Phone: 773.257.6508
  o Sinai Urban Health Institute Financial Assistance Office
    Phone: 773.257.5960
  o Schwab Rehabilitation Hospital Financial Assistance Office
    Phone: 773.522.2010
  o Sinai Children's Hospital Financial Assistance Office
    Phone: 773.542.2000

• Ingalls: [http://www.ingalls.org/pdf/CharityApplication_07.pdf](http://www.ingalls.org/pdf/CharityApplication_07.pdf)
  o Patient Financial Services
    Phone: 708.333.2300

• Jackson Park: [http://www.jacksonparkhospital.org/assets/1/7/FA_Application_Form.pdf](http://www.jacksonparkhospital.org/assets/1/7/FA_Application_Form.pdf)
  o Financial Assistance Department
    Phone: 773.947.7500 ex 7996 or 7997

• Little Company of Mary: [http://www.lcmh.org/_data/files/EVAL2006.PDF](http://www.lcmh.org/_data/files/EVAL2006.PDF)
  o Financial Counselors
    Phone: 708.229.6152 or 708.229.6153

• MacNeal:
  o Vanguard MacNeal Hospital Customer Service
    Phone: 708.783.3125
    Toll Free: 800.290.5090
    Monday through Friday between the hours of 8:30 a.m. and 5:00 p.m.

• Mercy: [http://www.mercy.net/financial-assistancecharity-care](http://www.mercy.net/financial-assistancecharity-care)
  o Financial Counselor
    Phone: 855.420.7900

• Mount Sinai:
  o Financial Counselors
    Phone: 773.257.1777


  o Northwestern Lake Forest Hospital Patient Financial Services
    660 North Westmoreland Road Lake Forest, IL 60045
    Phone: 847.535.6100
    Fax: 847.535.7874
  o Northwestern Memorial Physicians Group Patient Financial Services
    680 N. Lake Shore Drive, Suite 818 Chicago, IL 60611
    Phone: 312.926.3642
Fax: 312.926.2771
- Northwestern Medical Group Patient Financial Services
  680 N. Lake Shore Drive, Suite 1000 Chicago, IL 60611
  Phone: 312.694.1701
  Fax: 312.695.1386
- Northwestern Memorial Hospital Financial Counseling Department
  Prentice Pavilion 250 E. Superior, LC-2201 Chicago, IL 60611
  Phone: 312.926.6900 or 800.845.9028
  Fax: 312.926.9786

  - Financial Counselor
    Phone: 773.292.8369

• Presence Health (Covenant Medical Center, Saint Joseph Hospital, Saint Joseph Medical Center, St. Mary’s Hospital, Mercy Medical Center, United Samaritans Medical Center, Holy Family Medical Center, Our Lady of the Resurrection, Resurrection Medical Center, Saint Francis Hospital, Saints Mary and Elizabeth Medical Center, Saint Joseph Hospital): http://www.reshealth.org/forpatients/financial_assistance/default.cfm
  - Covenant Medical Center Financial Counselors
    Phone: 217.337.2257
  - Saint Joseph Hospital (Elgin) Financial Counselors
    Phone: 847.931.5562
  - Saint Joseph Medical Center (Joliet) Financial Counselors
    Phone: 815.741.7146
  - Saint Joseph Hospital (Chicago) Financial Counselors
    Phone: 773.665.6476
  - St. Mary’s Hospital Financial Counselors
    Phone: 815.937.2028
  - Mercy Medical Center Financial Counselors
    Phone: 630.801.2558
  - United Samaritans Medical Center Financial Counselors
    Phone: 217.443.5000 ext. 5128,5151
  - Holy Family Medical Center Financial Counselors
    Phone: 847.954.5485
  - Our Lady of the Resurrection Financial Counselors
    Phone: 773.794.7626
  - Resurrection Medical Center Financial Counselors
    Phone: 773.792.5010
  - Saint Francis Hospital Financial Counselors
    Phone: 847.316.2402 or 847.312.2012
  - Saints Mary and Elizabeth Medical Center Financial Counselors
    Phone: 312.770.3164 or 312.770.2897

• Rush: http://www.rush.edu/rumc/page-1239655946883.html
  - Financial Counselors
    Phone: 312.942.5967
    Monday- Friday 8am- 4:30pm

  - Credit Services Office
    Phone: 773.989.3841

• Thorek Memorial Hospital:
  - Patient Accounts
Phone: 773.975.6843

- **University of Chicago**: [http://www.uchospitals.edu/pdf/uch_013070.pdf](http://www.uchospitals.edu/pdf/uch_013070.pdf)
  - **Patient Financial Services**
    Phone: 773.702.5276

  - **Customer Service**
    Phone: 708.783.3125

**Sources of Law**

Hospital Uninsured Patient Discount Act, 210 ILCS 89/1, *et seq.*
Fair Patient Billing Act, 210 ILCS 88/1, *et seq.*
*Provena Covenant Medical Center v. Dep’t. of Revenue*, 925 N.E.2d 1131 (Ill. 2010).
*Riverside Medical Center v. Dep’t. of Revenue*, 795 N.E.2d 361 (3d Dist. 2003).
HOUSING

Poor housing conditions – such as infestations, mold, rodents, exposed wires, lack of essential services – result in illness and injury. In Illinois, over 81,000 children are harmed by exposure to lead paint, with minorities two times as likely to be affected. In 2007, approximately 112,000 Illinois residents were hospitalized as a result of asthma. Further, African Americans in Illinois have an asthma mortality rate four times that of Caucasians. By abating poor housing conditions and obtaining safe, stable, and affordable housing, advocates and attorneys help clients to avoid these hazards and poor health outcomes. (For more information, see “Barriers to Health” at http://luc.edu/healthlaw/hjp/patsdocs.html)

Housing Interview Essentials

Ask the client to sign any relevant release forms. Discuss any questions with a supervisor. If the client has photographs or a copy of any notices, court papers, the lease, mortgage documents, or any other relevant documents, ask for a copy.

Identify Type of Housing

- Does the client rent a property or is the client a homeowner?
- Is the housing private or a public housing or Housing Choice Voucher Program/Section 8 program?
- Is it another type of federal or local subsidy?
- How much is the rent and to whom is it paid? Who are the other parties to the client’s lease?
- Does the client live in a single family home or a multi-family dwelling? If multi-family, how many units are in the building?
- Is the landlord an individual or a company?
- Is the property under foreclosure?

Essential Case Information

- Does the client want to remain in his or her housing? Does the client want to move to a new housing accommodation? What other outcomes does the client seek?
- Get names and contact information for landlord, property manager, and any witnesses or other relevant parties.

Identify Resources and Expenses

- What are the client’s source(s) of income?
- What is the client’s monthly rental/mortgage payment? Is the client up to date in their payments? If not, how far behind are they?
- What is the client’s monthly phone bill payment? Is the client up to date in their payments? If not, how far behind are they?
- What is the client’s monthly gas payment? Is the client up to date in their payments? If not, how far behind are they?
- What is the client’s monthly electricity payment? Is the client up to date in their payments? If not, how far behind are they?
- What is the client’s monthly heating/air conditioning payment? Is the client up to date in their payments? If not, how far behind are they?
- What is the client’s monthly water payment? Is the client up to date in their payments? If not, how far behind are they?
- Does the client have any other housing-related bills? If so, is the client up to date in their payments? If not, how far behind are they?
If the Client is in a Housing Program Already
- Was client threatened with eviction or subsidy termination?
- Were any notices received?
- Did the client appeal?
- Does the client have any defenses?
- Are there any court or informal hearing dates?
- If issue is conditions,
  - What is wrong with unit?
  - How long have conditions existed?
  - Did the client report the poor housing conditions? If so, to whom did the client report the conditions? If so, how did the client report the conditions? (In writing? Orally?) If so, when did the client report the conditions? If so, was there any response to the report?
- If issue is rent,
  - Is client claiming tenant portion is incorrect;
  - Is client behind in rent?
  - Did the client receive any notices from LL or CHA regarding rent?
  - Did client request an informal or Fair Hearing?

If Client is Seeking Admission to Housing Program
- When did client apply? What are the dates of any application updates?
- Does the client have any receipts, notices or letters regarding application status?
- If client was dropped from wait list, did client received notice? What was the reason for termination and client’s defense? What was the date of last application update?
- If client was denied admission, was notice received? Was an informal conference or hearing requested; What was the basis for denial, and any defenses?
- If past debt to CHA is basis for denial, did client receive any notices about debt; does client have any defenses to debt; any past attempts to pay; any interest in Bankruptcy, and what period of time the debt is from?

Source of Income and Disability Discrimination
- Is HCVP holder is unable to find housing? If so, inquire about all housing search efforts, reasons denied by any LLs, whether client has a disability that limits ability to search for units, and whether client – due to a disability – needs a unit with special features.
- Is anyone in household is mentally or physically disabled? If so, was lease termination related to this? If so, discuss any potential reasonable accommodations. If so, ask client to sign medical release form.
- Has the client experienced any negative behavior or comments from the landlord, property manager, or any person connected to the property?
- Has the client been threatened or told they would not receive services related to housing (i.e.: maintenance)?

Housing Conditions
- What are the conditions of the client’s housing?
- Is/Are there?
  - Mold?
  - Rodents or bugs?
  - Cracks in the floor, ceiling, walls?
  - Running water?
o Functioning heat?
o Broken windows?
o Functioning appliances?
o Broken stairs?
o Broken windows?
o Other conditions that present problems for the client?

**Domestic Violence Concerns**
- Does the client feel safe in her/his housing?
- Has the client considered leaving the property because she/he feels unsafe?
HOUSING I: Shelter

SHELTERS & SUPPORTIVE HOUSING

City of Chicago Shelter System

The city of Chicago shelter system is not regulated. Clients accessing shelter services are not protected by any laws or regulations governing their treatment, acceptance, or expulsion from shelter.

Emergency Response Shelters

Emergency Response Shelters are overnight shelters that conduct an initial assessment of clients and provide them with information and referrals. Shelters for single adults generally close during the day but family shelters remain open twenty-four hours. Some Emergency Response Shelters are seasonal, opening during the winter months or during other times of high need. Emergency Response Shelters are meant to provide one or two night’s respite while more adequate living arrangements are made.

Referrals to Emergency Response Shelters

The Chicago Department of Family and Support Services (DFSS) Emergency Response Teams are on duty 24/7 to assist with non-life threatening situations. Clients in need of immediate shelter, food, or relocation should be directed to call 3-1-1 if their situations do not pose an immediate threat to life.

If the need is immediate, the caller may be asked to go to their local police station or hospital emergency room where they can wait safely for a DFSS Emergency Response Team. DFSS workers will conduct an initial assessment and find appropriate, temporary shelter for the individual or family. DFSS caseworkers should follow up with the client to get them into permanent, supportive housing as quickly as possible.

A client may also visit one of the DFSS Community Service Centers listed on page H-6.
(Source: City of Chicago Department of Family and Support Services.)

Temporary Shelter

The City of Chicago currently operates a system of temporary homeless shelters available to people who are homeless until sufficient interim or permanent supportive housing can be secured. Individuals are placed in shelter programs for up to two years. Shelter residents are required to participate in supportive services designed to "ready" them for permanent housing.

Under Chicago’s Ten-Year Plan to End Homelessness, the Chicago Department of Family and Support Services states that clients will stay in interim housing for approximately 120 days. During that time they will receive case management and assistance in locating permanent housing. Once settled in permanent housing, they continue to receive support services until they are fully self-sufficient. The Plan calls to gradually replace Chicago’s temporary shelters with Interim and Permanent Supportive Housing.

There are currently 100 temporary shelter programs in Chicago that serve homeless men, women, and families. In total, these facilities provide approximately 5,000 beds on any given
night. Shelters vary with regard to scope of service and type of clients served. Some shelters welcome walk-ins while others require a referral.

Referrals to Temporary Shelter
If a client is in need of temporary shelter, he or she should be directed to contact 3-1-1, to go to an emergency room, police station, fire department, or to one of the DFSS Community Service Centers listed on page H-6.
(Source: City of Chicago Department of Family and Support Services.)

Safe Haven

Safe Havens are shelters with services for homeless adults who suffer severe mental illness.

Referrals to Safe Haven Shelter
If a client is in need of a safe haven shelter, he or she should be directed to contact 3-1-1, to go to an emergency room, police station, fire department, or to one of the DFSS Community Service Centers listed on page H-6.
(Source: City of Chicago Department of Family and Support Services.)

Supportive Housing

Second Stage Housing

Second Stage Housing programs provide subsidized housing with supervised care and support services for families and single adults. Clients may be charged up to 30% of their income and can stay up to two years. At the end of their stay, clients are expected to be self-sufficient and able to support themselves in permanent housing.

Referrals to Second Stage Supportive Housing
Clients are generally referred to these services by Family and Social Services staff. Clients should be directed to call 3-1-1 or visit one of the DFSS Community Service Centers listed on page H-6.
(Source: City of Chicago Department of Family and Support Services.)

Department of Family and Support Services Community Service Center Locations

The Chicago Department of Family and Support Services (DFSS) operates six Community Service Centers that are open from 9 a.m. to 5 p.m., Monday, Tuesday, Thursday, and Friday. On Wednesday, all of the centers are open from 11 a.m. until 7 p.m. City residents who need assistance can drop in or schedule an appointment in advance.

At DFSS Community Service Centers, clients can obtain access to resources including shelter, food, clothing, domestic violence assistance, job training, as well as information about financial assistance programs. The facilities also serve as Warming and Cooling Centers during periods of extreme weather.

Clients who go to one of the community centers listed below will be asked to participate in an initial assessment to identify their needs. Clients with multiple or complex issues are assigned a DFSS caseworker. Some basic services can be provided immediately. The six DFSS Community Service Center Locations are located at:
Advocates are encouraged to follow up with clients referred to these services due to the frequency of denials and shortage of beds. If a client cannot access these services, advocates should contact:

Jennifer Welch  
First Deputy Commissioner  
Department of Family and Support Services  
312.746.7448

Joel Mitchell  
Deputy Commissioner of Homeless and Human Services Division  
Department of Family and Support Services  
312.743.1524  
joel.mitchell@cityofchicago.org

Janet Jackson-Sardin  
Assistant to the Director  
Department of Family and Support Services  
1615 W. Chicago Avenue  
Chicago, IL 60622  
312.743.0100
Christian Denes  
Senior Policy Advisor  
Chicago Department of Family and Support Services  
1615 W. Chicago Avenue  
Chicago, IL 60622  
312.746.7439  
christian.denes@cityofchicago.org

Catholic Charities Family Shelter Program

The Family Shelter Program provides interim housing to families at two locations in Chicago. Catholic Charities’ shelters provide service to both one and two-parent headed families, with children up to age eighteen. The head of household must be at least eighteen years of age. Residents in the Family Shelter Program are given basic needs, social services, counseling, and referrals to other services as need. The maximum length of stay is 120 days.

Referrals to Family Shelter Program

Clients should be directed to call Catholic Charities to complete an intake at 312.655.7700.

FEMA Emergency Food and Shelter Program

The FEMA Emergency Food and Shelter Program (EFSP) makes grants available to nonprofit organizations and local government agencies in Chicago and suburban Cook and DuPage counties. United Way is the local administrator of EFSP food and shelter funding, which is made available yearly to supplement local emergency food and shelter programs in the region. These funds are not associated with FEMA emergency relief efforts.

For additional information about the nonprofit organizations and local government agencies that receive EFSP funds and may be able to assist clients, contact:

United Way of Metropolitan Chicago  
Thomas Galassini  
EFSP Administrator  
560 W. Lake Street  
Chicago, IL 60661  
312.906.2360  
tom.galassini@uw-mc.org
HOUSING II: Emergency Assistance (Rent, Security Deposit, Utilities, Telephone, Transportation, and Furniture)

This section covers emergency assistance available to clients who may have needs related to: back-rent, first month’s rent, security deposit, mortgage, and utility bills. The City of Chicago has programs available to help families in crisis obtain funds for a security deposit on an apartment, a single month’s rent, or to cover utility bills. In addition, a number of non-profit agencies are also available to provide temporary assistance.

RENTAL ASSISTANCE

City of Chicago Homelessness Prevention Call Center

The Homelessness Prevention Call Center is a community effort to end homelessness. It is housed at and operated by Catholic Charities. Services are available in multiple languages. The Call Center’s Information and Referral Specialists screen callers experiencing a short-term, one-time crisis who are in need of rental assistance and determine if funds are available. Referral Specialists have access to state, municipal, and county programs, as well as private funds. Eligible callers are referred to the social service agency that will process their application.

In the City of Chicago, the Homeless Prevention Call Center Program is a collaboration between the Chicago Alliance to End Homelessness, Catholic Charities, the City of Chicago, Emergency Fund, private foundations, homelessness prevention advocates, and local social service agencies.

In the suburbs, the Homelessness Prevention Call Center Program is a collaboration between Cook County, the Suburban Alliance to End Homelessness, the Village of Oak Park, the City of Berwyn, the City of Cicero, Emergency Fund, private foundations, homelessness prevention advocates, and local social service agencies.

Eligibility

Anyone at risk of homelessness may qualify to receive short-term financial assistance, including possible grants for one month’s rent, utility bills, bus passes, security deposit, or a rental subsidy. These funds are often depleted quickly. However, clients in need of assistance should still apply.

To qualify, clients will need to provide proof of income and that they can continue to pay rent after the one-time assistance. In addition, if the client is applying for rental assistance, he or she may need to provide proof of a lease, a statement from a landlord that the client is at-risk of losing his or her housing, and/or a five-day notice. If a client is applying for security deposit, he or she may need to provide proof of a lease.

How to Apply

City of Chicago Residents
In the City of Chicago, residents can call 3-1-1 and ask for "Short-Term Help.” Chicago’s 3-1-1 City Services operator will transfer the call directly to the Homelessness Prevention Call Center.
Non-Chicago Residents
Non-Chicago residents who reside in the Cook County suburbs can access the Call Center’s services by calling toll-free 877.426.6515 or 312.948.6817 (TTY).

Chicago Housing Options Survey Tool

The Housing Options Survey Tool is designed to help case managers and clients identify appropriate housing resources for clients who reside in the City of Chicago. The tool can be accessed online at: http://www.chicagohousingoptions.org/

State Homeless Prevention Fund

In 2007, the Emergency Fund was selected to administer the State of Illinois’ Homeless Prevention Funds for the residents of Chicago. Funds can be used for security deposits, rent, mortgages, and utilities.

Eligibility

To be eligible for the State Homeless Prevention Fund, clients must demonstrate economic crisis beyond their control, including:

- Loss of employment
- Medical disability or emergency
- Loss or delay of a public benefit
- Natural disaster
- Substantial change in household composition
- Victimization by criminal activity
- Illegal action by a landlord
- Displacement by government or private action
- Other conditions constituting a hardship comparable to the others on this list.

In addition to these requirements, households may only secure State Homeless Prevention Funds once every two years.

How to Apply

Clients seeking assistance should call 3-1-1 and ask for Short-Term Help to be screened for funds.

ENERGY ASSISTANCE

Low Income Home Energy Assistance Program (LIHEAP)

For many Illinois households, energy costs place a severe and continuing stress on a family’s budget. The Low Income Home Energy Assistance Program (LIHEAP) is designed to help eligible low income households pay for energy service. The Community and Economic Development Association (CEDA) administers the LIHEAP program for residents of Cook County. LIHEAP is authorized by Title XXVI of the Omnibus Budget Reconciliation Act of 1981. P.L. 97-35.
There are four types of energy assistance programs provided by LIHEAP

1) **Direct Vendor Payment (DVP):** DVP is designed to assist income-eligible households with energy services, in the form of a one-time benefit payment to the utility company that is applied directly to the household’s energy bills. DVP is a once-a-year grant. The amount of the payment is determined by income, household size, and fuel type.

2) **Percentage of Income Payment Program (PIPP):** PIPP provides a monthly benefit payment to the utilities based on household utility usage and monthly income. Customers are required to pay a reduced amount on their utility bills each month to receive the benefit payments. PIPP participants may also receive credits toward their outstanding balance for every on-time payment. **Disconnected households are not eligible for PIPP.**

3) **Reconnection Assistance (RA):** RA is a once-a-year grant to help disconnected customers reestablish service. Reconnection assistance is only available to individuals who made an effort to maintain their energy services or who can make a “good faith effort” payment towards reconnection.

4) **LIHEAP Furnace Program:** The LIHEAP Furnace Program is only available to qualified LIHEAP applicants. The program only performs work for homeowners or landlords that reside at a property with a non-operable heating system. LIHEAP applicants can apply for the LIHEAP Furnace Program every year as long as the heating system is non-operable.

**Practice Tip**

If an individual has an account that is disconnected or scheduled for disconnection, he is only eligible for a DVP grant, with the possibility of additional reconnection assistance if necessary. **Disconnected households are not eligible for PIPP.**

LIHEAP-eligible individuals who have active accounts not in danger of disconnection may choose between the PIPP or DVP grant. PIPP is an option for individuals with stable income and who can pay the client portion requirement on-time every month. Clients can ask a CEDA representative about which program is the best fit for the household.

A client cannot simultaneously be enrolled in both PIPP and DVP. Households enrolled in LIHEAP PIPP are not eligible for a DVP grant until the following program year.

**Eligibility**

If the client’s household has a combined income for the thirty days prior to application that is at or below 150% of the federal poverty level, he or she may be eligible to receive assistance. If the client rents a unit and the heat and/or electric is included in the rent, the rent must be greater than 30% of his or her income in order to be eligible to receive assistance.
LIHEAP Income Ceilings

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Income for Thirty Days Prior to Application Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,459</td>
</tr>
<tr>
<td>2</td>
<td>$1,966</td>
</tr>
<tr>
<td>3</td>
<td>$2,474</td>
</tr>
<tr>
<td>4</td>
<td>$2,981</td>
</tr>
<tr>
<td>5</td>
<td>$3,489</td>
</tr>
<tr>
<td>6</td>
<td>$3,996</td>
</tr>
</tbody>
</table>

For each additional person add $508.

How to Apply

Application enrollment occurs at various points throughout the year. For information on availability of LIHEAP assistance funds and enrollment dates, please visit: http://www.ceda.org/www2/EnergyAssistance.html or call the CEDA Hotline at 800.571.CEDA (2332) or the main CEDA administrative offices at 312.795.8844.

To apply, a client must have the following documentation:

1) Proof of gross income from all household members for the thirty-day period to the application date.
2) Current copy of heat and electric bills, if the client pays for his or her home energy directly. The bill must show rates and meter readings and must have been issued within the last thirty days.
3) Proof of social security numbers of all household members.
4) If a member of the client’s household receives TANF, a copy of his or her Medical Eligibility card.
5) For clients whose utilities are included in the rent, proof of rental agreement stating monthly rental amount and verifying that utilities are included and landlord contact information.
6) Proof that rent expenses are greater than 30% of household gross income for thirty days prior to application.

ComEd Residential Special Hardship Program

The ComEd Residential Special Hardship Fund provides a variable one-time credit equal to the past due balance up to $1000 on the ComEd bills of households with a demonstrated hardship case. Residential customers with an income at or below 250% of the federal poverty level (see table below) may be eligible for the program.

It is not available for disconnected accounts or accounts with evidence of tampering or fraud. **Clients may only receive a grant once every two years.**

Eligibility

To be eligible, a client must be a ComEd customer and satisfy the following income criteria:
### ComED Income Ceilings

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Income for Thirty Days Prior to Application Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$2,431</td>
</tr>
<tr>
<td>2</td>
<td>$3,277</td>
</tr>
<tr>
<td>3</td>
<td>$4,123</td>
</tr>
<tr>
<td>4</td>
<td>$4,969</td>
</tr>
<tr>
<td>5</td>
<td>$5,815</td>
</tr>
<tr>
<td>6</td>
<td>$6,600</td>
</tr>
<tr>
<td>7</td>
<td>$7,506</td>
</tr>
</tbody>
</table>

For each additional person add $846.

For more information about income eligibility criteria, see [https://www.comed.com/customer-service/assistance-programs/Pages/residential-hardship.aspx](https://www.comed.com/customer-service/assistance-programs/Pages/residential-hardship.aspx)

### How to Apply

To apply, call the CEDA Hotline at 800.571.CEDA (2332) or the main CEDA administrative offices at 312.795.8844. Additional information can be found at [http://www.cedaorg.net/www2/EnergyAssistance.html](http://www.cedaorg.net/www2/EnergyAssistance.html)

To apply, a client must have the following documents:

1. Proof of gross income from all household members for the thirty-day period to the application date.
2. Current copy of heat and electric bills, if the client pays for his or her home energy directly). The bill must show rates and meter readings. The bill must be issued within the last thirty days.
3. Proof of social security numbers of all household members.
4. If a member of the client’s household receives TANF, a copy of his or her Medical Eligibility card.
5. For clients whose utilities are included in the rent, proof of rental agreement stating monthly rental amount and verifying that utilities are included and landlord contact information. Rent costs must be greater than 30% of household gross income for thirty days prior to application.
6. Documentation of hardship. Proof of all hardships must be within six months. Disability proof must state disability and show monthly amount.
   - **Medical** - Proof of hospitalization, surgery recovery, or medical/prescriptions services that are limiting income and finances. Also includes households with life support equipment.
   - **Military** - Military deployment of one or both head-of-household/parent(s). Deployment/activation papers and documents must be provided to prove deployment. Eligibility also includes military personnel returning from active duty with a disability. Proof of circumstances must be provided.
   - **Senior** - Seniors requiring “in home care” and other services resulting in difficulty making “out of pocket” costs, therefore, limiting finances. Proof of these expenses are needed. Eligibility also includes grandparents raising minor grandchildren. Applicants must provide Medicaid/Kidcare card for the grandchild, displaying child’s name, grandparent’s name, and address.
   - **Disability** - Households containing person(s) with a disability, including mental
health, that severely limits the household’s finances. Medicaid or SSI documents must be provided.

- **Loss of Employment or Unexpected Loss of Income**
  - Termination of employment cannot be a result of the applicant’s negligence. Termination papers or layoff notice must be provided as proof.
  - An unexpected loss of income due to SSI reassessment, tax increase, or spousal death. Proof of income loss must be provided.
  - A student that was contributing to the household income and is now attending college/university resulting in a reduction of the household income. Proof of full-time student status required (i.e., registration documents) and loss of income (i.e., check stubs) must be provided.

- **Family Crisis** - Within the last six months, households experiencing the death of an immediate family member or terminal illness of an immediate family member. Death certificate or medical papers must be provided for spouse or affected family member.

- **Property Damage** - Unexpected reduction of a household’s income due to property damage associated with natural disasters not covered by insurance. Natural disasters include flood, tornado, or wind damage to home or vehicle.

- **Victimized by Criminal Activity** - Unexpected reduction of a household’s income as a result of being victimized by criminal activity. Provide police report, must have filed within seventy-two hours of the event, and proof of income loss (i.e., lost workdays).

**Peoples Gas Share the Warmth Program**

Share The Warmth (STW) Program is a matching grant program to assist income-eligible households pay for their heating gas bills. Customers must make a pledge payment to their Peoples Gas heating account, which will be matched by the grant. The grant can be no larger than $200 per customer per year and cannot result in a credit balance to the account.

The customer should confirm their application has been processed before making the pledge payment. The pledge must be made in a single payment to Peoples Gas within 14 days of the date the application is processed.

**Eligibility**

To be eligible, a client must be a Peoples Gas customer and satisfy the following income criteria:

<table>
<thead>
<tr>
<th>Share the Warmth Income Ceilings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Size</strong></td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
</tbody>
</table>

H-13
How to Apply

To apply, call the CEDA Hotline at 800.571.CEDA (2332) or the main CEDA administrative offices at 312.795.8844. Additional information can be found at http://www.cedaorg.net/www2/EnergyAssistance.html

To apply, a client must have the following documents:
1) Proof of gross income from all household members for the thirty-day period to the application date.
2) Current copy of heat and electric bills, if the client pays for his or her home energy directly). The bill must show rates and meter readings. The bill must be issued within the last thirty days.
3) Proof of social security numbers of all household members.
4) If a member of the client’s household receives TANF, a copy of his or her Medical Eligibility card.
5) For clients whose utilities are included in the rent, proof of rental agreement stating monthly rental amount and verifying that utilities are included and landlord contact information. Rent costs must be greater than 30% of household gross income for thirty days prior to application.

WATER SERVICE ASSISTANCE

City of Chicago Department of Revenue Water Bill Payment Plans

The City offers payment options to assist residents whose water service is at risk of being terminated or has been terminated.

General Payment Plan

Under a general payment plan, a resident receiving water service must:
• Make a deposit of 35% of the total charges for water and sewer, including past due and current charges.
• Make the remainder of his or her payments over the period of one year. Some plans may be eligible for an expanded duration of up to three years should monthly payments be over $100 when calculated for a twelve-month term.
• Remain current with future water bills and make payments on time. Failure to do so will result in a default of the payment agreement. If resident does not remain current, the water service may be terminated or his or her account may be referred to a collection agency upon default.

Water Shut-Off Payment Plan

In order to participate in a payment plan after his or her water service has been terminated, a resident must:
• Make a down payment of 50% of the total charges for water and sewer, including past due and current charges;
• Make the remainder of his or her payments over the period of one year; and
• Remain current with future water bills and make payments on time. Failure to do so will result in a default of the payment agreement. If resident does not remain current, the water service may be terminated or his or her account may be referred to a collection agency upon default.
Hardship Payment Plan

In order to participate in a general payment plan, a resident receiving water service must:

• Make a down payment on 25% of the total charges owed for water and sewer services, including past due and current charges;
• Make the remainder of his or her payments over the period of one year. Some plans may be eligible for an expanded duration of up to three years should monthly payments be over $100 when calculated for a twelve month term;
• Remain current with future water bills and make payments on time. Failure to do so will result in a default of the payment agreement. If resident does not remain current, the water service may be terminated or his or her account may be referred to a collection agency upon default; and
• Certify that he or she is eligible for one of the following programs or classifications:
  o Government Issued Unemployment Compensation;
  o Low income home energy assistance program (LIHEAP);
  o Federal Public Housing/Section 8;
  o Food Stamps recipient;
  o Student (high school, college, trade, or vocational) including a student who has graduated within the last 180 days; or
  o Seniors (sixty-five and older);
  o Medicaid or Supplemental Security Income (SSI);
  o On active military duty, including reservists and national guard, or have been discharged from the military in the last 180 days;
  o Homeowners in foreclosure;
  o Participants in the Temporary Assistance for Needy Families (TANF) program administered by the U.S. Department of Health and Human Services. Program information available at www.hhs.gov;
  o Participants in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) administered by the U.S. Department of Agriculture. Program information available at www.usda.gov;
  o Persons who have claimed the Earned Income Tax Credit (EIC) on their state or federal income tax returns in the current year. Program information available at www.irs.gov; or

For additional information, contact the Water Division of the Department of Revenue for the City of Chicago at 312.744.4426 or visit http://www.cityofchicago.org/city/en/depts/rev/supp_info/water_division_services/water_bill_paymentplans.html

How to Apply

Chicago residents may apply for a Water Bill Payment Plan in person or over the phone:

1) In person: client can apply at any Department of Revenue Payment Processing Center, offering in-person customer service. These centers are open from 8:00 a.m. - 6:30 p.m. (Monday-Friday) and are located at:
   • 2550 West Addision
   • 4770 South Kedzie
   • 2006 East 95th Street

2) Over the phone: client can call the Water Division of the Department of Revenue for the City of Chicago at 312.744.4426.
DISCONTINUATION OF UTILITY SERVICE

A utility company can discontinue services after reviewing past service records when an applicant has not paid for service or when the applicant’s credit score does not meet the predetermined minimum selected by the utility. A utility company may refuse to provide service unless the applicant pays any past due bill and/or provides a deposit and/or enters into a deferred payment agreement. 83 Ill. Adm. Code § 280.110.

Exemption to Discontinuation from December 1 through March 31

No electric or gas public utility shall disconnect service to any residential customer for nonpayment of a bill or deposit where gas or electricity is used as the primary source of heating during the period of December 1 through and including March 31, unless:

• The utility has offered the customer a deferred payment arrangement (DPA) to allow payment of past due amounts over a period of at least four months. The maximum down payment requirement for a winter DPA must not exceed 10 percent of the amount past due at the time of entering into the agreement.
• The utility provides names, addresses, and telephone numbers of governmental and private agencies that may provide assistance to customers in paying their utility bills.
• The customer has failed to enter into a deferred payment agreement.


Weather Exemption to Discontinuation of Gas and Electric Utility Service

In certain circumstances, a gas and/or electricity provider is prohibited from discontinuing a client’s service:

• On any day when the National Weather Service forecast for the following twenty-four hours covering the area of the utility in which the residence is located includes a forecast that the temperature will be thirty-two degrees Fahrenheit or below; or
• On any day preceding a holiday or a weekend when such a forecast indicated that the temperature will be thirty-two degrees Fahrenheit or below during the holiday or weekend.
• On any day when the National Weather Service forecast for the following twenty-four hours covering the area of the utility in which the residence is located includes a forecast that the temperature will be ninety-five degrees Fahrenheit or above; or
• On any day preceding a holiday or weekend when a forecast indicates that the temperature will be ninety-five degrees Fahrenheit or above during the holiday or weekend.

220 ILCS 5/8-205.

Medical Exemption to Discontinuation of Utility Service

Utility services providers are prohibited from discontinuing services to residential customers for up to sixty days when discontinuance of service will aggravate an existing serious illness. 83 Ill. Adm. Code § 280.130(j).
**How to Apply for a Medical Exemption**

If an individual has a serious illness, the illness must be certified to the utility company by a registered physician or local board of health in writing. The written certification must include:

- the name of the ill person;
- state that he or she is a resident of the premises in question;
- the name, business address, and telephone number of the certifying party;
- the nature of the illness; and
- the period of time during which termination will aggravate the illness.

Initial certification by the certifying party may be by telephone if written certification is forwarded to the utility company within five days. If utility service is terminated within fourteen days prior to certification of illness, service will be restored if the client submits a certification letter. 83 Ill. Adm. Code § 280.130(j).

**Practice Tip**

A medical certificate prevents discontinuation for up to 60-days. After the issuance of the medical certificate, the individual will be put on a “medical payment arrangement” to pay off the bill over time. If the individual does not follow the medical payment arrangement for any reason, he may be at risk for discontinuation after the 60-day period.

An individual may only use a medical certificate to prevent discontinuation once a year unless the total account balance is made current. Since the certificate only protects the individual from discontinuation for 60-days and cannot be used for another year, it is advisable for the individual to apply for LIHEAP grants (DVP and RA) or enter into a deferred payment arrangement before using the medical exemption.

**PROCESS FOR RESOLVING COMPLAINTS AGAINST UTILITY COMPANIES**

**Overview of Illinois Commerce Commission Complaints**

The Illinois Commerce Commission (ICC) regulates electricity, gas, water, and sewer services in Illinois. The ICC’s Consumer Services Division responds to customer questions and investigates complaints.

**Reasons to File a Complaint**

Utility company clients may file complaints against the company to seek relief for a product or service performed or for an incorrect billing.

**Deadline to File a Complaint**

Clients have **two years** from the date of an action to file a complaint arising from that action.

**Stages of Filing a Complaint**

There are four steps involved in filing a complaint against a utility company:
Step 1: Call a Company Representative
When a client has a problem with his or her utility company, the first step is to call the utility company. If the company representative cannot take care of the problem, ask to speak with a supervisor.

Advocates should encourage clients to always document contact with the company by writing a letter that summarizes the conversation and any agreements made over the phone. Advocates should encourage clients to keep a copy of the letter and mail a copy to the company by certified mail and request a return receipt.

If the problem is still not resolved after contact with a company representative and/or supervisor, the advocate or client may file an informal complaint with the ICC.

Step 2: File an Informal Complaint with the ICC
Counselors in the ICC’s Consumer Services Division are available to provide assistance to consumers in the resolution of informal complaints with public utilities and other entities. The Consumer Counselor handling the case will work with advocates and clients to resolve the client’s concerns with the utility as quickly as possible—typically within one to fourteen days.

An informal complaint may be filed in one of three different ways:

1) **Online:** An informal complaint may be submitted at: http://www.icc.illinois.gov/consumer/complaint/wizard.aspx. Do not submit a complaint online if you need help right away.
2) **By Phone:** 1.800.524.0795 or 1.800.858.9277 (TTY) between 8:30 a.m. and 5:00 p.m., Monday through Friday. If it is an urgent matter, such as a disconnection notice, file an informal complaint by phone.
3) **By Mail:** Comments or complaints may be sent to: Illinois Commerce Commission; Chief Clerk’s Office; 527 East Capitol Avenue; Springfield, IL 62701.

After filing an informal complaint, a Consumer Counselor will provide information about ICC rules and any applicable regulations. The Counselor may also contact the utility company for information about the client’s account, if necessary.

Step 3: Mediation (This step only concerns issues related to telephone service. For all other issues, go to Step 4.)
If filing an informal complaint does not resolve the client’s problem, it is possible to request mediation. To request mediation, call Consumer Services at 1.800.524.0795 or 217.782.2024 and ask to speak with the Consumer Counselor who assisted during the previous steps.

The Consumer Counselor assigned to the client’s case may encourage a conference call with the utility company, depending on the nature of the issue.

Step 4: File a Formal Complaint
If a resolution is not reached through the informal complaint process, the client may file a formal complaint, also known as a formal hearing request, with the ICC. Once filed with the ICC, the formal complaint will be given a docket number and assigned to an Administrative Law Judge.

Formal Complaint forms are available by calling Consumer Services at 1.800.524.0795 or 217.782.2024. The client must fill out the form and send it to the Chief Clerk’s Office at: Illinois Commerce Commission; Chief Clerk’s Office; 527 East Capitol Avenue; Springfield, IL 62701.

After submitting a completed form to the Chief Clerk’s Office, a hearing is scheduled. If the ICC does not follow-up with the client after submission of the formal complaint, call the Chief Clerk’s Office directly at 312.814.6658 or 217.782.7434.
A formal complaint must be filed with the Commission within two years from the time the product, commodity, or service as to which the complaint is made was furnished or performed. 220 ILCS 5/9-252. A formal complaint related to an incorrect billing must be filed with the Commission no more than two years after the date the customer first had knowledge of the incorrect billing. 220 ILCS 5/9-252.1.

**TELEPHONE SERVICE ASSISTANCE**

**Illinois Universal Telephone Assistance Program**

The Link-Up and Lifeline programs in Illinois help low-income individuals and households obtain local telephone service. Link-Up provides money towards the cost of installing and activating a new telephone in a low-income household. The Lifeline program provides a partial subsidy of monthly local phone bills.

*Eligibility*

To qualify for these programs, individuals or families must have a household income at or below 135% of the Federal Poverty Line or receive benefits under one of the following programs:

- Medicaid;
- Food Stamps;
- Temporary Assistance for Needy Families;
- Low Income Home Energy Assistance;
- Supplemental Security Income;
- Free National School Lunch Program; or
- Federal Public Housing.

*How to Apply*

If an individual or family is a recipient of one of the above-listed programs, they should call their local phone service provider to confirm their eligibility and enroll. Local service providers can be found at: [http://linkupillinois.org/to-find-your-local-phone-service-provider](http://linkupillinois.org/to-find-your-local-phone-service-provider)

**ADDITIONAL RESOURCES**

For more information about utility resources and client rights, contact the Citizens Utility Board at 312.263.4282 or visit their website at www.citizensutilityboard.org.

**GOODWILL CARES VOUCHER PROGRAM**

Goodwill Cares is a program initiated by Goodwill of Southeastern Wisconsin and Metro Chicago to provide assistance with clothing, furniture and household items for individuals and families who are experiencing a recent fire or flood, domestic abuse, illness, unemployed and/or underemployed. The Goodwill Cares program provides vouchers for individuals to shop for items they need at a specified Goodwill retail store.
How to Apply

Referrals for the Goodwill Cares Program should be sent by local community-based or non-profit agencies in communities where Goodwill Store & Donation Centers are located. The referral source or non-profit agency needs to completely fill out the application form (on file in the Health Justice Project workroom), and then fax it to the number listed on the first page of the application. The Goodwill Cares program coordinators communicate to recipients of the voucher through the referral sources. Funds for these vouchers are available on a monthly basis.

An agency may only submit two vouchers per month. Each client is eligible to receive a Goodwill Cares Voucher once every six months.

Vouchers may be denied for several reasons: (1) program funds depleted for the month, (2) application form is not filled out completely, (3) two vouchers per month per agency limit exceeded, or (4) client is applying too soon for another voucher.

The program coordinator will contact the referral, via email, with the following information: (1) whether or not voucher request is approved, (2) if approved, the value of voucher, and (3) if approved, the Goodwill store location at which the voucher is waiting. A referring agency will receive email notification within two weeks from the time the application is received. If an advocate does not receive an email notification after this two-week timeframe, please email katie.flanagan@goodwillsew.com

**Practice Tip**

Applications may be faxed at any time during the month, but faxing at the start of the month can improve a client’s chance of receiving a voucher before monthly funds run out. Applications are processed in the order they are received, time stamped by the fax machine. Faxes are not held over from month to month.

The Goodwill Cares fax machine is especially busy at the start of each month due to the large volume of applications. If you receive a notification that your fax was not completed, please try again. Due to the large volume, the coordinators typically cannot respond to inquiries regarding whether or not a fax has been received.

Goodwill Cares prefers to communicate with the partnered referral source, not individual clients.

**BENEFITS ACCESS PROGRAM**

The Benefits Access Program under the Illinois Department on Aging, formerly known as the Circuit Breaker Program, provides license plate discounts and/or free transit passes to senior citizens and persons with disabilities.

**License Plate Discount**

The License Plate Discount is applicable to **one** vehicle per household. If approved the client will be eligible for up to a $75 discount on the license plate registration fee.
For more information on the License Plate Discount call 1-800-252-8980, or visit: www.cyberdriveillinois.com/services and click Services for Seniors.

Ride Free Transit Card

The Ride Free Transit Pass program provides seniors and persons with disabilities with CTA, Metra, and Pace passes.

Eligibility

To qualify for the Benefits Access Program, an individual must meet the following criteria:

• Meet age requirements:
  o 65 years of age or older before January 1 of the current year;
  o Become 65 years of age the current year (benefits become available after turning 65); or
  o 16 years of age or older before January 1 of the current year, and qualify as disabled;
• Live Illinois at the time the application is filed, and;
• Meet the income limit for License Plate Discount and Ride Free Transit Card.
  o Income limit for household of 1 is $27,610
  o Income limit for household of 2 is $36,635
    ▪ A household of 2 includes: the client and their spouse (if married and living together as of December 31 of the previous year), or client and one Qualified Additional Resident.
  o Income limit for household of 3 is $45,657
    ▪ A household of 3 includes: the client, his or her spouse (if married and living together as of December 31 of the previous year), and at least one Qualified Additional Resident, or the client and at least two Qualified Additional Residents.

How to Apply

For both the License Plate Discount and Ride Free Transit Pass programs, clients must first complete the initial application, available at: https://idoaweb.aging.illinois.gov/baa/Welcome.aspx

Once the initial application is approved, a client will receive a certificate of eligibility, accessible online.

License Plate Discount Application

Once the client has a certificate of eligibility, complete the application process for the License Plate Discount program:

1) In person: If applying in person, the client must visit one of the Illinois Secretary of State offices to pay the license plate fee.
   • Chicago Central
     100 W. Randolph
     Chicago, IL 60601
   • Chicago Loop Express
     69 W. Washington
     Chicago, IL 60601
2) **On the Phone:** To complete the application over the phone, call the Illinois Secretary of State Office at 217.524.5955. The client should obtain the following information: (i) the client’s “control number;” and (ii) the discount amount for which the client was approved.

- The Secretary of State Office will provide the client with information on how to pay the license plate fee via mail or in person.

If a client needs the discount applied quickly, the client should submit payment in person.

**Ride Free Transit Pass Application**

Once the client has a certificate of eligibility, the client must (1) submit the Ride Free Transit Application (available at: [http://rtachicago.org/files/documents/riderservices/Disability_App_Final.pdf](http://rtachicago.org/files/documents/riderservices/Disability_App_Final.pdf)) and (2) take a photo for the transit pass. Clients may do this:

1) **In person:** If applying in person the client must visit one of the following:

- Regional Transit Authority Customer Service Center
  69 W. Washington St.
  Lower Level Pedway
  Chicago, IL 60602
  312.913.3110

- Another approved registration site. To find a registration site, call 312.836.7000 from any local area code. Registration sites are open Monday- Friday from 8:30am to 5:00pm.

2) **By Mail:** If the client is unable to apply in person, the client may mail the application with a copy of a government issued ID card and a 2’ by 2’ color photo that clearly shows the client’s face to:

- Regional Transit Authority
  PO Box 8621
  Fort Wayne, IN 46898

Benefits are valid for two years. The two-year period starts at the time the client is approved for benefits. Every other year, the client will need to re-submit a completed Benefit Access Application. The client may file again beginning 90-days before their benefits expire.

For questions about the Benefits Access Program contact the Senior HelpLine at: 1.800.252.8966, 1.888.206.1327 (TTY).
HOUSING III: Domestic Violence

Victims of domestic violence, dating violence, stalking, and sexual violence may encounter housing problems. According to the National Law Center on Homelessness and Poverty, domestic violence is a leading cause of homelessness, nationally. Across the country, between 22% and 57% of homeless women report that domestic violence is the immediate cause of their homelessness. The Illinois Safe Homes Act and the 2013 reauthorization of the Violence Against Women Act provide victims of violence who live in rental housing with some of the protections necessary to securing safe housing. The Victims of Trafficking and Violence Protect Act of 2000 provides noncitizen women with a mechanism to escape abuse and legally remain in the U.S., and the Illinois Domestic Abuse Act enables victims of abuse to obtain court orders of protection.

THE SAFE HOMES ACT

The Safe Homes Act is an Illinois law that allows victims of domestic or sexual violence to leave their rental housing early, prior to the end of their lease, in order to protect their physical safety and emotional wellbeing. 765 ILCS § 750/1, et seq. In certain circumstances, victims can also request an emergency change of locks in order to help keep an abuser from re-entering the residence (see Using the Safe Homes Act to Change the Locks on page H-24).

The Safe Homes Act applies to anyone living in rental housing, including children, who has been or will be the victim of domestic violence, dating violence, stalking, or sexual violence (including sexual assault and sexual abuse). The Safe Homes Act does not cover residents who live in public housing. 765 ILCS 750/35.

Ending a Lease Early Due to a Credible Imminent Threat of Harm

The Safe Homes Act allows anyone in a household, including children, who are the victims of domestic violence, dating violence, stalking, or sexual violence (domestic or sexual violence) to terminate his or her lease early and leave his or her home or apartment. It does not matter if they have a written or verbal lease.

The victim must tell the landlord or his or her agent (e.g., property manager) in writing that there is a “credible imminent threat” of future domestic violence or sexual violence occurring on the premises (i.e., inside the apartment unit or in other common areas of the property). This notice must be given to the landlord or the landlord’s agent prior to, or within three days of, leaving the apartment. 765 ILCS 750/15(a).

Other than the person’s statement that there is a credible imminent threat of a future harm, no proof is necessary to leave the apartment or unit. The landlord cannot require any further notice of leaving the apartment (e.g., police report or court order). 765 ILCS § 750/15(a).

If a victim gives proper notice to the landlord, he or she cannot be held responsible for rent due after he or she has left the apartment. The landlord cannot keep the security deposit or any interest due because the tenant lawfully exercised his or her rights under the Safe Homes Act. 765 ILCS 750/15(a).

However, tenants who use the Safe Homes Act must be sure to remove all of their belongings from the unit and return the keys to the landlord or property manager when they leave the apartment. Otherwise, the tenant could potentially be held responsible for the unit after he or she has vacated.
Ending a Lease Early Without a Credible Imminent Threat of Harm

A victim of sexual violence, including sexual assault or sexual abuse, can still leave his or her apartment early without showing a credible, imminent threat of future harm if the sexual violence occurred on the premises.

The victim must notify the landlord or property manager in writing before, or three days after, leaving the apartment and within sixty days of the sexual violence or as soon as possible if the survivor cannot notify the landlord or property manager within sixty days (because he or she is in the hospital, receiving counseling, or in shelter care, for example). Along with the notice, the victim must have evidence to prove that the sexual assault happened. Evidence must include one of the following: a police report, medical records, court records, or a statement from a victim services organization. 765 ILCS 750/15(b).

If proper notice is given, the survivor is not responsible for rent due after leaving the apartment. The landlord cannot keep the security deposit or any interest due because the tenant lawfully exercised his or her rights under the Safe Homes Act. 765 ILCS 750/15(b).

These victims also have an affirmative defense in court if the landlord tries to sue them for back rent due on an oral or written lease if the notice of a credible imminent threat was properly given to the landlord or property manager. 765 ILCS § 750/15(b).

Using the Safe Homes Act to Change the Locks

If a tenant has a written lease and an abuser is not named on the lease, the tenant can request a lock change as long as he or she provides written notice from all tenants named on the lease requesting a lock change due to the credible imminent threat of domestic or sexual violence on the premises. This notice must be supported by evidence including one of the following: a police report, medical records, court records, or a statement from a victim services organization. 765 ILCS § 750/20(a)(1).

For tenants with a written lease where the abuser is named on the lease and for tenants with an oral lease (regardless of where the abuser lives), the tenant must provide a written notice from all tenants who are part of the written or oral lease (except the abuser) requesting a lock change due to the credible imminent threat of domestic or sexual violence on the premises. This notice must also be supported by a copy of a Plenary Order of Protection (see Orders of Protection on page H-27 or Civil No Contact Order providing exclusive possession to one of the tenants in the household. 765 ILCS 750/20(a).

Once the landlord receives proper notice, the landlord has forty-eight hours to change the locks or allow the tenant to change the locks. The landlord may charge a reasonable fee for the lock change. If a landlord does not change the locks within forty-eight hours of receiving proper notice from the tenants, the tenants may change the locks or sue the landlord in court to have the locks changed. Both parties should tender to the other a new set of keys as soon as possible or not later than forty-eight hours. Both parties could be liable if there are damages resulting from denial of access to the unit. 765 ILCS 750/20(b).

The Violence Against Women Act

The federal Violence Against Women Act (VAWA) (Pub. L. 113-4; 127 Stat. 54), reauthorized in 2005 and 2013, contains provisions to protect victims of domestic violence, dating violence, and stalking who live in public housing, project-based Section 8 housing, or who have a Housing Choice Section 8 Voucher.
The provisions of the law protect victims of domestic violence, dating violence, and stalking who live in or are applying for public or subsidized housing. The protections also cover immediate family members, including any person living with the victim and related to her by blood or marriage. This includes the victim’s spouse, parent, brother, sister, child, or any person to whom the victim acts as a legal guardian. It also protects any individual, tenant, or lawful occupant living in the household of the victim. Pub. L. 109-162 § 41411(a).

**Housing Admission Protection for Survivors of Domestic Violence**

The provisions protect victims of violence from being denied admission to public or subsidized housing as victims of violence. They also protect victims from being evicted from their housing or having their subsidies terminated because of actual or threatened violence.

If an individual applies for public or subsidized housing, the owner or housing authority cannot use his or her history of domestic violence, dating violence, or stalking as a reason to deny the applicant housing assistance if he or she would otherwise qualify for housing assistance.

If a public housing authority or owner would like to be considered for a VAWA money grant, the public housing authority or owner cannot consider a client’s history as a victim of sexual violence as a basis for denying housing assistance. Pub. L. 109-162 § 41411, *et seq*.

**Eligibility under VAWA**

In order to receive protection under VAWA, a victim of violence must have experienced one incident of violence, and that incident must have formed the basis of the housing authority’s or landlord’s action against the victim.

VAWA does not require housing authorities or landlords to ask for documentation of the fact that an individual is a victim of domestic violence, dating violence, or stalking. A housing authority or landlord may accept the person’s statement that she is a victim of violence as sufficient evidence. Pub. L. 109-162 § 41411(c)(5).

A housing authority or landlord may also ask for additional third-party verification. Additional documentation can include:

- Police or court records documenting the violence;
- Statement from an employee, agent, volunteer of a victim services provider, an attorney, or a medical professional from whom the victim has sought services to address the violence, signed under penalty of perjury that the incidents in question are *bona fide* incidents of abuse. The victim must also sign this statement and the document must name the offender; or
- Completion of a HUD certification form.

Pub. L. 109-162 § 41411(c)(3).

Once a housing authority or landlord has asked for additional information, the victim has fourteen days to provide the documentation or the housing authority or landlord may begin eviction proceedings. It is within the discretion of the housing authority or landlord to give the victim additional time to produce the information. Pub. L. 109-162 § 41411(c)(2).
Housing Authority Notification Requirements under VAWA

Public housing authorities must provide notice to tenants of their rights pursuant to VAWA, including the right not to be evicted, the right not to have their assistance terminated, and the right to confidentiality. Public housing authorities must also inform owners and managers of their obligations. Housing authorities must also incorporate the above provisions and any new programs, collaborations, or other efforts aimed at protecting victims of domestic and sexual violence into their annual and five-year plans. Pub. L. 109-162 § 41411(d).

Protection from Eviction and Housing Subsidy Termination for Survivors of Domestic Violence

VAWA provides relief to victims from federal "one-strike" criminal activity eviction laws. Under VAWA:

- Actual or threatened domestic violence, dating violence, or stalking will not be considered as serious or repeated violations of a lease;
- Actual or threatened domestic violence, dating violence, or stalking will not be considered good cause for terminating assistance or the tenancy; and
- Criminal activity directly relating to domestic violence, dating violence, or stalking by a member of the tenant’s household, any guest, or other person under the tenant’s control shall not terminate the tenant’s assistance or tenancy if the tenant or an immediate member of his or her family is the victim or threatened victim of that domestic violence, dating violence, or stalking.


Housing authorities and owners can also change the lease in order to evict, remove from the household, or terminate assistance to any tenant or lawful occupant who engages in criminal acts of violence against family members or others.

The housing authority or owner can then give the victim of violence and the abuser each a separate lease, voucher, or unit of housing. It is up to the housing authority or owner to determine if he or she will begin eviction or termination of assistance proceedings against the abuser. Because the victim has her own lease, her housing will not be in jeopardy if the housing authority or owner evicts the abuser. Pub. L. 109-162 § 41411(b)(3)(B).

However, housing authorities and owners can still evict or terminate the lease if:

- There is a lease violation that is not based on the acts of domestic violence, dating violence, or stalking against the tenant or member of the tenant’s household, provided victims of violence are not subject to a more rigorous standard than other tenants when determining whether or not to evict or terminate assistance; or
- The housing authority can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if that tenant stays at their current housing.

Rights of Victims of Domestic Violence Who Receive Orders of Protection

The housing authority or owner cannot interfere with a victim’s efforts to work with the police or the court to keep the abuser away from him or her or someone in his or her household. If the victim receives a court order, such as an Order of Protection, the housing authority or owner
must abide by the court order, especially as it relates to the person who has a right to the housing, the housing subsidy, or access to the property.

**Protection for Voucher Holders Who Flee Their Homes for Safety Reasons**

VAWA also protects victims of violence who have Housing Choice Vouchers and need to leave their current housing due to an imminent threat of domestic violence, dating violence, or stalking if they remained in their home. Under VAWA, victims of domestic violence, dating violence, and stalking who flee due to an imminent threat are allowed to move with their voucher to a new housing authority's jurisdiction. For such a move to be approved, the voucher holder must also be in compliance with all other program requirements. Pub. L. 109-162 § 41411(e).

**ILLINOIS DOMESTIC VIOLENCE ACT**

Under the Illinois Domestic Violence Act (IDVA) a circuit court judge can order and forbid abusive behavior. If the court finds that the victim has been abused by a family or household member or that the victim is a high-risk adult who has been abused, neglected, or exploited, an Order of Protection prohibiting the abuse, neglect, or exploitation shall be issued. 750 ILCS 60/214.

The IDVA defines household member as one of the following:

- Spouse;
- Former spouse;
- Boyfriend or girlfriend who have had a dating or engagement relationship;
- Parents;
- Children;
- Step-children;
- Significant other or partner;
- Persons who share or allege to have a blood relationship through a child;
- Persons who live together or formerly lived together; and
- Persons with disabilities and their person assistants.

Under the IDVA, abuse means “physical abuse, harassment, intimidation of a dependent, interference with a personal liberty, or willful deprivation.” 750 ILCS 60/103.

Under the IDVA, the filing for an Order of Protection is free of charge. 750 ILCS 60/202.

**Orders of Protection**

Under the IDVA, an individual can petition the court for an Order of Protection. There are three types of Orders of Protection: (1) emergency order of protection; (2) interim order of protection; and (3) plenary order of protection.

**Emergency Order of Protection**

Any available circuit judge or associate judge is able to grant this order if there is an immediate and present danger of abuse towards the individual. The hearing is conducted ex parte. If
granted, this order will be in effect for a fourteen to twenty-one day period. 750 ILCS 60/217, 220.

**Interim Order of Protection**

This order is issued if the victim has served notice of the hearing for that order to the family or household member abusing the victim. This order is effective for up to a period of thirty days. 750 ILCS 60/218, 220.

**Plenary Order of Protection**

This order can be in effect for a fixed period of time, not to exceed two years, unless otherwise provided for by the court. This order can also expire by the occurrence of a specific event. 750 ILCS 60/219 – 220.

**Petition Process**

An individual can petition the court for an Order of Protection in one of seven ways, depending on location and other issues the individual is experiencing:

1) **Violence Court** (555 W. Harrison Street, Chicago, IL): This office processes requests for Orders of Protection from victims whose abusers have criminal charges filed against them or criminal acts reported to the Chicago Police Department. The preparation and filing of the documents are handled by the Cook County State’s Attorney’s Office. The victim should report to a warrant officer on the first floor. It is free to obtain an Order of Protection.

2) **Clerk of the Circuit Court Domestic Relations Division** (Richard J. Daley Center, 50 W. Washington Street, Room 802, Chicago, IL): This office works with victims who are married and have filed—or who are contemplating filing—for divorce and who do not wish to take criminal action. Victims should ask to speak with the domestic violence coordinator to obtain the necessary forms, which must be completed by the victim or a private attorney.

3) **Centralized Domestic Violence Court** (555 West Harrison Street, Chicago, IL): The office processes requests for Orders of Protection from victims whose abusers do not have criminal charges filed or criminal activity reported and where the victim is not married nor contemplating a divorce from the abuser. The victim should ask to speak with the domestic violence coordinator to obtain the necessary forms, which must be completed by the victim or a private attorney.

4) **Child Support Division** (28 N. Clark Street, Room 200, Chicago, IL): When there is a pending case to have an established guardian or parent-child relationship, an individual can file a petition for an Order of Protection at the Child Support Division.

5) **Juvenile Justice Division** (1100 S. Hamilton, Room 101 Chicago, IL): When it is in connection with a delinquency petition or the criminal prosecution of a juvenile, an Order of Protection can be filed and petitioned in the Juvenile Justice Division.

6) **Probate Division** (Richard J. Daley Center, 50 W. Washington Street, Room 1202, Chicago, IL): If the parties involved have a pending estate case or if there are guardianship proceedings, a petition for an Order of Protection can be filed in the Probate Division.
7) Cook County Suburbs: Requests for Orders of Protection, in which there have been criminal charges filed or criminal acts reported to a police agency, can be processed at any of the five suburban district locations. The preparation of the necessary documents will be done by the Cook County State’s Attorney’s Office, or an advocate. The victim should report to the Cook County State’s Attorney’s Office located in each district for assistance. There are no fees or costs involved.

For more information, visit Cook County Clerk of Court at: http://www.cookcountyclerkofcourt.org/.

**Victims of Trafficking and Violence Protection Act of 2000**

Under the Victims of Trafficking and Violence Protection Act of 2000, immigrant victims of certain criminal activity may be eligible for a U Visa, which would allow them to legally remain and work in the United States. Pub. L. 106-386.

**Eligibility Requirements for the U Visa**

To be eligible to receive a U Visa, an individual must:

- Be a victim who suffered substantial physical or mental abuse as the result of a qualifying crime:
  - Rape, torture, trafficking, incest, domestic violence, sexual assault, abusive sexual contact, prostitution, sexual exploitation, female genital mutilation, being held hostage,peonage, involuntary servitude, slave trade, kidnapping, abduction, unlawful criminal restraint, false imprisonment, blackmail, extortion, manslaughter, murder, felonious assault, witness tampering, obstruction of justice, perjury, or attempt, conspiracy, or solicitation to commit any of the above mentioned crimes; or similar activity.

- Possess information concerning the criminal activity;

- Law enforcement must certify that the victim was, is, or is likely to be helpful in the investigation or prosecution of the activity; and

- The criminal activity must have violated a U.S. law or occurred in the U.S. (or territories and possessions of the U.S.).

Pub L. 106-386, Sec. 1513.

**Domestic Violence Help Line**

The City of Chicago contracts with the Chicago Metropolitan Battered Women’s Network to operate a twenty-four hour, toll-free, confidential Domestic Violence Help Line that functions as a clearinghouse for domestic violence services and information. Individuals can contact the hotline at 1.877.863.6338 or via TTY at 1.877.863.6339.

The Help Line can be used by:

- Victims
- Concerned family and friends
- Perpetrators of domestic violence
- Health care workers, faith leaders, police officers, and prosecutors
- Other advocates
Callers to the Help Line are provided with general domestic violence information, referrals to appropriate domestic violence services, and a three-way phone linkage between the caller and the domestic violence services. Trained domestic violence advocates known as Victim Information and Referral Advocates (VIRAs) staff the phones twenty-four hours a day, seven days a week. VIRAs provide victims with immediate information about their options, information on safety planning, and referrals to community based providers including:

- Shelters
  - Individuals can request a list of shelters with current availability by providing a zip code and the age/sex of any child accompanying the caller.
- Counseling
- Legal advocacy
- Supervised child visitation centers
- Perpetrators services

Bi-lingual and bi-cultural Spanish speaking VIRAs are always available and operators can access the Language Line for over 140 other languages. TTY is available for speech and hearing impaired callers. The Help Line’s database consists of over 170 local domestic violence resources, and counselors are able to navigate these various services to identify and link callers to the most appropriate and accessible program. The Help Line provides immediate information and direct links to community-based resources to almost 3,000 callers a month.

Referral Agencies for Domestic Violence Shelters

In addition to the Domestic Violence Help Line, a number of agencies may be available to provide shelter and assistance. See page L-26 for more information.

ADDITIONAL INFORMATION

National Immigrant Justice Center, U VISA Legal Protection for Immigrant Victims of Crimes, on file in the Health Justice Project office.


SOURCES OF LAW

Illinois Safe Homes Act, 765 ILCS 750/1, et seq.
Illinois Domestic Violence Act, 750 ILCS 60/1, et seq.
Violence Against Women Act of 2005, Title VI
  - Section 8 Housing Choice Voucher Program—42 U.S.C. § 1437f(o).
  - Section 8 Project-Based Housing—42 U.S.C. §§ 1437f(c),(d).
HOUSING IV: Private Housing & Housing Discrimination

Low-income tenants are vulnerable to housing problems such as substandard housing conditions, illegal eviction, and discrimination. For example, studies find that people spend most of their time indoors. Therefore, if a tenant is living in substandard housing conditions, his or her health will be negatively affected. Further, eviction is associated with higher rates of adolescent violence, health risks, psychological costs, and loss of neighborhood ties. Several Chicago and Illinois laws offer protections to help tenants guard against these harms.

CHICAGO RESIDENTIAL LANDLORD AND TENANT ORDINANCE

The Residential Landlord and Tenant Ordinance, Chicago Municipal Code, § 5-12-010 et seq. (RLTO), provides tenants and landlords with significant rights and protections that Illinois law does not afford. The RLTO governs most residential tenancies in Chicago. However, there are a few exceptions.

The Ordinance does not apply to:

- Units in owner-occupied buildings containing six or fewer apartment units;
- Units in hotels, motels, inns, rooming houses, or boarding houses unless the tenant pays rent on a monthly basis and has resided there for thirty-two days or more;
- Hospitals, convents, monasteries, school dormitories, temporary overnight or transitional shelters, employee’s quarters (assuming the employee’s right to occupancy is conditioned upon her being employed in or about the premises), and non-residential rental properties; or
- Co-ops and condominiums unless rented.


Tenant’s General Duties under the RLTO

Tenant Obligations

Under RLTO § 5-12-040, the tenant, tenant’s family, and guests must:

- Comply with all obligations imposed specifically upon tenants by provisions of the municipal code applicable to dwelling units;
- Keep the premises they occupy and all associated fixtures as safe and clean as the condition of the premises permit;
- Use all equipment and facilities within the premises in a reasonable manner;
- Not deliberately or negligently destroy or damage the premises or allow any person on the premises to do so; and
- Not disturb the other neighbors in the premises.

Landlord Right of Access

Under RLTO § 5-12-050 and § 5-12-060, the tenant must permit reasonable access (i.e., entrance to the unit between 8:00 AM and 8:00 PM) to a landlord upon receiving two-day advance notice from the landlord via mail, telephone, written notice, or other means. A general notice to all affected tenants requesting access for repair work to common areas and other units is acceptable.
In cases of emergency or need for unexpected repairs, the landlord must provide notice two days after entering the apartment. Furthermore, he may enter the unit only at reasonable times. An entry between 8:00 a.m. and 8:00 p.m. (or at any other time requested by the tenant) is presumed reasonable.

The landlord may not abuse his right of access or use it to harass the tenant.

Landlord’s General Duties under the RLTO

Maintain the Premises

Under the RLTO, the landlord must maintain the premises in compliance with all applicable provisions of the Chicago Municipal Code and make prompt repairs to remain in compliance. Examples of non-compliance include failure to maintain the following:

Structural Building Considerations

• Maintain the structural integrity of the building or structure or parts thereof;
• Maintain floors in compliance with the safe load-bearing requirements of the municipal code;
• Comply with applicable requirements of the municipal code for the number, width, construction, location, or accessibility of exits;
• Maintain exit, stairway, fire escape, or directional signs where required by the municipal code;
• Provide smoke detectors, sprinkler systems, standpipe systems, fire alarm systems, automatic fire detectors, or fire extinguishers where required by the municipal code;
• Maintain elevators in compliance with applicable provisions of the municipal code;
• Provide adequate hall or stairway lighting as required by the municipal code;
• Maintain the foundation, exterior walls, or exterior roof in sound condition and repair, substantially watertight, and protected against rodents;
• Maintain floors, interior walls, or ceilings in sound condition and good repair;
• Maintain windows, exterior doors, or basement hatchways in sound condition and repair, and substantially tight and to provide locks or security devices as required by the municipal code, including deadlatch locks, deadbolt locks, sash or ventilation locks, and front door windows or peepholes;
• Supply screens where required by the municipal code;
• Maintain stairways or porches in safe condition and sound repair;
• Maintain the basement or cellar in a safe and sanitary condition;
• Maintain facilities, equipment, or chimneys in safe and sound working conditions;
• Maintain plumbing facilities, piping, fixtures, appurtenances, and appliances in good operating condition and repair;
• Provide or maintain electrical systems, circuits, receptacles, and devices as required by the municipal code;
• Maintain and repair any equipment, which the landlord supplies or is required to supply.


Essential Services

• Provide and maintain in good working order a flush water closet, lavatory basin, bathtub, or shower or kitchen sink;
• Maintain heating facilities or gas-fired appliances in compliance with the requirements of the municipal code;
• Provide heat or hot water in such amounts and at such levels and times as required by the municipal code; and
• Provide hot and cold running water as required by the municipal code.

Pests, Rodents, and Other Sanitary Considerations
• Prevent the accumulation of stagnant water;
• Exterminate insects, rodents, or other pests;
• Supply or maintain facilities for refuse disposal;
• Prevent the accumulation of garbage, trash, refuse, or debris as required by the municipal code;
• Provide adequate light or ventilation as required by the municipal code; and
• Maintain the dwelling unit and common areas in a fit and habitable condition.

Security Deposit
The Landlord shall:
• Give a tenant a receipt for the security deposit (including the amount, the name of the person receiving it, and, in the case of the agent, the name of the landlord, the date, and a description of the dwelling unit; the receipt shall be signed by the person receiving the security deposit);
• Hold the security deposits received in a segregated, federally insured, interest-bearing account in a bank, savings, and loan association or other financial institution located in the State of Illinois, the name and address of which shall be clearly and conspicuously disclosed in the written rental agreement signed by the tenant or if no written rental agreement is provided, the landlord shall, within fourteen days of receipt of the security deposit, notify the tenant in writing of the name and address of the financial institution where the security deposit was deposited;
• Pay interest on the security deposit and prepaid rent each year at a rate set by the City (interest shall be paid or credited within thirty days after the end of each twelve-month rental period); and
• Return the tenant’s security deposit and required interest, within forty-five days of a tenant moving out. The landlord may deduct from this amount any unpaid rent and/or cost of repairing damage beyond normal wear and tear that the tenant has caused (but is required within thirty days to provide an itemized statement describing the damage and actual cost of repair, including paid receipts).

Notice Provisions
The Landlord shall:
• On or before the first day of the tenancy, provide the tenant with written notification of the name, address, and telephone number of (1) the owner or manager of the premises, and (2) a person authorized to receive, on the landlord’s behalf, service of process, notices, and demands;
• Provide to new tenants or tenants renewing a rental agreement, notice of any conditions affecting habitability including building code citations, pending enforcement actions, and notice of termination of water and utilities;
• Notify a tenant, and third-party who regularly pays rent to the owner, if applicable, within seven days of being served a foreclosure complaint that a foreclosure action has been filed against the owner or landlord;
• Provide a tenant with at least thirty days written notice of his intention not to renew a rental agreement.
Chicago, Ill. Mun. Code, §§ 5-12-090, 095, 100, 130.

Prohibited Lease Provisions
The Landlord shall not attempt to enforce prohibited lease provisions, including:
• Requiring a tenant to renew an agreement more than ninety days before the existing agreement terminates;
• Requiring a tenant to agree to waive or forego rights, remedies, or obligations provided under the RLTO;
• Requiring a tenant to agree to the limitation of any liability of the landlord or tenant arising under law;
• Requiring a tenant to agree to waive any written termination of tenancy notice or manner of service thereof provided under state law or this chapter;
• Requiring a tenant to agree to waive the right of any party to a trial by jury;
• Requiring a tenant to agree that in the event of a lawsuit arising out of the tenancy the tenant will pay the landlord’s attorney’s fees except as provided for by court rules, statute, or ordinance;
• Requiring a tenant to agree that either party may cancel or terminate a rental agreement at a different time or within a shorter time period than the other party, unless such provision is disclosed in a separate, written notice; and
• Requiring a tenant to agree that a tenant shall pay a charge, fee, or penalty in excess of $10.00 per month for the first $500.00 in monthly rent plus five percent per month for any amount in excess of $500.00 in monthly rent for the late payment of rent.
Chicago, Ill. Mun. Code, §§ 5-12-130, 140.

Tenant Remedies under the RLTO
Under the RLTO, tenants have a number of remedies available to them. The major remedy provisions of the RLTO applicable to tenants are highlighted below. Please refer to the RLTO for additional details.

Failure to Provide Essential Services
Under RLTO, § 5-12-110(f), if the landlord fails to provide essential services such as heat, electricity, hot water, and functioning plumbing, or does not maintain the building in material compliance with the rental agreement or RLTO, § 5-12-070, such that the failure constitutes an immediate danger to the health and safety of the tenant, the tenant may:
• Procure a substitute service and deduct the costs from the rent upon presenting paid receipts to the landlord;
• Recover damages based on the reduced value of the dwelling unit;
• Procure substitute housing and be excused from paying rent for that period. The tenant may recover from the landlord the cost of substitute housing up to an amount equal to the monthly rent for each month;
• Request that the landlord correct a failure within twenty-four hours. If the landlord fails to do so, the tenant may withold from the monthly rent an amount that reasonably reflects the reduced value of the premises; or
• Request in writing that the landlord correct the failure within seventy-two hours. If the landlord fails to correct the failure, the tenant may notify the landlord and terminate the
rental agreement. If the tenant terminates the rental agreement, the tenant must deliver possession within thirty days or the notice of termination will be withdrawn.

**Premises Not Reasonably Fit and Habitable**

Under RLTO, § 5-12-110(a), if the landlord is in material noncompliance with RLTO, § 5-12-070, or the rental agreement, and such noncompliance renders the premises not reasonably fit and habitable, the tenant may request in writing that the landlord make the necessary repairs within fourteen days or the tenant may terminate the rental agreement after the fourteen days. If a tenant provides notice to the landlord of such termination and terminates the rental agreement, the tenant must vacate the premises within thirty days or the tenant’s notice of termination is withdrawn.

**Failure to Deliver Possession**

Under RLTO, § 5-12-110(b), if the landlord fails to deliver possession of the dwelling unit to the tenant in compliance with the residential rental agreement or RLTO, § 5-12-070, rent for the dwelling unit shall abate until possession is delivered, and the tenant may:

- Provide written notice to the landlord of his intent to terminate and then terminate the rental agreement. Upon termination, the landlord shall return all prepaid rent and security; or
- Demand performance of the rental agreement by the landlord and maintain an action for possession of the dwelling unit against the landlord and recover any damages sustained.

If a person’s failure to deliver possession is willful, the aggrieved person may recover an amount equal to not more than two months of rent or twice the actual damages sustained by him, whichever is greater.

**Minor Defects**

Under RLTO, § 5-12-110(c), if the landlord is in material noncompliance with the rental agreement or with RLTO, § 5-12-070, and the reasonable cost of compliance does not exceed the greater of $500.00 or half of the monthly rent, then the tenant may:

- Recover damages for the material noncompliance; or
- May notify the landlord in writing of his intention to correct the condition at the landlord’s expense. If the landlord fails to correct within fourteen days after written notice from the tenant, the tenant may have the work done in a workmanlike manner and in compliance with existing law. After submitting to the landlord a paid bill from an appropriate tradesman or supplier, the tenant may deduct from his rent the cost of repair.

However, this remedy is not available if the cost of the expense exceeds one-month’s rent.

**Failure to Maintain**

Under RLTO, § 5-12-110(d), if the landlord is in material noncompliance with RLTO, § 5-12-070, the tenant may notify the landlord in writing of their intention to withhold from the monthly rent an amount that reasonably reflects the reduced value of the premises due to the material noncompliance.

If the landlord fails to correct the condition within fourteen days after written notice from the tenant, the tenant may, during the time that the failure continues, deduct from the rent the
stated amount. A tenant cannot withhold rent if the condition was caused by the deliberate or negligent act or omission of the tenant.

Practice Tip: Tenants’ Claims for Damages in Eviction Court
A tenant in an eviction proceeding may be able to bring counterclaims and assert affirmative defenses against the landlord that seek monetary damages. Under Spanish Court Two Condominium Ass’n v. Carlson, a tenant’s claim for monetary is germane if it is also involves a claim for possession. 2012 IL.App. (2d) 110473 (2nd Dist. June 27, 2012).

Landlord Remedies under the RLTO

Under the RLTO, landlords also have available remedies. The major remedy provisions of the RLTO applicable to landlords are highlighted below. Please refer to the RLTO for additional details.

- Under RLTO, § 5-12-130, if the tenant fails to pay rent, the landlord may terminate the rental agreement after giving the tenant five days written notice, if the tenant does not cure within the notice period.
- If the tenant fails to comply with the Tenant Responsibilities under the RLTO, § 5-12-140, or rental agreements and does not correct any violations caused by them, the landlord may terminate the rental agreement after giving the tenant ten days written notice.
- If the tenant fails to comply with the Tenant Responsibilities under the RLTO, § 5-12-140, or the rental agreement, the landlord may enter the dwelling unit to make necessary repairs, after giving the tenant fourteen days written notice or as promptly as possible in cases of emergency. In these cases, the tenant will be held responsible for the cost of repairs.

Prohibition Against Lockouts

Under the RLTO, § 5-12-160, it is illegal for a landlord to lock out a tenant, change the locks, remove the doors of a rental unit, cut off essential services, or do anything that may interfere with the tenant’s use of the apartment.

All lockouts are considered illegal and the City of Chicago Police Department is responsible for the enforcement of the RLTO against such illegal activity.

The City may fine the landlord $200 - $500 for each day the lockout continues. The tenant may sue the landlord to recover possession of the unit and obtain the greater of twice the actual damages sustained or two month’s rent.

Retaliatory Conduct by the Landlord

Under the RLTO, § 5-12-150, a landlord cannot take retaliatory action against a tenant if the tenant complains or makes a report in good faith to enforcement agencies, tenant’s rights organizations, or the like.
Suspension of Eviction Execution

By Court Order, evictions are typically stayed between Christmas and New Years Day. However, there is no guarantee that this tradition will continue. Similarly, evictions are not executed during extreme weather conditions.

**CHICAGO BED BUG ORDINANCE**

In order to protect the health and well being of residents and stop the spread of bed bugs, the City Council of Chicago enacted a bed bug ordinance.

**Landlords’ Responsibilities**

Under the ordinance, a landlord must:

- Provide a tenant entering into or renewing a rental agreement the informational brochure on bed bug prevention and treatment;
- Provide pest control services when bed bugs are found or suspected by a pest management professional, as many times as necessary to eliminate the problem;
- Ensure the extermination of bed bugs by inspection, and if necessary, the treatment of the two dwelling units on either side of the affected dwelling unit and the two units directly above and below the affected dwelling unit;
- Maintain a written record of the pest control measures performed by the pest management professional on the premises, as well as relevant receipts and reports, which will be open to inspection;
- Send a written notice to the tenant of a dwelling unit being inspected or treated that advises the tenant of his/her responsibilities prior to an inspection or treatment; and
- Not rent any sleeping accommodation in which an infestation of any bed bugs is discovered or suspected, unless an inspection by a pest management control professional has determined that no such infestation exists or the infestation has been exterminated.


**Tenants’ Responsibilities**

Under the ordinance, a tenant must:

- Immediately notify the landlord in writing of any known or suspected bed bug infestation in the presence of the tenant’s dwelling unit, clothing, furniture, or other personal property located in the building;
- Immediately notify the landlord in writing of any recurring or unexplained bites, stings, irritation, or sores of the skin or body that the tenant suspects is caused by bed bugs;
- Not interfere with inspections or treatments;
- Grant access to the dwelling unit at reasonable times and upon reasonable notice for the purpose of bed bug infestation inspection or treatment;
- Make any necessary preparations, such as cleaning, dusting, or vacuuming, prior to treatment; and
- Dispose of any personal property that cannot be treated or cleaned before the treatment of the dwelling unit.

These responsibilities do not apply to any tenant of an assisted living or shared housing establishment, or similar living arrangement, when the establishment is required to provide the tenant with assistance with activities of daily living. Chicago, Ill. Mun. Code, § 7-28-850(d). In such cases, the landlord will be responsible to make any necessary preparations. *Id.*

**Disposal of Infested Items**

No person may place, discard, or dispose of any bedding, clothing, or other materials infested with bed bugs on a public way (e.g.: dumpsters, sidewalks, hallways) or recycled. To dispose of infested items, a person must first totally enclose the item in a plastic bag and label it as being infested with bed bugs. Chicago, Ill. Mun. Code, § 7-28-370.

**Enforcement and Violations**

The Departments of Buildings and Health will enforce the ordinance. Chicago, Ill. Mun. Code, § 7-28-890.

Any person who is found in violation of the ordinance may be fined between $300.00 and $1,000.00 for each offense. Each day that a violation continues will constitute a distinct offense to which a separate fine will apply. Chicago, Ill. Mun. Code, § 7-28-900.

**STATE LAWS PROTECTING TENANTS**

Certain laws govern all residential tenancies and provide tenants and landlords with significant rights and protections.

**Implied Warranty of Habitability**

In *Jack Spring, Inc. v. Little* (280 N.E.2d 208, Ill. 1972), the Supreme Court of Illinois found that, in every residential written and oral lease, there is an implied warranty of habitability that requires the landlord to maintain the rented premises by substantial compliance with pertinent provisions of a municipality’s building code.

A landlord’s failure to comply with the implied warranty of habitability gives rise to a tenant’s affirmative defense for failure to pay rent.

**Residential Tenants’ Right to Repair Act**

Under the Residential Tenants’ Right to Repair Act, 765 ILCS 742/5, *et seq.*, tenants have the right to make repairs to their housing under certain circumstances. If a repair is required and the reasonable cost of repair does not exceed the lesser of $500 or one-half of the monthly rent, the tenant may notify the landlord in writing by registered or certified mail or other restricted delivery service to the address of the landlord or an agent of the landlord as indicated in the lease. If an address is not listed, the tenant may send notice to the landlord’s last known address to make the landlord aware of the tenant’s intention to have the repair made at the landlord’s expense.

If the landlord fails to make the repairs within fourteen days after being notified by the tenant, or more promptly as conditions require in the case of an emergency, the tenant may have the repair made in a workmanlike manner and in compliance with the appropriate law.
Emergencies include conditions that will cause irreparable harm to the apartment or any fixture attached to the apartment if not immediately repaired or any condition that poses an immediate threat to the health or safety of any occupant of the dwelling or any common area.

After submitting to the landlord a paid bill from an appropriate tradesman or supplier unrelated to the tenant, the tenant may deduct from his or her rent the amount of the bill. If not clearly indicated on the bill, the tenant shall also provide to the landlord in writing, at the time of the submission of the bill, the name, address, and telephone number for the tradesman or supplier.

A tenant may not repair at the landlord’s expense if the condition was caused by the deliberate or negligent act or omission of the tenant, a member of the tenant’s family, or another person on the premises with the tenant’s consent.

**Exceptions**

The Residential Tenants’ Right to Repair Act does not apply to the following properties:

- Public housing;
- Condominiums;
- Not-for-profit corporations organized for the purpose of residential cooperative housing;
- Owner-occupied rental property containing six or fewer dwelling units; or
- Any dwelling unit that is subject to the Mobile Home Landlord and Tenant Rights Act. 765 ILCS 742/10.

**Self-Help Remedies**

No manager or owner of any apartment building has the right to use self-help remedies to abruptly evict a tenant for any reason. *Brooks v. La Salle Nat’l Bank*, 11 Ill. App. 3d 791, 797 (1973).

If landlord takes any of the self-help actions listed below, the landlord will be in violation of the Illinois Forcible Entry and Detainer Act. 735 ILCS 5/9-101.

- Changing the locks to apartment unit;
- Forcibly entering apartment unit unauthorized;
- Removing belongings;
- Removing the entrance or door to apartment unit;
- Shutting off the utilities in apartment unit;
- Taking any action that would impair access to, or use of, the apartment unit; and
- Threatening the tenant.

Under the Illinois Retaliatory Eviction Act, a landlord may not evict a tenant or refuse to renew a lease on the ground that the tenant has complained to any governmental authority of a bona fide violation of any applicable building code, health ordinance, or similar regulation. 765 ILCS 720/1.
Constructive Eviction


Practice Tip: Prohibition Against Self-Help Evictions
A landlord may not lock out a tenant or remove a tenant’s belongings from the tenant’s unit. Even if there is an eviction judgment, it must be executed by the sheriff. If the landlord takes it upon himself to execute an eviction or remove a tenant’s belongings or lock a tenant out of the unit, the tenant should call the police and inform the police that the landlord is engaging in a self-help eviction.

**DISCRIMINATION IN HOUSING**

The following laws provide protection against discrimination in housing. Discrimination claims can be raised defensively (e.g., as a defense to a shelter expulsion or benefit denial), in civil litigation, or in administrative forums. For instance, claims of housing discrimination can be raised as a defense in a landlord-tenant action, as an affirmative lawsuit against the landlord, or as an administrative complaint with HUD or the Chicago Commission on Human Relations.

**Illinois Human Rights Act**

The *Illinois Human Rights Act* prohibits discrimination in the rental or sale of housing (including shelter), government programs and services (including shelter, public benefits, and local housing programs), and public accommodations on the basis of race, color, religion, sex (including sexual harassment), national origin, ancestry, age (40+), marital status, disability, familial status, unfavorable military discharge status, and sexual orientation. 775 ILCS 5/2, et seq.

**Cook County Human Rights Ordinance**

The *Cook County Human Rights Ordinance*, Ordinance No. 93-0-13, prohibits discrimination in any real estate transaction in Cook County on the basis of a person’s race, color, sex, age, religion, disability, national origin, ancestry, sexual orientation, gender identity, marital status, parental status, military discharge status, and source of income. (Although some municipalities may choose to opt out, e.g.: Glenview and Section 8 discrimination.)

**Chicago Fair Housing Ordinance**

The *Chicago Fair Housing Ordinance*, Municipal Code 5-8-010, prohibits discrimination based on race, color, sex, age, religion, disability, national origin, ancestry, sexual orientation, marital status, parental status, military discharge status, or source of income of such person or persons. Source of income discrimination claims often arise when landlords refuse to rent to clients because the client uses a Housing Choice Voucher or other housing subsidy to pay a portion of their rent.

*Prohibited Activities*

The aforementioned laws prohibit all of the following actions:
• Refusing to sell, rent, negotiate for sale or rental, or otherwise making unavailable or denying a dwelling because of a person’s protected status.
• Imposing different terms or conditions because of a person’s protected status.
• Making discriminatory statements or publishing discriminatory communications. (Note: certain exemptions do not apply to this prohibition.)
• Lying about the availability of a dwelling because of a person’s protected status.
• Blockbusting (sale or lease of residential property on the basis of loss of value due to present or prospective entry into the neighborhood of any person for discriminatory reasons).
  o Exception: Not referenced in the Chicago Fair Housing Ordinance
• Retaliating against, interfering with, or intimidating a person exercising his or her fair housing rights.
  o Exceptions:
    ▪ The Chicago Fair Housing Ordinance does not protect against retaliation.
    ▪ The Cook County Human Rights Ordinance also includes a prohibition against aiding, abetting, or compelling a person to violate the Act.

Exempted Activities

The aforementioned discrimination laws do not apply to:
• Owner-occupied four-unit (or fewer) buildings, except with respect to discriminatory statements.
• Rental of single-family house by owner if he or she owns fewer than three houses, except with respect to discriminatory statements.
  o Rental of room in a private home is also exempted in the Illinois Human Rights Act and the Cook County Human Rights Ordinance.
  o Rental of rooms to persons of the same sex as the owner is also exempted in the Illinois Human Rights Act, Cook County Human Rights Ordinance, and Chicago Fair Housing Ordinance.
• Religious organizations and private clubs.
• Reasonable occupancy limits.
• Housing for older persons.

Americans with Disabilities Act

The federal Americans with Disabilities Act (ADA) extends prohibitions against disability discrimination to private employment, public services (including federally-funded and state-funded services such as emergency shelter or local public benefit programs), and public accommodations and services operated by private entities (including shelters, restaurants, and hotels). 42 USCA § 12101, et seq.

For more information on the ADA, visit: www.archivedda.org.

Fair Housing Act

The federal Fair Housing Act (FHA) prohibits housing discrimination based on race, color, religion, sex (including sexual harassment), national origin, disability, and familial status. 42 USCA § 3601, et seq. Regulations promulgated by HUD state that “dwelling units include ... shelters intended for occupancy as a residence for homeless persons.” 24 CFR 100.210. See also
Executive Order 11063 on Equal Opportunity in Housing and the implementing regulations at 24 CFR 107, et seq.

Filing an Administrative Complaint for Discriminatory Action

Administrative complaints for violations of Chicago Human Rights Ordinance and the Chicago Fair Housing Ordinance may be filed at the Chicago Commission on Human Relations, 740 North Sedgwick Street, Suite 300, Chicago, IL 60654.

For more information on filing a discrimination complaint, visit: www.cityofchicago.org/city/en/depts/cchr/supp_info/file_a_discriminationcomplaint.html

Complaints for violations of Section 504 of the Rehabilitation Act of 1973 should be filed with the US Department of Justice, Civil Rights Division, 950 Pennsylvania Avenue, NW, Disability Rights – NYAV, Washington, DC 20530.

For more information, visit: www.ada.gov/t2cmpfrm.htm

Complaints for violations of the Americans with Disabilities Act may be filed at the US Department of Justice, 950 Pennsylvania Avenue, NW, Civil Rights Division, Disability Rights – NYAVE, Washington, DC 20530.

For more information, visit: www.ada.gov/t3compfm.htm

Complaints for violations of the Fair Housing Act may be filed at Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh St. SW, Washington, DC 20410-2000.

For more information, visit: portal.hud.gov/hudportal/HUD?src=/topics/housing_discrimination

Agency Information

Chicago Commission on Human Relations
Address: 740 North Sedgwick Street, Suite 300
Chicago, IL 60654
Tel: 312.744.2852
TTY: 312.744.1088
Fax: 312.744.1081
Intake Hours: Monday – Friday, 9am – 3pm

Cook County Commission on Human Rights
Address: 69 W. Washington, Suite 3040
Chicago, IL 60602
E-mail: humanrights@cookcountygov.com
Website: http://www.cookcountygov.com/portal/server.pt/community/human_rights_/commission_on/301/human_rights__commission_on/424
Tel: 312.603.1100
TTY: 312. 603.1101
Fax: 312.603.9988
Intake Hours: Monday – Friday, 8:30am – 5pm

Illinois Dept. of Human Rights
Address: James R. Thompson Center
100 W. Randolph, Room 10-100
Chicago, IL 60601
E-mail: IDHR.FairHousing@illinois.gov  
Website: http://www.state.il.us/dhr/FH/default.htm  
Tel: 312.814.6200 (General)  
Tel: 312.814.6229 (Fair Housing Inquiries)  
Tel: 800.662.3942  
TTY: 866.740.3953  
Fax: 312.814.6251  
Intake Hours: Monday – Thursday, 8:30am – 5pm

U.S. Dept. of Housing & Urban Development (HUD)  
Address: Office of Fair Housing & Equal Opportunity  
Chicago Office  
Metcalf Federal Building  
77 W. Jackson, Suite 2101  
Chicago, IL 60604  
Website: http://www.hud.gov/local/il/working/chicagooffice.cfm  
Tel: 312.353-5680  
Tel: 800.669.9777  
TTY: 312.261-5944  
Fax: 312.886-2729  
Intake Hours: Monday – Friday, 8:30am – 5pm

Additional Resources

For additional information on any of the abovementioned laws, visit:  
www.jmls.edu/fairhousingcenter/resources.shtml  
www.archiveada.org  
http://www.hhs.gov/ocr/civilrights/resources/factsheets/504.pdf

Applicable Fair Housing laws and Executive Orders:  
http://www.hud.gov/offices/fheo/FHLaws/index.cfm

Joint Statement of HUD and DOJ, Reasonable Accommodations Under the Fair Housing Act (comprehensive Q&A style guide to reasonable accommodations):  
http://www.justice.gov/crt/about/hce/documents/reasonable_modifications_mar08.pdf

Many Daley Center courtroom forms are on file in the Health Justice Project office.

Sources of Law

Americans with Disabilities Act, 42 USCA § 12101, et seq.  
Chicago Fair Housing Ordinance, City of Chicago Municipal Code, Title 5, Chapter 8.  
Chicago Residential Landlord and Tenant Ordinance, City of Chicago Municipal Code, Title 5, Section 12.  
Cook County Human Rights Ordinance, Ordinance No. 93-0-13.  
Fair Housing Act 42, USCA § 3601, et seq.  
Illinois Human Rights Act, 775 ILCS 5/2, et seq.  
Illinois Retaliatory Eviction Act, 765 ILCS 720/1.  
Illinois Forcible Entry and Detainer Act, 735 ILCS 5/9, et seq.  
Residential Tenants’ Right to Repair Act, 765 ILCS 742/5, et seq.  
Section 504 of the Rehabilitation Act, 29 USCA § 701, et seq.


**HOUSING V: Public Housing**

The Chicago Housing Authority (CHA) is responsible for public housing accommodations. CHA is a municipal not-for-profit corporation, governed by a Board of Commissioners consisting of ten members that are appointed by the Mayor. The goal of the CHA is to redevelop or rehabilitate its entire stock of public housing. CHA provides affordable housing for Chicago residents. The properties are divided into family properties, senior properties, scattered site properties, mixed-income properties, Housing Choice Voucher Program, commonly known as Section 8—a federal voucher program that enables the voucher holder to rent certain, pre-approved, privately-owned, rental properties—and Project-Based Housing Program, commonly known as Project Based Section 8, a federal program in which the housing subsidy is tied to a particular apartment or complex.

**FAMILY PROPERTIES**

Under its Plan for Transformation, CHA will rehabilitate thousands of public housing units in traditional family properties in order to provide quality housing options for low-income families in the city of Chicago.

Leaseholders must exemplify good “neighborliness”, have a level of responsibility, and fully comply with leases to ensure a high quality tenancy and the successful integration of traditional developments into the surrounding community.

Leaseholders in traditional public housing developments are required to either work part-time or enroll in an educational, vocational, or job-training program for at least twenty hours a week. This work requirement is supported by extensive support services to ensure a better quality of life for tenants.

The following are Family Properties:

- Trumball Park Homes: 2455 E. 106th Street, Chicago, IL, 60617
- Altgeld Gardens and Phillip Murray Homes: 976 E. 132nd Place, Chicago, IL 60827
- Bridgeport Homes: 3175 S. Lituanica Avenue, Chicago, IL 60608
- Carbini Rowhouses, Extensions & William Green Homes: 900 N. Hudson, Chicago, IL, 60610
- Harold Ickes Homes: 2326 S. Dearborn Street, Chicago, IL 60616
- Lake Parc Place: Pershing Road and Lake Park Avenue, Chicago IL 60653
- Lawndale Gardens: California Avenue and 25th Street, Chicago, IL 60608
- Lowden Homes: 95th Place and Wentworth Avenue, Chicago IL 60617
- Washington Park Low-Rises: 6217 S. Calumet Avenue, Chicago, IL 60637
- Dearborn Homes: 2840 S. State Street, Chicago, IL 60616
- Wentworth Gardens: 38th Street and Princeton Avenue, Chicago, IL 60609
- Lathrop Homes: 2000 W Diversey Avenue, Chicago, IL 60618

CHA is NOT currently accepting new applicants for the traditional public housing wait list. However, units are available for leaseholders who were living in CHA developments prior to the Plan for Transformation. To browse traditional public housing developments for families, visit [http://www.thecha.org/pages/family_properties/27.php](http://www.thecha.org/pages/family_properties/27.php)
**SENIOR PROPERTIES**

CHA has nearly 9,400 senior units in dozens of buildings located throughout Chicago. More than ninety-eight percent of the CHA’s senior housing stock has been rehabilitated.

The following are Senior Properties:

- The Kenmore: 5040 N. Kenmore Avenue, Chicago, IL 60640
- Britton Budd Apartments: 501 W. Surf Street, Chicago, IL 60657
- Lincoln Perry Apartments and Annex: 3245 S. Prairie Avenue, Chicago, IL 60616
- Albany Terrace Apartments: 3030 W. 21st Place, Chicago, IL 60623
- Apartamentos Las Americas: 1611 Racine Avenue, Chicago, IL 60608
- Edith Spurlock Sampson Apartments and Annex: 2640 N. Sheffield Avenue, Chicago, IL 60614
- Elizabeth Davis Apartments: 440 N. Drake Avenue, Chicago, IL 60624
- Elizabeth Woods Apartments: 1845 N. Larrabee Street, Chicago, IL 60614
- Ella Flagg Young Apartments: 4645 N. Sheridan Road, Chicago, IL 60640
- Irene McCoy Gaines Apartments: 3700 W. Congress Parkway, Chicago, IL 60624
- Judge Green Apartments: 4030 S. Lake Park Avenue, Chicago, IL 60624
- Judge Slater Apartments and Annex: 740 E. 43rd Street, Chicago, IL 60653
- Kenneth Campbell Apartments: 6360 S. Minerva Avenue, Chicago, IL 60637
- Lidia Pucinska Apartments and Annex: 847 N. Greenview Avenue, Chicago IL 60622
- Mary Jane Richardson-Jones Apartments: 4930 S. Langley Avenue, Chicago, IL 60615
- Minnie Riperton Apartments: 4250 S. Princeton Avenue, Chicago, IL 60609
- Patrick Sullivan Apartments: 1633 W. Madison Street, Chicago, IL 60612
- Vivian Carter Apartments: 6410 S. Yale Avenue, Chicago, IL 60621
- Maudelle Brown Bousfield Apartments: 4949 S. Cottage Grove Avenue, Chicago, IL 60615
- Ada S. Dennison-McKinley Apartments: 661 E. 69th Street, Chicago, IL 60637
- Armour Square Apartments and Annex: 3120 S. Wentworth Street, Chicago, IL 60616
- Caroline Hedger Apartments: 6400 N. Sheridan Road, Chicago, IL 60626
- Castleman Apartments: 4945 N. Sheridan Road, Chicago, IL 60640
- Daniel Hudson Burnham Apartments: 1930 W. Loyola Avenue, Chicago, IL 60626
- Fisher Apartments: 5821 N. Broadway Street, Chicago, IL 60660
- Flannery Apartments: 1531 N. Clybourn Avenue, Chicago, IL 60610
- Hattie Callner Apartments: 855 W. Aldine Avenue, Chicago, IL 60657
- Long Life Apartments: 344 W. 28th Place, Chicago, IL 60616
- Lorraine Hansberry Apartments: 5670 W. Lake Street, Chicago, IL 60644
- Mahalia Jackson Apartments: 9141-9177 S. Chicago Avenue, Chicago, IL 60617
- Major Lawrence Apartments: 665 W. 65th Street, Chicago, IL 60621
- Margaret Day Blake Apartments: 2140 N. Clark Street, Chicago, IL 60614
- Maria Diaz Martinez Apartments: 2111 N. Halsted Street, Chicago, IL 60614
- Mary Hartwell Catherwood Apartments: 3920-2940 N. Clark Street, Chicago, IL 60613
- Alfreda Barnet Duster Apartments: 150 S. Campbell Avenue, Chicago, IL 60612
- Schneider Apartments: 1750 W. Peterson Avenue, Chicago, IL 60660
- Vivian Gordon Harsh Apartments: 4227 S. Oakenwald Avenue, Chicago, IL 60653
- Wicker Park Apartments and Annex: 1414 N. Damen Avenue, Chicago, IL 60622
- William Jones Apartments: 1447 S. Ashland Avenue, Chicago, IL 60608
A small number of units are available to seniors for immediate move-in. To determine eligibility for senior properties, visit http://www.thecha.org/filebin/pdf/Senior_Property_Listing.pdf

SCATTERED SITE PROPERTIES

In 2005, the CHA completed rehabs on all scattered site housing units. These structures are indistinguishable from market-rate homes in communities throughout Chicago. Scattered site units are divided relative to their location of the city – North Central, North East, South East, South West, and West.

Within each region, scattered sites are classified by community areas, which are only open to current residents of each corresponding community area. (i.e. To be eligible for scattered site housing in the West Town community, you must be living within the CHA-designated street boundaries of West Town.)

CHA leaseholders requesting a transfer unit and Housing Choice Voucher holders also qualify to live in scattered site units.

The following areas contain scattered site properties:

- Lower West Side
- Lincoln Square—Street Boundaries: Peterson/North Shore Channel/Montrose/Ravenswood
- South Lawndale
- Humboldt Park—Street Boundaries: Western/Pulaski/Armitage/Chicago
- Chatham—Street Boundaries: Dauphin/93rd/Wallace/79th
- Rogers Park—Street Boundaries: Howard/Wester/Devon/Sheridan
- West Town—Street Boundaries: Kinzie/Kedzie/Bloomingdale/Chicago River
- Uptown—Street Boundaries: Foster/Ravenswood/Irving Park Road/Lake Michigan
- Logan Square—Street Boundaries: Metra-Milwaukee District/Chicago River North Branch/Diversey/SOO Line Railroad
- South Chicago—Street Boundaries: 79th/Chicago/Skyway/95th
- Avondale—Street Boundaries: Chicago River North Branch/Diversey/Addison/Pulaski
- West Ridge—Street Boundaries: Howard/Kedzie/Peterson/Western
- North Center – Street Boundaries: Montrose/Chicago River/Diversey Pkwy/Ravenswood
- Lakeview—Street Boundaries: Diversey/Irving Park/Ravenswood/Lake Michigan
- Albany Park—Street Boundaries: Bryn Mawr/Montrose/Cicero/Chicago River
- North Park—Street Boundaries: North Shore Channel/Foster/Cicero/Devon
- Irving Park—Street Boundaries: Chicago River/Milwaukee Road Railroad/Addison/Montrose
- Portage Park—Street Boundaries: Narragasset/Gunnison/Chicago and Northwestern Railroad/Belmont
- Belmont Cragin—Street Boundaries: Belmont/Cicero/Metra Line – Milwaukee District – West/Nashville
- Dunning—Street Boundaries: Cumberland/Irving Park/Austin/Belmont
- Edgewater—Street Boundaries: Foster/Devon/Ravenswood/Lake Michigan
• Edison Park — Street Boundaries: Howard/Ozark/Devon/Harlem
• Hermosa—Street Boundaries: Belmont/Pulaski/Metra Line – Milwaukee District-West/Cicero
• Jefferson Park—Street Boundaries: Nagle/Elston/LeClaire/Gunnison
• Lincoln Park—Street Boundaries: Diversey/Clybourn/North/Lake Michigan
• Montclare—Street Boundaries: Harlem/Belmont/Nashville/Metra-Milwaukee District-West
• Near North Side—Street Boundaries: North/Chicago River(West and North Branch)/Lake Michigan
• Norwood Park—Street Boundaries: Devon/Ozanam/Strong/Nagle
• O’Hare—Street Boundaries: Higgins/Cumberland/Belmont/Elmhurst
• Calumet Heights—Street Boundaries: 87th/Chicago/95th
• Douglas—Street Boundaries: 26th/Lake Michigan/Pershing/Federal
• East Side—Street Boundaries: 95th/Burley/State Line/126th
• Fuller Park—Street Boundaries: Stewart/Pershing/Federal/Garfield
• Great Grand Crossing—Street Boundaries: 61st/Woodlaw/79th/Wallace
• Kenwood—Street Boundaries: Hyde Park/Cottage Grove/43rd/Lake Michigan
• Oakland—Chicago, 60653
• Pullman—Chicago, 60628
• South Deering—Chicago, 60633
• South Shore—Chicago, 60649
• Woodlawn—Chicago, 60637
• Archer Heights—Chicago, 60632
• Ashburn—Chicago, 60652
• Auburn—Chicago, 60620
• Beverly—Chicago, 60655
• Brighton Park—Chicago, 60632
• Chicago Lawn—Chicago, 60629
• Englewood—Chicago, 60621
• Gage Park—Chicago, 60636
• Garfield Ridge—Chicago, 60632
• McKinley Park—Street Boundaries: Stevenson/Chicago River/Pershing/Western
• Morgan Park—Street Boundaries: 107th/Halsted/119th/California
• New City—Chicago, 60609
• Washington Heights—60620
• West Elsdon—Chicago, 60629
• West Garfield Park—Chicago, 60624
• North Lawndale—Chicago, 60608
• East Garfield Park—Chicago, 60612
• Austin—Chicago, 60644
• West Pullman—Chicago, 60643
• West Lawn—Chicago, 60629
• West Englewood—Chicago, 60636

To browse family properties, visit
**Mixed-Income Properties**

By the end of the Plan for Transformation, the CHA will construct thousands of units in mixed-income developments. These developments feature an array of housing types—townhouses, duplexes, condos, single-family homes—in desirable neighborhoods throughout the city. Mixed-income developments are typically structured as a third reserved for CHA leaseholders, a third affordably priced, and a third market rate.

Working groups and the CHA have established site-specific criteria for all tenants who want to rent or purchase a home in these developments. These requirements vary by site, but usually include job/income verification, credit history screening, and comprehensive background checks.

The following are mixed-income properties:
- Jazz on the Boulevard: 4162 S. Drexel Boulevard, Chicago, IL 60653
- Archer Courts: South Canal Street and 23rd Street, Chicago, IL 60616
- Lake Park Crescent: 1061 E. 41st Place, Chicago, IL 60653
- Legends South: 4016 S. State Street, Chicago, IL 60609
- North Town Village: 1311 N. Halsted Street, Chicago, IL 60622
- Oakwood Shores: 3867 S. Ellis Avenue, Chicago, IL 60653
- Old Town Square: 343 W. Old Town Court, Chicago, IL 60610
- Park Boulevard: 3506 S. State Street, Chicago, IL 60609
- Parkside of Old Town: 1152-2 N. Cleveland Avenue, Chicago, IL 60610
- Hilliard Towers Apartments: 2031 S. Clark Street, Chicago, IL 60616
- River Villages: Larrabee Street & Kingsbury Street, Chicago, IL 60610
- Jackson Square at West End: 2433 W. Adams Street, Chicago, IL 60612
- Westhaven Park: 100 N Hermitage Avenue, Chicago, IL 60612
- Renaissance North: 551 W. North Avenue, Chicago, IL 60610
- Roosevelt Square: 1222 W. Roosevelt Road, Chicago, IL 60608


**CHA Application Process**

**How to Apply**

CHA is not currently accepting applications for Family Properties or Scattered Site Properties (see below for information on Wait Lists). However, if an individual is fifty-five or older, he or she may be eligible to move into one of CHA’s senior housing properties.

Visit [www.thecha.org/seniors](http://www.thecha.org/seniors) for more information.

**Wait Lists**

CHA conducted a lottery for the Family Wait List in 2010. 40,000 registrants were added. All the names of the people who submitted a completed registration between June 14 and July 9, 2010 were entered into an electronic lottery. The 40,000 individuals were randomly assigned to a position on CHA’s public housing wait list. Everyone who submitted a registration should have received a letter notifying them of whether or not they had been placed on the Wait List. The
letter to the 40,000 individuals chosen for the Wait List included a client number. This number does not represent a priority number on the Wait List. It is the number that CHA uses to track the individual’s status on the Wait List.

When a family reaches the top of the wait list and a unit becomes available that meets that individual or family’s size and accessibility needs, the family or individual will be notified in writing by one of CHA’s property management companies. The family will be screened to make sure they meet eligibility requirements. Families who pass screening will be offered a unit at the property.

Eligibility

Public Housing Authorities may establish their own eligibility criteria. 24 CFR 960.206. The CHA’s local preferences are detailed in the Admissions and Continued Occupancy Policy (ACOP). Generally, to qualify for public housing, an individual must:

• Be eighteen years of age or older. (If fifty-five or older, they may qualify for senior housing).
• Meet other requirements stipulated in ACOP including income requirements. www.thecha.org/filebin/pdf/mapDocs/FY2011_ACOP_Board_Approved.pdf

Housing Choice Voucher Program (Section 8)

The Chicago Housing Authority (CHA) Housing Choice Voucher Program (HCV Program) helps low-income households choose and pay for quality housing in the private market. With funding from the U.S. Department of Housing and Urban Development (HUD), HCV Program pays a portion of a family’s rent each month and gives them access to the full range of housing available within the City of Chicago. Participants can rent a single-family home, an apartment, or a condominium. Once a unit has passed inspection and the rent is determined, the family will utilize a percentage of their monthly, adjusted income to pay for rent and utilities. The CHA then proceeds to pay the difference.

Eligibility

Participants in the HCV Program must meet a number of requirements detailed in CHA’s HCV Program Administrative Plan including but not limited to the following:

• Must demonstrate placement on the HCV Program Waiting List;
• Must have met the income limits specified by HUD;
• Must have passed a criminal background check;
• Must be a U.S. citizen, U.S. national, or be a non-citizen with eligible immigration status;
• Must have accurate and verifiable Social Security numbers.

For more information, visit: http://www.thecha.org/filebin/pdf/HCV/CHA_HCVP_2010_Administrative_Plan.pdf

Application Process and Waiting List

Application Process

The CHA uses a two-step application process whereby the CHA initially requires families to provide the information needed to determine an individual or family’s placement on the waiting list. Once the individual or family is selected from the waiting list, that individual or family will
be required to provide all of the information necessary to establish family eligibility and level of assistance.

CHA only accepts applications when the waiting list is open. The CHA Waiting List is currently closed.

**Waiting Lists**

The Chicago Housing Authority opened the Rent Better Waiting List lottery for the HCV Program waiting list in 2008. The CHA commissioned a city-wide outreach campaign and accepted registration forms for four weeks. Individuals that completed the required questions and submitted a registration form during those four weeks were entered into an electronic lottery. A computer then randomly selected the names of 40,000 individuals and randomly assigned them to a position on the waiting list. Those who received a spot on the waiting list were notified via postal mail.

- **If an individual did not register for the lottery** between April 18 and May 15, 2008, their name was not added to the lottery and they are not eligible for the HCV Program.
- **If an individual did register for the lottery**, they should have received a letter notifying them as to whether or not they had received a spot on the waiting list. (Note: The lottery was conducted by an independent contractor and HCV Program staff is not responsible for determinations as to who was added to the list.)

If at any time the CHA determines that an applicant family on the waiting list is no longer eligible for assistance, that family will be removed from the waiting list.

If a family is removed from the waiting list because the CHA has determined the family is not eligible for assistance, a written notice will be sent to the family’s address of record. The notice will state the reasons why the family was removed from the waiting list and inform the family how to request an informal review regarding the CHA’s decision and the timeframe in which the request for an informal review must be received. 24 CFR 982.201(f).

Additional details regarding the CHA’s Housing Choice Voucher Program and the CHA’s HCV Program Administrative Plan can be found at: [http://www.thecha.org/filebin/pdf/HCV/CHA_HCVP_2010_Administrative_Plan.pdf](http://www.thecha.org/filebin/pdf/HCV/CHA_HCVP_2010_Administrative_Plan.pdf)

**Selection**

**Selection Preference**

The CHA offers a selection preference for the tenant-based HCV Program to any:
- Family that is a victim of a federally declared natural disaster affecting the city of Chicago
- Family in a CHA public housing development that is participating in the CHA’s Victim Assistance Program
- Family that is an active participant in a Witness Protection Program
- Family living in a CHA public housing unit which must be rehabilitated to meet ADA/504 requirements and for whom an alternate CHA public housing unit is not available
- Family that has been terminated from the CHA’s HCV Program due to insufficient program funding
- Family that includes a person with disabilities who has Medicaid Home and Community Based Services Waivers under Section 1515 (c) of the Social Security Act
• Over-house or under-housed family living in a Section 8 Moderate Rehabilitation project administered by CHA for which no appropriate size unit is available in the same project that is already under a Housing Assistance Program contract
• Family that was an applicant family on the 2005 CHA Senior Designated Housing Waiting List at the time CHA designated the projects as “Senior Only”
• Families that qualify for the CHA’s HCV working preference at the time that they are selected from the waiting list.

Note: The CHA maintains separate preferences for the project-based HCV Program.

Families that qualify for the above preferences will be selected within each preference category in order of the date and time of the family’s application for assistance.

Families that do not qualify for any of the above preferences will be selected from the waiting list after all qualified preference families have been provided assistance. The non-preference eligible families will be selected in numerical order based on the number that was assigned to each application by lottery, the time the applicants were placed on the waiting list, and any preferences for which the families qualify.

**Notification of Selection**

The CHA will notify the individual or family by first class mail when it is selected from the waiting list. The notice will inform the family of the following:

- Date, time, and location of the scheduled application interview, including any procedures for rescheduling the interview
- Who is required to attend the interview
- Documents that must be provided at the interview to document the legal identity of household members, including information about what constitutes acceptable documentation
- Other documents and information that should be brought to the interview

If a notification letter is returned to the CHA with no forwarding address, the family will be removed from the waiting list.

**Selection Interview**

Families selected from the waiting list are required to participate in an eligibility interview. All adult family members are required to attend the interview.

The interview will be conducted only if the head of household or spouse/co-head provides appropriate documentation of legal identity. The family must also provide the information necessary to establish the family’s eligibility and to determine the appropriate level of assistance, which includes completing required forms, providing required signatures, and submitting required documentation. If any materials are missing, the CHA will provide the family with a written list of items that must be submitted.

Any required documents or information that the family is unable to provide at the interview must be provided within ten calendar days of the interview. If the family is unable to obtain the information or materials within the required time frame, the family may request an extension. If
the required documents and information are not provided within the required time frame, the family will be sent a notice of denial.

An advocate, interpreter, or other assistant may assist the family with the application and the interview process. Interviews will be conducted in English. For limited English proficient (LEP) clients, the CHA will provide translation services in accordance with the CHA’s LEP plan.

If the family is unable to attend a scheduled interview, the family should contact the CHA in advance of the interview to schedule a new appointment. If a family does not attend a scheduled interview, the CHA will send a second notification letter with a new interview appointment time. Clients who fail to attend the rescheduled interview will be sent a notice indicating that they will be denied assistance based on the family’s failure to supply the information needed to determine eligibility.

**Notification of Eligibility**

If the CHA determines that a family is simply ineligible, the CHA will send a written notification within ten calendar days of such a determination. The notice will specify the reasons for ineligibility and will inform the family of its right to request an informal review.

If a family fails to qualify for any of the criteria that affected the order in which it was selected from the waiting list, the family will be returned to its original position on the waiting list. The CHA will notify the family in writing that it has been returned to the waiting list and will specify the reasons for such a move.

If the CHA determines that the family is eligible to receive assistance, the CHA will invite the family to attend a briefing.

**Voucher Issuance**

The CHA will determine that a family is eligible for the program based on information that the CHA has received within the 120-day period prior to issuance of vouchers. Vouchers will be issued to eligible applicants immediately following the mandatory briefing.

Prior to issuing any vouchers, the CHA will determine whether it has sufficient funding.

The initial voucher term will be ninety calendar days. The family must submit a Request for Tenancy Approval within the ninety calendar day period unless the CHA grants an extension.

**Voucher Extension**

The CHA will approve an extension in one or more increments not to exceed sixty calendar days upon written request from the family and only where:

- It is necessary as a reasonable accommodation for a person with disabilities.
- It is necessary due to reasons beyond the family’s control, as determined by the CHA.

The following is a list of extenuating circumstances that the CHA may consider in making its decision whether or not to grant an extension:

- Serious illness or death in the family
- Obstacles due to employment
• Whether the family has already submitted requests for tenancy approval that were not approved by the CHA
• Whether family size or other special requirements make finding a unit difficult
• Other similar circumstances identified by the CHA

**Note:** The presence of these circumstances does not guarantee that an extension will be granted.

Any request for an additional extension must include the reason(s) as to why an additional extension is necessary. The CHA may require the family to provide documentation to support the request. All requests for extensions to the voucher term must be made in writing and submitted to the CHA prior to the expiration date of the voucher (or extended term of the voucher). The CHA will decide whether to approve or deny an extension request within ten calendar days of the date the request was made.

If a client’s voucher term or extension expires before the family has submitted a Request for Tenancy Approval (RTA), **the family is no longer eligible to search for housing**. The family may reapply for assistance when the waiting list is reopened. If an RTA was submitted prior to the expiration date of the voucher and is subsequently disapproved by the CHA (after the voucher term has expired), the family may reapply for assistance when the waiting list is reopened.

**Termination of Assistance**

The CHA will terminate assistance for certain offenses and/or when a family no longer requires assistance.

If a participating family receiving zero assistance experiences a change in circumstances that would cause a Housing Assistance Program payment to rise above zero, the family must notify the CHA of the changed circumstances and request an interim reexamination before the expiration of the 180-day period.

The request to terminate assistance should be made in writing and signed by the head of household, spouse, or co-head. Before terminating the family’s assistance, the CHA will follow notice requirements.

HUD requires the CHA to terminate assistance under the following circumstances:
• A family moves after a legal eviction order has been issued, whether or not physical enforcement of the order was necessary;
• Failure to provide consent;
• Failure to document citizenship;
• Failure to disclose and verify SSN;
• Methamphetamine manufacture or production; or
• Failure of students to meet ongoing eligibility requirements.


The CHA may terminate assistance under the following circumstances:

• Use of illegal drugs and alcohol abuse;
• Drug-related and violent criminal activity;
• Family absence from the unit; or
Termination Notice

When a termination is initiated by the CHA, the notice to terminate will be sent to the family and the owner at least thirty calendar days prior to the effective date of the termination. However, if a family vacates the unit without informing the CHA, the thirty calendar day notice will not be given. In these cases, the notice to terminate will be sent at the time the CHA learns that the family has vacated the unit.

Notice to terminate must include the following:
- Reason for which assistance has been terminated;
- Effective date of the termination; and
- Information on the family’s right to an informal hearing.

If a criminal record is the basis of the termination, a copy of the record must be provided to the family. 24 CFR 982.553(d).

When a family requests to withdraw from the program they must do so in writing to the CHA. The CHA will then send a confirmation notice within ten calendar days of the family’s request to the family and the owner indicating that the family voluntarily relinquished its HCV assistance.

Discrimination against HCV Program Voucher Holders

An owner must not discriminate against any person because of race, color, religion, sex, national origin, age, familial status, or disability in connection with any actions or responsibilities under the HCV Program and the Housing Assistance Program contract with the CHA.

The owner must cooperate with the CHA and with HUD in conducting any equal opportunity compliance reviews and complaint investigations in connection with the HCV Program and the Housing Assistance Program contract with the CHA.

HCV Program Appeals Process

The CHA must offer an informal review to clients for whom assistance is being denied. Denial of assistance includes: denying listing on the CHA waiting list; denying or withdrawing a voucher; refusing to enter into a Housing Assistance Program contract or approve a lease; and refusing to process or provide assistance under portability procedures.

A request for an informal review must be made in writing and delivered to the CHA either in person, or by first class mail, by the close of the business day, no later than ten calendar days from the date of the CHA’s denial of assistance.

Generally, the CHA will schedule and send a written notice of the informal review within a reasonable time of the family’s request and will hold the review within a reasonable time from the date of the family’s request.

The informal review must be conducted by a person other than the one who made or approved the decision under review or a subordinate of this person. The client must be given a copy of the record, including background checks, if the denial is based on criminal activity.
The client must be provided an opportunity to present written or oral objections to the decision of the CHA. The person conducting the review will make a recommendation to the CHA, but the CHA is responsible for making the final decision as to whether assistance should be granted or denied.

The CHA will notify the client of the final decision, including a statement explaining the reason(s) for the decision. The notice will be mailed within thirty calendar days of the informal review to the client and his or her representative, if any, along with proof of mailing.

If the decision to deny is overturned as a result of the informal review, processing for admission will resume.

SECTION 8 PROJECT-BASED HOUSING PROGRAM

Section 8 project-based housing refers to federally-subsidized affordable housing in which the housing subsidy is tied to a particular apartment or complex, which was constructed with federal funds. Tenants pay 30% of their income in rent. At minimum, a client must be a family and must be income-eligible. No family other than a low-income family (family income is not greater than 80% of AMI) is eligible for admission. 24 CFR 5.653; HUD Notice PDR-98-02.

Eligibility

The CHA will determine a client family’s eligibility for the project-based voucher (PBV) program. For voucher participants, eligibility was determined at original admission to the voucher program and does not need to be re-determined at the commencement of PBV assistance.

Application Process and Waiting List

The CHA policies for the tenant-based voucher program also apply to the PBV program and its participants.

The CHA maintains separate citywide waiting lists for the project-based HCV Program. The CHA also maintains a separate citywide waiting list for the project-based supportive housing program. The CHA maintains a separate waiting list for the tenant-based HCV Program.

The CHA may keep the waiting list open for families that meet particular preferences and are referred to the CHA for placement on the waiting list by local city agencies or social service agencies. For example, if families on the waiting list meet the tenant site selection preference (e.g., supportive housing for homeless individuals), the CHA may accept applications limited to eligible families to ensure the units in the project-based voucher properties are fully occupied.

Clients who will occupy units with PBV assistance will be selected from the CHA’s PBV waiting list. The CHA may establish selection criteria or preferences for occupancy of particular PBV units. The CHA will place families referred by the PBV owner on the PBV waiting list.

Refusal of Offer of PBV Assistance

Upon selection of a family from the PBV waiting list and determination that the family is eligible for assistance, the CHA will refer the family to the appropriate development for screening by the owner. If the family declines the first offer of a PBV unit, the CHA will make one more offer, which will be for a different PBV property.
The CHA will not remove the family’s name from the project-based waiting list if the family’s refusal of the two offers is based on good cause approved by the CHA. Some examples of good cause include a unit that does not have the necessary accessibility features required by a person with disabilities; the unit is not convenient to public transportation needed for the family to work; or a serious illness, hospitalization, or death of a family member. If a client leases a unit in a PBV property, the CHA will remove the family’s name from both the PBV waiting list and the tenant-based waiting list.

**CHA CONTACT INFORMATION**

**For complaints and issues regarding housing conditions, contact:**
Customer Service Center
Housing Choice Voucher Program
Phone: 312.935.2600
Fax: 312.913.7923
Email: [hcv@thecha.org, hcvinspections@thecha.org](mailto:hcv@thecha.org, hcvinspections@thecha.org)

**For housing inspection results and inspection appointments dates, visit:**
[www.chainspections.org](http://www.chainspections.org)

**To report fraud or misconduct, contact:**
HCV Fraud & Misconduct Reporting Line
Housing Choice Voucher Program
Phone: 800.533.0441

**For assistance with property searches and housing listings, contact:**
Support Center
Listing and Searching for Housing
Phone: 877.428.8844
Email: [info@socialserve.org](mailto:info@socialserve.org)

**For assistance for people with disabilities, contact:**
Fair Housing Compliance Department
CHA Central Office
Phone: 312.913.7062
Email: [fairhousing@thecha.org](mailto:fairhousing@thecha.org)

Amanda Motyka
ADA/Section 504 Compliance Manager
Phone: 312.913.7072
Fax: 312.913.7073
Email: [amotyka@thecha.org](mailto:amotyka@thecha.org)

Stephanie Jackson
Senior Compliance Analyst
Phone: 312.913.7066
Fax: 312.913.7067
Email: [stjackson@thecha.org](mailto:stjackson@thecha.org)
**ADDITIONAL INFORMATION**


**SOURCES OF LAW**

**Public Housing**
24 CFR 901, *et seq.*

**Housing Choice Voucher Program/Section 8**
24 CFR 887.982.

**PROTECTIONS FOR TENANTS WITH DISABILITIES**

Federal laws provide several protections for tenants living with disabilities.

**Fair Housing Amendments Act**

Under the Fair Housing Amendments Act, tenants with disabilities in all housing—public and private—are entitled to reasonable accommodations to “rules, policies, practices, or services, when such accommodation may be necessary to afford such person equal opportunity to use and enjoy a dwelling.” 42 U.S.C § 3604(f)(3)(B).

To make out a claim for discrimination based on failure to accommodate, a person must establish:
1. that he has a disability;
2. the defendant knew or should have known about the disability; and
3. the accommodation of the disability may be necessary to afford the person an equality opportunity to use and enjoy the dwelling; and (4) the defendants refused to make the accommodation.

*Giebleler v. M&B Assocs.*, 343 F.3d 1143, 1380 (9th Cir. 2003).

However, an accommodation is unreasonable if the housing provider can prove that it will cause a financial or administrative burden, or mandate fundamental changes in its program. *Giebeler* at 1157.

**Section 504 of the Rehabilitation Act**

Under Section 504, no tenant with a disability living in a property receiving federal assistance shall “be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive agency.” 29 U.S.C. §§ 701, *et seq.*

**Americans with Disabilities Act**

The Americans with Disabilities Act (ADA), as modified by Americans with Disabilities Amendments Act, protects tenants with disabilities from discrimination in local government, public accommodations, commercial facilities, transportation, and telecommunications. The
ADA applies to all programs, services, and activities provided or made available by public entities, including public housing authorities, as well as public and common use areas of housing developments. 42 U.S.C. §§ 12131, et seq.

For more information on the ADA, visit: [www.archiveada.org](http://www.archiveada.org)

**Additional Information**


**Sources of Law**

Americans with Disabilities Act, 42 U.S.C §12101, *et seq.*
Housing VI: Protections for Tenants in Foreclosure

Tenants are often the hidden victims of foreclosure. Frequently, a tenant does not learn that his or her home is in foreclosure until he or she is threatened with an eviction by a successor-in-interest. According to a report by the Lawyers’ Committee for Better Housing, from 2009 through 2012, 20,279 Chicago apartment buildings – containing 61,561 rental units – entered into foreclosure. In many Chicago neighborhoods, multi-unit buildings account for more than 50% of foreclosure filings. Foreclosure negatively affects health of residents. A 2011 study by the National Bureau of Economic Research found that people living in high-foreclosure areas were significantly more likely to be hospitalized for conditions like diabetes, high blood pressure, and heart failure. However, federal, state, and local law provides protection for tenants in foreclosure.

PROTECTING TENANTS AT FORECLOSURE ACT OF 2009

The Protecting Tenants at Foreclosure Act of 2009 (PTFA) is a federal law that protects tenants from eviction as a result of a foreclosure on the home or building in which they rent. The PTFA applies to bona fide leases in buildings where title transferred pursuant to foreclosure on or after May 20, 2009, and it does not distinguish between single family and multi-unit buildings. The PTFA’s protections are a floor and not a ceiling. Local laws may provide additional protections to tenants. Pub. L. 111-22 § 702(a); 123 Stat.1661. Unless further extended, the PTFA will sunset on December 31, 2014. However, recent amendments to the Illinois Mortgage Foreclosure Law incorporate PTFA protections, with some limitations. See Illinois Senate Bill No. 56 (Adopted, August 21, 2013).

PTFA requires that, when a successor in interest takes title to the property, the successor in interest must provide the tenants with notice to vacate. The notice to vacate must allow the tenants to remain in the property for ninety days or the remainder of their lease, whichever is longer. If the successor in interest plans to occupy the property as his primary residence, or if there is no existing lease, the tenant must be given ninety days before being required to vacate the property. Pub. L. 111-22 § 702(a); 123 Stat.1661.

PTFA protects tenants who have a bona fide lease or tenancy. The definition of a bona fide lease or tenancy includes all agreements, whether written or oral, as long as:

- The tenant is not the mortgagor, or the child, spouse, or parent of the mortgagor;
- The lease or tenancy was the product of an arm’s-length transaction; and
- The rent required under the lease or tenancy is not substantially less than fair market value or reduced or subsidized by a federal, state, or local subsidy.

Pub. L. 111-22 § 702(b); 123 Stat. 1661.

Timing and Form of 90-Day Notice

It is important to note that because the protections of the PTFA are triggered by the transfer of title, ninety day notices may only be given after that point. In Illinois, transfer of title officially happens when the foreclosure judge issues an Order Confirming Sale and an Order of Possession for the foreclosing Plaintiff. 735 ILCS 5/15-1509(b).

Duties of the Successor in Interest to Foreclosed Property

Any person or entity, including a bank, which possesses a building subject to foreclosure, takes that property subject to the existing lease. The successor in interest must maintain habitability as required by state and local law. The successor in interest cannot engage in constructive
eviction, including allowing the building to fall into disrepair or allowing the utilities to lapse. Pub. L. 111-22 § 702(a); 123 Stat. 1661; Lawyers’ Committee for Better Housing, Tenants in Foreclosure Intervention Project 2010 Report, 14 (2011).

**HUD Mortgagees and Foreclosure**

If a mortgagor defaults on a HUD mortgage, the mortgagee is required to engage in loss mitigation with the homeowner to prevent foreclosure. However, if foreclosure becomes inevitable, HUD usually requires that the property is conveyed back to HUD unoccupied. HUD regulations require “reasonable diligence” in executing the foreclosure, but HUD has also stated that the “reasonable diligence” timeframe may be extended for actual time necessary to execute possessory action.

The Federal Register, published on October 28, 2010, states that HUD expects mortgagees of HUD mortgages to adhere to the following procedures:

- The mortgagee should follow HUD’s standard occupied conveyance procedures by sending out the standard occupied conveyance letters to the occupant sixty to ninety days before the mortgagee expects to acquire title;
- If HUD grants occupied conveyance, the mortgagee shall convey the property occupied under HUD’s normal occupied conveyance procedures;
- If HUD denies occupied conveyance, the mortgagee should determine whether the PTFA is applicable (e.g.: whether there is a *bona fide* lease or tenancy, etc.);
- In cases where the mortgagee determines that the PTFA is applicable, the mortgagee must follow the PTFA before evicting the occupant. The additional time needed under the PTFA to evict the occupant is automatically added to the reasonable diligence timeframe; and
- In cases where the occupant would have the right under the PTFA to remain in the property for more than twelve months after the foreclosure, the mortgagee may contact the Mortgagee Compliance Manager for additional instructions.


**ILLINOIS MORTGAGE FORECLOSURE LAW**

The Illinois Mortgage Foreclosure Law requires that, when a new owner takes title to a property, he or she must make a good faith effort to notify the current occupants of the change in ownership and may not terminate any tenancies or vacate the property without first serving a Notice of Intent to File a Forcible Entry and Detainer Action on all occupants. 735 ILCS 5/15-1508.5; 1701(h)(4).

**Written Notice Served on Occupants**

The holder of the certificate of sale or deed or the purchaser must make a good faith effort to ascertain the identities and addresses of all occupants of the units and provide them with notice of the new ownership. The holder or purchaser must provide written notice within twenty-one days of the confirmation of the sale. If the holder or purchaser ascertains the name and addresses of the occupants after the twenty-one days has expired, then the holder or purchaser must provide notice within seven days of ascertaining that information. 735 ILCS 5/15-1508.5(a),(c).

The notice must be in writing and do the following:

- Identify the occupant being served by the name known to the new owner;
• Inform the occupant the property in which his unit is located is the subject of a foreclosure and the ownership of the property has changed;
• Provide the name, address, and telephone number of an individual or entity whom the occupants may contact with concerns about the property or to request repairs;
• Include the following language, or language that is substantially similar: “This is NOT a notice to vacate the premises. You may wish to contact a lawyer or your local legal aid or housing counseling agency to discuss any rights that you may have”; and
• Include the name of the case, the case number, and the court where the order confirming the sale has been entered.

735 ILCS 5/15-1508.5(a)(2).

Proper service includes delivering the written notice to the known occupant, delivering notice to a person who is at least thirteen years old who lives in the residence, or by sending a copy of the notice to the known occupant by first class mail. 735 ILCS 5/15-1508.5(b).

**Posting Notice on the Primary Entrance to Each Unit**

In addition to serving written notice, the new owner must post written notice on the primary entrance of each unit. 735 ILCS 5/15-1508.5(e).

**Notice Required to Collect Rent**

If the new owner fails to provide adequate notice, then the new owner cannot collect rent or terminate an occupant’s lease for failure to pay rent. However, once proper notice has been served, the owner can collect all rent owed and due. If the occupant did not receive notice and paid rent to the previous owner, then the occupant may not be held liable for payment of that rent. 735 ILCS 5/15-1508.5(d). *(Note: There has been no case law interpreting this section.)*

**Sealing Eviction Records**

Section 1701(h)(5) of the Illinois Mortgage Foreclosure Law says that the court record of “a forcible entry and detainer action brought against an occupant who would have lawful possession of the premises but for the foreclosure of a mortgage on the property . . . shall be ordered sealed.” 735 ILCS 5/15-1701(h)(5).

**Recent Amendments to the Illinois Mortgage Foreclosure Law**

The Illinois Mortgage Foreclosure Law was recently amended to incorporate federal PTFA protections and becomes effective November 19, 2013. It is anticipated that the PTFA will not being extended and will sunset on December 31, 2014. 2013 IL S.B. 56. S.B. 56 closes certain loopholes in the Illinois Mortgage Foreclosure Law so that bona fide tenants may no longer be evicted in foreclosure proceedings or in a foreclosure supplemental proceeding; 735 ILCS 5/9-207.5. However, S.B. 56 deems bona fide leases entered into between the judicial sale and the confirmation of sale to be month-to-month; deems any written bona fide leases for more than one year entered into after the date of the lis pendens to be a year lease; and is skeptical of oral leases; therefore, whenever possible, utilize PTFA protections until the PTFA sunsets. *See* IL S.B. 56 *(Adopted, August 21, 2013).*
In response to the effect of the mortgage foreclosure crisis on tenants, the Chicago City Council enacted the Keep Chicago Renting Ordinance (KCRO), an amendment to the Chicago Municipal Code, which went into effect on September 24, 2013. The KCRO is to be cited as the “Protecting Tenants in Foreclosed Rental Property Ordinance.” Chicago, Ill. Mun. Code, § 5-14-010.

**Written Notice Served on Tenants**

Notice of change in ownership must be provided within twenty-one days after a person becomes an owner or within seven days of determining the tenant’s identity. Notice must be delivered to known tenant or household member thirteen years or older or mailed to the tenant. In addition, notice must be posted on the primary entrance of each foreclosed unit. Chicago, Ill. Mun. Code, § 5-14-040(a),(b).

**Notice Required to Collect Rent**

If the owner fails to provide notice under § 5-14-040, then the owner cannot collect rent or terminate a tenant’s lease for failure to pay rent. However, once proper notice has been served, the owner can collect all rent owed and due. Chicago, Ill. Mun. Code, § 5-14-040(c).

**Tenants Entitled to Protections under the Ordinance**

KCRO protects “qualified” tenants who have a *bona fide* lease or rental agreement. The definition of a *bona fide* lease or rental agreement includes all agreements, whether written or oral, as long as:

- The tenant is not the mortgagor, or the child, spouse, or parent of the mortgagor;
- The lease or tenancy was the product of an arm’s-length transaction; and
- The rent required under the lease or tenancy is not substantially less than fair market or is subsidized by the government.


**Property Owners Subject to the Ordinance**

The Ordinance applies to: (1) any person who acquires ownership of a property pursuant to a judicial sale of a foreclosed rental property, after the sale has been confirmed by the court, and any special right of redemption has expired; or (2) mortgagees that acquire ownership of a property through foreclosure or a deed in lieu of foreclosure. Chicago, Ill. Mun. Code, § 5-14-020.

**Property Owners Not Subject to the Ordinance**

The Ordinance does not apply to: (1) an owner of a foreclosed rental property who was the owner prior to the effective date of the Ordinance; (2) a person appointed as a receiver and who issued or assigned a Receiver’s Certificate; or (3) a *bona fide* not-for-profit in existence continuously for a period of five years immediately prior to becoming the owner of the rental unit and whose purpose is to provide financing for the purchase or rehabilitation of affordable housing. Chicago, Ill. Mun. Code, § 5-14-030.

The Keep Chicago Renting Ordinance requires the owner of a foreclosed rental property to either: (1) offer the Qualified Tenant a renewal or extension of his or her lease with a rent
increase of no more than 2%; or (2) pay the tenants a fee of $10,600 to relocate within seven days of the Qualified Tenant vacating the unit. Chicago, Ill. Mun. Code, § 5-14-050(a). If the owner elects to offer a lease, the owner must continue to offer renewals or extensions (with rent increases of no more than 2% per year) until the owner sells the property to a bona fide third-party purchaser. Chicago, Ill. Mun. Code, § 5-14-050(g). If an owner fails to comply with this section, the qualified tenant shall be awarded damages in an amount equal to two times the relocation assistance fee. Chicago, Ill. Mun. Code, § 5-14-050(f).

**PROTECTIONS FOR TENANTS IN FORECLOSURE UNDER THE CHICAGO RLTO**

The Chicago Residential Landlord Tenant Ordinance’s (RLTO) definition of “Landlord” specifically includes successors in interest to foreclosure property. Chicago, Ill. Mun. Code, § 5-12-030(b). Likewise, the definition of “Owner” includes mortgagees in possession. Chicago, Ill. Mun. Code, § 5-12-030(c). Finally, the definition of “Successor Landlords” includes “lienholder[s] who take ownership or control either by contract, operation of law, or a court order.” Chicago, Ill. Mun. Code, § 5-12-030(h). Landlords shall maintain the premises in compliance with all applicable provisions of the Municipal Code and shall promptly make any and all repairs necessary to fulfill this obligation. Chicago, Ill. Mun. Code, § 5-12-070. Section 5-12-110 contains a list of conditions which are deemed to show material non-compliance with § 5-12-070. Chicago, Ill. Mun. Code, § 5-12-110.

**Notification of Foreclosure Action**

The RLTO requires that a landlord or owner who becomes the subject of a foreclosure must provide the tenants with a written disclosure of the foreclosure. The owner must also provide notice to any third party that has a consistent pattern and practice of paying rent on behalf of a tenant. Additionally, the landlord or owner must provide such notice to any new tenants before entering into a rental agreement. Chicago, Ill. Mun. Code, § 5-12-095.

**Requirements of Notice**

The disclosure must include the following:

- The court in which the foreclosure action is pending;
- The case name;
- The case number; and
- The following language: “This is not a notice to vacate the premise. This notice does not mean ownership of the building has changed. All tenants are still responsible for payment of rent and other obligations under the rental agreement. The owner or landlord is still responsible for their obligations under the rental agreement. You shall receive additional notice if there is a chance in owner.”


If the landlord or owner fails to provide sufficient notice, then the tenant may terminate the tenancy with written notice. The tenant’s notice shall specify the date of termination, and it shall be no later than thirty days after the date of the notice. Additionally, if the tenant is engaged in a civil proceeding against the owner and finds that the owner has failed to comply with the notice requirement, then the tenant is entitled to $200 in damages. Chicago, Ill. Mun. Code, § 5-12-095(b).
Chicago RLTO Identification of Owner and Agents

The RLTO requires that any person authorized to enter into an oral or written rental agreement on the landlord’s behalf must provide, in writing, to the tenant the following information:

- The owner or person authorized to manage the premises; and
- A person authorized to act for or on behalf of the owner for the purposes of service of process and for the purposes of receiving and receipting for notice and demands.

Chicago, Ill. Mun. Code, § 5-12-090.

This information must be updated when it changes, including when the property becomes subject to a foreclosure and a new owner takes possession.

Security Deposits

On July 28, 2010, the RLTO was amended to remove the lienholder exemption under the definition of “successor landlord” specifically to address security deposits lost due to foreclosure. A successor in interest to a foreclosed property is now jointly and severally liable for the return of a tenant’s security deposit. Chicago, Ill. Mun. Code, § 5-12-080(e).

**Finding Information about a Property**

To find information about a property in Cook County, including any foreclosure proceedings, visit the Cook County Assessor’s website: http://www.cookcountyassessor.com/.

Once you have obtained the PIN number, visit the Cook County Recorder of Deed’s website: www.ccrd.info.

**Sources of Law**


Illinois Mortgage Foreclosure Law, 735 ILCS 5/15-1101, et seq.

Chicago Residential Landlord and Tenant Ordinance, City of Chicago Municipal Code, Title 5, Chapter 12.

Chicago Protecting Tenants in Foreclosed Rental Property Ordinance, City of Chicago Municipal Code, Title 5, Chapter 14.
EDUCATION
Many low-income children do not have access to regular educational services. Inadequate school services may lead to school failure, which can affect health outcomes at all stages of life. Studies demonstrate that an individual’s mortality risk declines with his or her educational attainment. Similarly, education impacts earning capacity, which provides individuals with resources to mitigate threats to health.

Education Interview Essentials
Ask the client to sign any relevant release forms. Discuss any questions with a supervisor.

Enrollment
Has your child ever been denied enrollment in school or been out of school for any reason? For example,

- Has your child been denied enrollment at school because of your child’s primary language?
- Have you been asked about your immigration status while attempting to enroll your child in school?
- Have you been denied enrollment because you do not have a permanent home address?
- Have you been denied enrollment in your “home” school because homelessness forced you to live in another district?
- Has your child been denied enrollment at school because you do not have access to your child’s medical records?
- Has your child been denied enrollment at school because you cannot afford school fees?
- Has your child been denied enrollment in pre-K (ages three to five) because he or she has a developmental delay or other disability and will need an aide for toileting, feeding, etc.?
- Has your child been denied enrollment in school after returning from an expulsion or stay in juvenile detention?

Pregnant or Parenting Students
- Does the pregnant student have a medical need for instruction in the home due to the pregnancy? Has home instruction been offered?
- Has the pregnant student been made aware of her right to home instruction for up to three months following a birth or miscarriage?
- Has the pregnant or parenting student been denied any educational options because of pregnancy or parenting status?
- Has a pregnant or parenting student been given an educational option that is not comparable to those offered to other students?
- Has the pregnant or parenting student been banned from participating in any school activity or program simply on the basis of pregnancy or parenting?
- Have you or the student made any complaints of discrimination based on pregnancy or parenting status?
  - If so, have the appropriate procedures been followed?
- Does the student’s school have an onsite daycare or is there another childcare arrangement in place so the student can attend school after the child is born?

Safety at School/Discipline
- Is your child fearful at school?
- Does your child ask to stay home from school?
• Does your child ever talk about other students or staff members teasing him or her or bullying him or her?
• Does your child feel like he or she has someone he or she can trust at school?
• Has your child been suspended multiple times?
• Has your child been expelled?
• Has your child ever been excluded from the classroom for any other reason?

Special Education
• Does your child receive special education services, such as an IEP or Section 504 plan?

If the child has an IEP or Section 504 plan:
• For what reason does the child receive services? (e.g. learning disability, emotional/behavioral disability, autism, other health impairment/ADHD, etc.)
• When was the child first evaluated for special education? When was the last evaluation conducted?
• Do you think the evaluations have identified all of your child’s needs?
• What is the child’s educational placement? What services does he or she receive?
• Are the child’s placement and services meeting his or her needs? Is it appropriate? Is the student making progress?
• Do you think your child could also learn well if he or she had more access to a regular classroom setting with accommodations?
• Has the child been suspended multiple times or expelled? Was the child out of school for more than ten days in a school year? If so, were they provided with educational services?
• Does the parent fully understand the child’s IEP and the services it will provide the child?
• If the parents’ native language is not English, did the school provide a translator at the IEP meeting?
• Does the child need instruction or support in a language other than English?
• Has the school provided the parents with their legal rights as they pertain to special education?
• Have the parents been told that their child’s school cannot provide services that the child needs because it lacks funding or resources?
• Have the parents been told that there is a cap or limit to the special education services their child can receive, including the amount of school-based therapy minutes (physical therapy, occupational therapy, speech therapy)? If the child is older than 14, does he or she have a transition plan, and has the school provided transition services?
• Is the child placed in the least restrictive environment or could the child be placed in an alternative environment where the child is able to more fully participate in a regular classroom setting with accommodations?

If the child does not have an IEP or Section 504 plan:
• Has the child ever been evaluated for a disability? If so, when? Why was the child evaluated? What were the results?
• For younger children, has the child missed or been delayed on any major milestones? (e.g. speaking or walking)
• Can your child read?
• Has your child ever been psychiatrically hospitalized?
• Does your child have any trouble at school academically?
• Does your child get into trouble a lot at school?
• Is the child able to pay attention in school and complete homework assignments?
• Does the child have any problems following multi-step directions? (e.g. first you should do x, and then you should do y).
• Does the student have any problems with fine motor skills? (e.g. if age appropriate, shoe tying or handwriting).
• If the child has been denied eligibility for special education services, would an evaluation and/or additional medical documentation provide the evidence that the child has a disability that requires special education services?

**STUDENTS WHO ARE HOMELESS**

**Eligibility: Definition of Homeless**

The McKinney-Vento Education Assistance Improvement Act of 2001 (McKinney-Vento Act) is a federal law under No Child Left Behind that requires states to ensure that homeless students have equal access to a free public education. 42 U.S.C. § 11431, et. seq. Similarly, the Illinois Education for Homeless Children Act protects the education rights of homeless children. 105 ILCS 45/1, et seq. Chicago Public Schools also has a policy on the Education of Homeless Children and Youth. Policy Manual Section No. 702.5.

To qualify for the educational rights afforded to homeless students, a child or youth must meet the definition of “homeless.” Under the federal McKinney-Vento Act, the term “homeless child and youth” means an individual who lacks a fixed, regular, and adequate nighttime residence. This includes:

- children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or, are awaiting foster care placement;
- children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
- children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- migratory children

42 U.S.C. § 11434a (2).

The definition of “homeless” under the Illinois Education for Homeless Children Act is less detailed and, generally, includes people living in temporary living accommodations, institutions, or public or private places not intended for sleeping.

**Unaccompanied Youth**

A child or youth who is homeless is not required to be with a parent or guardian in order to be eligible to receive an education. Unaccompanied youth, or youth not in the physical custody of a parent or guardian, have the right to education. 42 U.S.C. § 11434a(6). For information on the right of unaccompanied youth to consent to healthcare treatment, see *Consent by Minors to Healthcare Treatment* on page L-57.
Right to Education

Under the McKinney-Vento Act, each state educational agency shall ensure that each child of a homeless individual and each homeless youth has equal access to the same free, appropriate public education, including a public preschool education, as provided to other children and youths. 42 U.S.C. § 11431 (1). The McKinney-Vento Act also requires that states make any changes necessary to their compulsory education laws to comply with this policy.

School Enrollment

School enrollment for children and youth who are homeless is mandated to occur “immediately”. A child or youth who is homeless cannot be prevented from enrolling due to a lack of typically required documentation for the purpose of enrollment. 42 U.S.C § 11432 (g)(3)(C)(i).

McKinney-Vento Act requires that certain records typically sought by schools for enrollment purposes must be overlooked for enrolling homeless children or youth, including:
- previous academic records;
- medical records;
- proof of residency; and
- other documentation.

Under Illinois law, a school can require basic contact information from parents or guardians of homeless children. 105 ILCS 45/1-20.

Once a school enrolls a homeless child or youth, the enrolling school is responsible for seeking any previous academic or other records of the child or youth. 42 U.S.C. § 11432 (g)(3)(C)(ii). The enrolling school also has the responsibility to refer the homeless child or youth and family to the local education agency homeless liaison if the homeless child or youth is missing immunizations or medical or immunization records. 42 U.S.C. § 11432 (g)(3)(C)(iii). Finally, the enrolling school is responsible for the maintenance of all records for the homeless child or youth. 42 U.S.C § 11432 (g)(3)(D).

Choice of School

A student has a choice of schools when he or she is homeless, regardless of the stability and/or permanence of a child’s current living situation, and the student cannot be denied placement. 42 U.S.C. § 11432 (g)(3)(F).

Under Illinois law, a homeless child or youth may choose to attend either his or her school of origin or the school in the attendance zone in which the child is temporarily located. This means the student may attend any of the following schools:

1) The school the child attended prior to becoming homeless, for as long as the child remains homeless or, if the child becomes permanently housed, until the end of the academic year during which the housing is acquired;
2) The last school in which the child was enrolled; or
3) The school in the attendance zone area in which the child is currently temporarily housed.
105 ILCS 45/1-10.
Transportation

The school district, through the local education agency homeless liaison, must coordinate any transportation services for a homeless student and properly inform the parent or guardian of the student or the unaccompanied youth of the transportation arrangements. 42 U.S.C. § 11432 (g)(6)(A)(vii).

Similarly, the Illinois Education for Homeless Children Act mandates transportation services for homeless children or youth. 105 ILCS 45/1-15. However, if the child moves outside of the school of origin’s district and elects to continue his or her education in the school of origin after becoming homeless, then the parent or guardian is first required to make a “good faith effort” to arrange transportation for the homeless child or youth. This “good faith effort” includes exploring several transportation options, such as friends, family, and/or a homeless shelter.

If the effort is unsuccessful, and the child is still living in the school district of origin, then the school district is responsible for providing the homeless child or youth transportation services. 105 ILCS 45/1-15(1).

The type of transportation that a homeless child or youth may receive from a school district will vary by community. Some examples of transportation provided include school bus services, fare cards to use public transportation, or reimbursement to someone who provides transportation for the child.

Need Based School Services

Homeless children and youth are eligible to receive a number of services based on need. The McKinney-Vento Act provides that the local education agency homeless liaison will ensure that services will be provided for the child or youth. 42 U.S.C § 11432 (g)(6)(A)(iii).

Nutrition Programs

Homeless children and youth are eligible for free breakfast and lunch through School Nutrition Programs that are coordinated by the local education agency homeless liaison. Students who are homeless are automatically entitled to free breakfast and lunch. 42 U.S.C § 1758.

Access Fees

School fees must be waived for homeless children and youth. This is coordinated by the local education agency homeless liaison. A school fee is any fee collected by a public school or district from a student or parents/guardians as a prerequisite for the student’s participation in any curricular or extracurricular program. 23 Ill. Adm. Code 1.245. Charges that must be waived for eligible students include those associated with:

- Required textbooks;
- Locks and towels;
- Field trips made during school hours or after school hours if the field trip is a required or customary part of a class or extracurricular activity (like annually scheduled trips to museums, concerts, etc.);
- Uniforms related to sports or fine art programs;
- Fees to participate in extracurricular activity; and
- Graduation fees, school record and health service fees, and driver’s education fees.
Certain charges are not waived:
- Ordinary supplies used by the student, like pencils, paper, or notebooks;
- Library fines;
- Optional travel fees;
- Yearbooks and pictures; or
- Admission to school dances, athletic events.

**Prohibition Against Discrimination**

Both the School Code and the Illinois Administrative Code prohibit discrimination of any kind against a student on the basis of ability to pay. The School Code imposes a criminal penalty on any person who discriminates against students who cannot pay fees. 105 ILCS 5/28-19.2.

The Illinois Administrative Code further prohibits punishment academically, or otherwise, or exclusionary practices against children who receive waiver of school fees. 23 Ill. Adm. Code 1.245. Finally, Illinois school boards have the authority to implement the use of school uniforms or dress codes if they are necessary to maintain the orderly process or prevent endangerment of student health and safety. 105 ILCS 5/10-22.25(b). Like the other services discussed, the availability of school uniforms for the homeless child or youth would be coordinated through the local education agency homeless liaison.

**Appeals Process**

The regional superintendent of schools must appoint an ombudsperson who is fair and impartial and familiar with the educational rights and needs of homeless children to provide resource information and resolve disputes at schools within his or her jurisdiction relating to the rights of homeless children.

When a homeless child or youth is denied enrollment or transportation services, the child/youth or his or her parent or guardian will be referred to an ombudsperson and provided with written documentation of the reason for the denial. While a dispute is pending, the child or youth must be placed at the school of choice as determined by the parent or guardian. Once all parties have received notice of the dispute, the ombudsperson will attempt to resolve the dispute within five days. 105 ILCS 45/1-25(a).

If a client would like to appeal a school decision related to the education of a student who is homeless, contact the Chicago Public Schools STLS Program at 773.553.2242 or the Illinois State Board of Education at 800.215.6379.

**Additional Resources**

Cook County Reference Guide:

Chicago Public School Homeless Education Program: 773.553.2242
[http://www.cps.edu/Programs/Pathways_to_success/Pages/HomelessEducation.aspx](http://www.cps.edu/Programs/Pathways_to_success/Pages/HomelessEducation.aspx)

Illinois Homeless Education Program: 217.782.2948
[http://www.isbe.state.il.us/homeless/default.htm](http://www.isbe.state.il.us/homeless/default.htm)
Migrant Children

Migrant children have several educational rights that are protected at the federal and state levels.

Right to Education


Illinois Migrant Education Program

The Illinois Migrant Education Program, funded by the federal government, provides supplemental educational and supportive services to migratory children.

**Eligibility: Definition of Migrant Child**

To qualify under the Illinois Migrant Education Program, under the federal No Child Left Behind Act, a migrant child must:

1) have moved within the last three years across state or school district lines with a parent or guardian or on his or her own to obtain qualifying temporary or seasonal work in agriculture or fishing; and

2) be under the age of twenty-one and not yet a high school graduate.

Qualifying work must be directly related to:

1) planting, harvesting, or processing, of crops, dairy products, poultry, or livestock; or

2) catching or processing of fish or shellfish.
Eligible migrant children must receive priority service if they have interrupted schooling related to their migrant lifestyle during the regular school year and are failing or at risk of failing to meeting state content and performance standards.

**Services Provided**

The goal of the Migrant Education Program is to provide services appropriate to the needs of the migrant children. These services may include:

- Preschool developmentally appropriate programs designed to prepare migrant children for successful school experiences;
- Grades K-12 integrated classroom instruction (summer school) and tutorial support (academic year);
- Secondary school services to assist high school students in achieving graduation;
- Continuity of instruction between and among school districts;
- Statewide identification and recruitment of eligible children;
- Student record exchange and information transfer; and
- Medical, dental, and nutritional services.

**Additional Resources**

**Illinois State Board of Education**
http://www.isbe.net/bilingual/htmls/migover.htm

**Illinois Migrant Council**
118 S. Clinton Street, Suite 500
Chicago, IL 60661
Brenda Pessin: Director of Migrant Education Services
Phone: 312.663.1522
Fax: 312.663.1994
Email: brenda_pessin@msn.com

**Illinois Migrant and Seasonal Head Start**
400 West Lawrence Avenue, Room 338
Springfield, IL 62704
Elva DeLuna: Education Manager
Phone: 217.524.8187
Fax: 217.557.8758
Email: dhsd6088@dhs.state.il.us

**Migrant Education Even Start**
U.S. Department of Education, OESE
Office of Migrant Education
400 Maryland Ave, SW
Rm. 3E313, FB-6
Phone: 800.872.5327
www2.ed.gov/programs/mees/contacts.html
PREGNANT AND PARENTING STUDENTS

The Chicago School Board does not have a formal policy on pregnant and parenting teens. Though, the Chicago Public School System is governed by Title IX of the Education Act and the Illinois Code based on the Chicago Board of Education Policy Report 12-0425-PO1. Some Chicago Public Schools offer prenatal classes for pregnant students and/or daycare options for parenting students. Chicago Public Schools also offers one school specializing in providing education to pregnant and parenting students.

Protection from Discrimination

Title IX of the Education Act of 1972 prohibits discrimination in educational institutions based on gender, marital, pregnancy or parenting status. It clearly states that institutions receiving public funds cannot discriminate on the basis of these characteristics and also applies to programs affiliated with, but not part of, these institutions. Under Title IX, schools cannot require certain things of female teen parents if it does not require them of teen fathers. The law also requires schools to treat absences due to childbirth the same way that it treats absences due to “other temporary disabilities.”

Illinois law prohibits discrimination against pregnant and parenting students:
• No student shall be discriminated against because of his or her actual or potential marital or parental status.
• Pregnancy shall be treated as any other temporary disability.
• Pregnancy or parenthood shall not be considered cause for dismissal or exclusion from any program or activity.
• Participation in special programs provided for pregnant students or students who are parents shall be at the student’s option.
• Systems shall eliminate administrative and programmatic barriers to school attendance and school completion by pregnant students or students who are parents.
23 Ill. Adm. Code § 200.50(e)(1)-(4).

School Accommodations

Choice of Educational Option

Pregnant and parenting students must be allowed to voluntarily choose their educational option. They cannot be forced into a stand-alone alternative school and they must be permitted to stay in their home school and be able to return to their home school at any time.

Stand-alone alternatives for teen parents must be of quality; the instructional program must be comparable to those offered in the comprehensive high school. Schools cannot require parenting education of female teen parents if it does not do so for male teen parents.
**Absence and Leave Policy**

- Schools cannot require students to be absent a prescribed period of time after the birth of their child.
- If other students who miss school are entitled to make up assignments, so too are pregnant and parenting students.
- If home instruction is available to others who are absent due to a medical condition, so too are pregnant and parenting teens entitled to such services.
- Pregnant and parenting students cannot be penalized for absences related to pregnancy and childbirth. Students are permitted absences so long as they have a physician’s note. If a district has a policy that students fail when they miss a prescribed number of days and they waive the policy for students with extended medical conditions or temporary disabilities, they must waive the policy for pregnant and parenting students so long as they have a note from a physician.

**Extracurricular Activities**

No restrictions can be placed on students because of pregnancy or parenting status, including participation in extra-curricular activities, unless it is placed on all students. For example, school personnel cannot require notification from a physician to restrict a pregnant student’s participation in school activities unless all other students who see a doctor because of a health-related reason are required to provide the same notification.

**Home Schooling**

The Illinois Code requires schools to provide pregnant students with the option of home instruction. Under 105 ILCS 5/10-22.6a, pregnant students must be provided with instruction:

- before the birth of the child when the pupil’s physician has indicated to the district, in writing, that the pupil is medically unable to attend regular classroom instruction; and
- for up to three months following the birth of the child or a miscarriage.

**Reporting Discrimination**

A student has ninety days from the date of the incident to report discrimination that occurs in violation of Title IX of the Education Act of 1972. The EOCO Manager may waive the ninety-day limit in extraordinary circumstances.

Complaints may be made by a student or by a student’s parent or guardian. The complaint is to be submitted to either: (1) the school principal, (2) the assistant principal, or (3) the EOCO Manager. If the basis of the complaint of discrimination involves school personnel or someone tied to the school, the complaint will be submitted to the Law Department. However, if the complaint is made against another student, the school principal or assistant principal will investigate it internally.

**Appeals Process**

If a student or the student’s parent or guardian is dissatisfied with the outcome, he or she has fifteen calendar days to appeal the decision of the school principal or assistant principal to the EOCO Manager.
Equal Opportunity Compliance Officer Manager (EOCO Manager)
125 South Clark St.
Suite 1100
Chicago, IL 60603
773.553.5499

Additional Resources

U.S. Department of Education, Office of Civil Rights, Supporting the Academic Success of Pregnant and Parenting Students Under Title IX of the Education Amendments of 1972, (June 2013)
http://www2.ed.gov/about/offices/list/ocr/docs/pregnancy.pdf

National Women’s Law Center
http://www.nwlc.org/

Fact Sheet: How to Keep Pregnant and Parenting Students from Dropping Out

Parenting and Pregnant Students: Know Your Rights
http://www.nwlc.org/resource/pregnant-and-parenting-students-know-your-rights-1

Title IX Protections for Pregnant and Parenting Students: A Guide for Schools
http://www.nwlc.org/sites/default/files/pdfs/ProtectionsforPregnantandParentingStudents.pdf


Sargent Shriver National Center on Poverty Law
www.povertylaw.org

For information on the right of pregnant and parenting students to consent to healthcare treatment, see Consent by Minors to Healthcare Treatment on page L-57.

ANTI-BULLYING LAW

Illinois law prohibits bullying while participating in school related activities.

Under the law, no student shall be subjected to bullying:

• During any school-sponsored education program or activity;
• While in school, on school property, on school buses or other school vehicles, at designated school bus stops waiting for the school bus, or at school-sponsored or school-sanctioned events or activities; or
• Through the transmission of information from a school computer, a school computer network, or other similar electronic school equipment.

105 ILCS 5/27-23.7(a).

Definition of Bullying

Under the law, bullying includes:
• Placing the student or students in reasonable fear of harm to the student’s (or students’) person or property;
• Causing a substantially detrimental effect on the student’s (or students’) physical or mental health;
• Substantially interfering with the student’s (or students’) academic performance; or
• Substantial interference with the student’s (or students’) ability to participate in or benefit from the services, activities, or privileges provided by a school.

Forms of bullying may include, but are not limited to:
• Threats;
• Intimidation;
• Stalking;
• Physical violence;
• Sexual harassment;
• Sexual violence;
• Public humiliation;
• Destruction of property;
• Retaliation for asserting or alleging an act of bullying; and
• Theft.
105 ILCS 5/27-23.7.

Additional Resources

Illinois School District Bullying Policies by school district: [http://www.isbe.state.il.us/SBPTF/pdf/bullying_index.pdf](http://www.isbe.state.il.us/SBPTF/pdf/bullying_index.pdf)

School District Locator: [http://schoollocator.cps.k12.il.us](http://schoollocator.cps.k12.il.us)


Chicago Public Schools: [www.cps.edu](http://www.cps.edu)


**SPECIAL EDUCATION**

**Practice Tip**
Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA) provide for accommodations and modifications in testing situations, programs, and building modifications. These do not require an individualized education program designed to help the child become independent and self-sufficient. Only the Individuals with Disabilities Education Act (IDEA) gives a child an individualized education plan and related protections.
Section 504 of the Rehabilitation Act and the Americans with Disabilities Act

Purpose

The purpose of Section 504 of the Rehabilitation Act and the ADA is to protect individuals with disabilities from discrimination on the bases of their disability. Section 504 applies to federal grants and programs. The ADA expands the reach of protection to businesses and agencies. 29 U.S.C. § 794; 42 U.S.C. § 12132-3.

Eligibility

A child who does not qualify for services under the IDEA may qualify for protection under Section 504 of the Rehabilitation Act or the ADA. The child must be disabled, meaning the child must have a physical or mental impairment that substantially limits one or more major life activities. The ADA Amendments Act requires that the definition of disability be interpreted broadly. To determine whether the child is disabled, the school may conduct an evaluation. However, a meeting is not required prior to placement.

Accommodations and Modifications

If the child meets the definition of disability, he or she may receive accommodations or modifications that would enable him or her access to an appropriate education.

Free Appropriate Public Education (FAPE)

Section 504 gives all children the right to a “free appropriate public education” (FAPE). FAPE is defined as “the provision of regular or special education and related aids and services that. . . are designed to meet individual educational needs of persons with disabilities as adequately as the needs of persons without disabilities are met and . . . are based on adherence to specified procedures.” 34 CFR 104.33(b)(1).

Access

Section 504 entitles a child to access to education. This means “to and through the schoolhouse door.” Thus, if a child requires the “schoolhouse” be modified, the school may need to make modifications. For example, if a child is in a wheelchair and requires a ramp to access the school, the school must provide one. However, if the child’s disability adversely affects educational performance, he or she may be eligible for IDEA services.

Discipline

The discipline requirements on school districts for students with Section 504 plans are similar to those under the IDEA outlined below. Unlike the IDEA, however, children with Section 504 Plans do not have the right to FAPE if they are expelled from school. A child with a 504 Plan can, therefore, be expelled from school for up to two years for misbehaving, but only if the child’s behavior is not related to the child’s disability. Once a student with a Section 504 plan is expelled, he or she may be eligible for alternative school placement on the same grounds as a general education student would be. See 105 ILCS 5/10-22.6.
Impartial Hearings

If the child’s parent disagrees with the school district’s decision related to identification, evaluation, or placement, the parent may request an impartial hearing in which the parent may participate and obtain counsel.

Individuals with Disabilities Education Act (IDEA)

IDEA, enacted in 1975 and most recently amended in 2004, gives children with disabilities the right to a free, appropriate public education. IDEA is divided into four parts, and activities are commonly referred to by their corresponding part. For example, Part B describes the process school districts must use to identify and educate preschool, elementary, and high school aged children with disabilities. Part C describes the process school districts must use to provide early intervention to infants and toddlers (from birth to age 3) with disabilities and developmental delays.

Definition: IDEA Child

A “child with a disability” means a child:
- with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and
- who, by reason thereof, needs special education and related services.


Child Find

IDEA creates an affirmative duty to act on the child’s behalf that requires that all school districts identify, locate, and evaluate children with disabilities, regardless of the severity of disabilities. This mandate applies to children from birth to age twenty-one, including children attending private schools, public schools, children who are homeless, migrant children, and wards of the state. 20 U.S.C. § 1412(a)(3).

In several judicial decisions, school districts and states that failed to act and provide the child with necessary services were held liable, and the child was entitled to monetary damages. See W.B. v. Matula, 67 F.3d. 484 (3rd Cir. 1995); D.L. v. District of Columbia, No. 05-1437(RCL), 2011 WL 5555877 (D.D.C. Nov. 16, 2011). However, the 7th Circuit Court of Appeals does not currently recognize the right of a student to receive monetary damages for IDEA violations. Charlie F. v. Bd. of Educ. of Skokie Sch. Dist. 68, 98 F.3d 989, 991 (7th Cir. 1996). If a school district fails its duty to properly evaluate a student, a parent may be able to obtain compensatory services for the student.

IDEA – Early Intervention (Part C) and the Individualized Family Service Plan (IFSP)

The Early Intervention program (Part C) is a federal grant program that assists states in providing services to infants and toddlers with disabilities, birth through thirty-six months. Evaluation must be provided at no cost to the parent.

Children are eligible for services if they are developmentally delayed, have a physical or mental condition that typically results in developmental delay, or are otherwise at risk of having
substantial developmental delays. Developmental delay is defined in Illinois as thirty percent below the mean in one or more of the following areas: cognitive; physical, including vision and hearing; language, speech and communication; social or emotional; or adaptive. 325 ILCS 20/3.

Once a child is determined eligible, an Individualized Family Service Plan (IFSP) is created. It contains information about the services provided to facilitate the child’s development. Service providers and family members work together to plan, implement, and evaluate the services. Each family is assigned a service coordinator. 325 ILCS 20/11; see also D.L. v. District of Columbia, No. 05-1437(RCL), 2011 WL 5555877 (D.D.C. Nov. 16, 2011).

**Transition Services**

The school district must work with the family to develop a “transition plan” from Part C to Part B services. The school district should begin considering the transition plan from early intervention to early childhood services starting when the child is two years, six months and should hold a Transition Planning Conference when the child is two years, nine months. If the child is found eligible for early childhood special education services, an IFSP or an Individualized Education Plan (IEP) must be developed and services must be in effect by the child’s third birthday. ISBE Parent’s Guide, Chapter 14, at 124-26. This plan must take place no less than ninety days before the child is eligible for pre-school services. 20 U.S.C.A. § 1437(a)(9)(A)(ii)(II); D.L. v. District of Columbia, No. 05-1437(RCL), 2011 WL 5555877 (D.D.C. Nov. 16, 2011).

**IDEA – Part B and Individualized Education Plan (IEP)**

Under the IDEA, any concerned person, including the parent, the child, a community service agency, or other concerned professionals, can make a referral to the school district to request that it conduct a case study evaluation to determine whether a student has a disability. If the school district determines that an evaluation is not warranted, it must provide a written explanation, which can be appealed, of its refusal to evaluate the student. If the district decides to evaluate a student, it must obtain parental consent for the evaluation and must complete the evaluations, make an eligibility determination, and—if eligibility is found—conduct a meeting to develop an Individualized Education Plan (IEP) within sixty school days from receipt of parental consent. 105 ILCS 5/14-8.02.

The IEP specifies the type and duration of services to be provided, as well as accommodations and modifications to be provided to the student. (See 34 CFR 300.320 and Ill. Adm. Code § 226.230 for specific requirements of an IEP.) An IEP is created during IEP team meetings. The members of the team must include a representative of the school district, the child’s teacher, the child’s parents, and any advocates the parents invite. The IEP must be reviewed on an annual basis to determine whether the student is meeting goals and making progress. If the IEP is not effective, it should be revised. Failure to revise could result in legal consequences. The IEP must be signed or appealed after ten calendar days or the school can implement the most recent version. Once a student is found eligible for services pursuant to an IEP, the school must place the student in the recommended program by no later than the beginning of the next semester. 105 ILCS 5/14-8.02(b).

An IEP must meet the needs of the child in the **Least Restrictive Environment** (LRE). LRE means that a student with a disability should be educated with non-disabled peers to the greatest extent possible and appropriate. Students with disabilities should have access to general education curriculum, extracurricular activities, and any other programs non-disabled peers have access to. In order to provide the student with a disability access to these programs, the school must provide supplementary aids and services.
**Discipline**
The IDEA has strict requirements regarding school discipline if a student has an IEP or if the student does not have an IEP but the school district has a “basis of knowledge” that the student has a disability. In such circumstances, the school district must conduct a manifestation determination review prior to any expulsion or suspension for more than ten days in a school year for a particular pattern of behavior.

If the conduct for which the school is seeking to discipline the student is related to the child’s disability, the school cannot proceed with the discipline and must instead implement or modify a Behavior Intervention Plan for the student. In limited circumstances, the school district may still be able to proceed with a temporary placement in an alternative school setting. If the student’s behavior is not related to the disability, the school district can proceed to suspend or expel the student in the same manner as it would general education students, but it must continue to provide the student with a FAPE. See 34 CFR 300.530 through 300.536; 105 ILCS 5/10-22.6.

**IDEA Services By Age**

Birth to Age Three: A child identified with, or at risk of developing, a disability or developmental delay, must be provided comprehensive services appropriate to need, as outlined in an IFSP.

Age Three: The school district must ensure that an IEP or IFSP is in effect.

Age Three to Five: The IFSP may serve in place of an IEP.

Age Six to Fifteen: An IEP must be in place. At age fourteen, or as soon as appropriate, the IEP team can identify post-secondary needs and goals and begin a transition plan.

Age Sixteen: Postsecondary goals must be included in the IEP the child has at age sixteen and begin no later than the student’s sixteenth birthday.

Age Twenty-one: Services provided through IDEA in Illinois end on the day before the child’s 22nd birthday.

See www.equipforequality.org

**Procedural Safeguards**

School districts must provide parents with a Procedural Safeguards Notice in the language the parent understands. The system of conflict resolution outlined in the procedural safeguards, including the right to examine records, receive advanced notice of changes to an IEP, right to engage in mediation and the right to a due process hearing, is recorded at 20 U.S.C. § 1415. See also, www.equipforequality.org/resourcecenter/advocacybytopic.php

**Practice Tip**

All special education cases should be referred to our special education partner, Equip for Equality. Please consult with a supervisor if you identify a special education case.
**Additional Resources**

Olga Pribyl, Vice President, Special Education Clinic, Equip for Equality: 312.341.0022  
http://www.equipforequality.org/

Council of Parent Attorneys and Advocates: www.copaa.org


U.S. Department of Education Office of Special Education:  
http://www2.ed.gov/about/offices/list/osers/osep/index.html

http://www.isbe.state.il.us/spec-ed/html/parent_rights.htm

http://www.eitam.org/forms/eiguideforfamilies.pdf

Illinois State Board of Education, Illinois Department of Human Services, When I’m 3, Where Will I Be?  
http://www.isbe.net/earlychi/pdf/transition_workbook.pdf

Illinois Legal Aid Online  
*Early Intervention Services*  
http://www.illinoislegalaid.org/index.cfm?fuseaction=home.dsp_content&contentID=222  
*Guide to Section 504*  
http://www.illinoislegalaid.org/index.cfm?fuseaction=home.dsp_content&contentID=228  
*Special Education and Related Services*  
http://www.illinoislegalaid.org/index.cfm?fuseaction=home.dsp_content&contentID=227


Child Find: A component of Individuals with Disabilities Education Act (IDEA) that requires states to identify, locate, and evaluate all children with disabilities, aged birth to twenty-one, who are in need of early intervention or special education services.  
http://www.childfindidea.org/overview.htm

For information on the right of minors to consent to healthcare treatment, see page L-56.

**Sources of Law**

Americans with Disabilities Act, 42 U.S.C. § 12101 et seq.  
Federal Regulations, 34 CFR Parts 104, 300 and 301.  
Illinois Early Intervention Services System Act, 325 ILCS 20.  
Illinois School Code, Children with Disabilities, 105 ILCS 5/14 -1.01, et seq.  
APPEALS AND COURT HEARINGS

When representing a client, it is important to keep in mind procedural due process safeguards to ensure that the client’s rights are protected. Under the 5th and 14th Amendments, the government may not deprive a person of his or her life, liberty, or property without due process of law. Pursuant to Goldberg v. Kelly, benefit awards are a type of property, subject to procedural due process protection. 397 U.S. 254 (1970). This Chapter reviews procedural due process protections relevant to housing and benefits administered by the Department of Human Services (DHS), the Social Security Administration (SSA).

Appeals Interview Essentials
Ask the client to sign any relevant release forms. Discuss any questions with a supervisor.

Many procedural due process issues that the Health Justice Project encounters hinge on sufficiency of notice. When looking over notices received by clients, it is critical to review the following:

- Client’s name
  - Is it spelled correctly?
- Information about the client
  - Does the notice leave out required information about the client?
  - Does the notice state things about the client that are incorrect?
- Client’s address
  - Is each line of the address correct?
  - Is any information, such as apartment number, missing?
- Date on the notice
  - Has the notice been sent within the statutory time period?
- Content of the notice
  - Does the notice contain all of the required components and language? (See below to determine what a particular notice should contain.)
- Delivery of the notice
  - How did the client receive the notice?
  - Does the method of delivery comport with applicable statutes and regulations?

Everything in the notice should be scrutinized!

DEPARTMENT OF HUMAN SERVICES PROGRAMS (TANF, SNAP, MEDICAL ASSISTANCE, WIC)

Notice Requirement

Clients must be given notice when assistance is reduced or discontinued and the client must receive the notice at least ten days before the change in benefits is to take place.

The notice to the client must contain:
- A clear statement of action taken;
- Reason for decision;
- Citation for the decision; and
- Explanation of the client’s right to appeal.

89 Ill. Adm. Code § 10.270.
The client may continue to receive benefits if he or she requests a hearing on or before the date the client’s benefits are to be reduced or stopped. The notice telling the client about the DHS decision will give the date by which the client must appeal in order to have the benefits continued.

However, if the client is not successful in the appeal, then he or she will owe DHS the difference between what he or she received during the appeal and what the client should have received. 89 Ill. Adm. Code § 10.270(d)(1).

**Right to Appeal**

There are four ways to appeal a denial or cutback of SNAP, TANF, and Medical Assistance benefits:

1. **In Person:** Visit a DHS Family Community Resource Center. (See listing on page I-22).
2. **By Mail:** Illinois Department of Human Services; Bureau of Assistance Hearings; 401 S. Clinton, 6th Floor; Chicago, Illinois 60607
3. **By Phone:** 1.800.435.0774 or 1.877.734.7429 (TTY) Monday through Friday, between 8:30 a.m. and 4:45 p.m.
4. **By Fax:** 1.312.793.8573

**Practice Tip**

If the appeal is only in regard to SNAP benefits, an applicant/beneficiary can also appeal by telling his or her caseworker of a desire to appeal. The client should obtain confirmation of request for an appeal in writing before leaving the office.

**Required Forms to Appeal**

If an individual does not wish to call the 1.800 number, he or she may appeal in writing. If the individual sends a letter, it must specifically request a hearing. In the alternative, the client can complete a Notice of Appeal Form available at: http://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL444-0103.pdf

For more detailed information on how to appeal DHS administered benefits, see page I-45.

**SOCIAL SECURITY ADMINISTRATION PROGRAMS (SSI/SSDI)**

**Notice Requirements**

SSA must provide notice to clients of proposed discontinuance or suspension, with reasoning, before the termination of benefits. *Wheeler v. Montgomery*, 397 U.S. 280 (1970). The notice must be in writing. DI 27523.001 Policy.

The client must notify the Social Security Administration within ten days of his or her desire to continue to receive benefits. If the appeal is not favorable to the client, he or she will owe SSA the difference between what he or she received during the appeal and what the client should have received.
Right to Appeal

An appeal must be requested within sixty days from the date a client receives the notice from SSA. SSA assumes that notices are received five days after the date on the notice, unless the client can prove it was received later.

An appeal may be requested in person at an SSA office, over the phone, or online.

1) **In person:** a client can appeal with or without an appointment at an SSA office. It is recommended that the client appeal at the office the client filed the application. See listings of Chicago office locations below.

2) **Over the phone:** a client can appeal over the phone by calling: 1.800.772.1213 or 1.800.325.0778 (TTY).

3) **Online:** a client may visit SSA’s website to appeal: https://secure.ssa.gov/apps6z/iAppeals/ap001.jsp. The date of the appeal is the date the SSA office receives the forms.

Applicants must complete the following forms in order to appeal a decision:


If representing the client in an appeal, have the client sign an Approved Representative Form available at: http://www.ssa.gov/online/ssa-1696.pdf

For more detailed information on how to appeal SSA decisions, see page I-56.

Housing Cases

Notice Requirement

The notice required in a housing case depends on the purpose of the notice.

For termination of a tenancy:

- **Week-to-week tenancy.** 735 ILCS 5/9-207.
  - Seven day written notice must be served.
- **Month-to-month tenancy.** 735 ILCS 5/9-207.
  - Thirty day written notice must be served,
  - No statement or reasons required,
  - The notice must be served no fewer than thirty days prior to the due date for rent, and
  - Tenancy must terminate at natural expiration of lease term.
- **Expiration of lease for a term of years.**
  - If it is not a unit governed by the Chicago Residential Landlord and Tenant Ordinance (see Chapter D: Housing for more information on what units are governed by the RLTO), then no pre-filing notice of termination is required.
  - In RLTO governed housing, the landlord must notify the tenant in writing, at least thirty days prior to the termination date. If no notice is provided, the tenant may remain for an additional sixty days on the same terms as the original lease. Chicago, Ill. Mun. Code, § 5-12-130(j).
• Termination for nonpayment of rent. 735 ILCS 5/9-209; Chicago, Ill. Mun. Code, § 5-12-130(a).
  o Landlord must serve a written five-day notice of termination. Tenant has five
days after service to tender the amount of rent due.
  o Five-day notice cannot be used for nonpayment of damages or security deposit
or any charges other than rent.
  o To prevent invalidation of the notice, the notice must prominently state: “Only
FULL PAYMENT of the rent demanded in this notice will waive the landlord’s
right to terminate the lease under this notice, unless the landlord agrees in
writing to continue the lease in exchange for receiving partial payment.”

• Violation of lease, other than nonpayment of rent. 735 ILCS 5/9-210.
  o Landlord must serve a ten-day written notice of termination that states cause for
termination and is signed by the landlord or the landlord’s agent.
  o In RLTO governed housing, the ten-day notice must also advise the tenant of the
right to cure the breach within the ten days. RLTO § 5-12-130(b).
  o The notice must be substantially in the following form: “To A.B.: You are hereby
notified that in consequence of your default (insert here the character of the
default) of the premises now occupied by you, being, etc., (describe here the
premises) I have elected to terminate your lease, and you are hereby notified to
quit and deliver up possession of the same to me within ten days of this date
(dated, etc.).”

Service Required

Notices of termination must be written or printed (or partly written and printed) and conform
to one of the following forms:
  • Personal service
  • Substitute service on apartment resident thirteen years of age or older
  • Certified or registered mail, return receipt from the addressee
  • Posting when the apartment has been abandoned

735 ILCS 5/9-211.

In a landlord’s action to terminate a lease under the Forcible Entry and Detainer Act, strict
compliance with statutes governing service is required. Figueroa v. Deacon, 404 Ill. App. 3d 48
(1st Dist. 2010).

If a landlord posts a copy of notice of termination on a tenant’s door and slides another copy
under the door but never personally serves anyone in the household with the notice, the
landlord fails to comply with statutory notice requirements. Figueroa v. Deacon, 404 Ill. App. 3d
48 (1st Dist. 2010).

Personal Jurisdiction

Advocates should be conscientious of whether the court has personal jurisdiction over a client.
Certain actions taken on behalf of a client may waive personal jurisdiction objections. Waiver of
a personal jurisdiction objection occurs only upon filing of a responsive pleading or motion.
KSAC Corporation v. Recycle Free, Inc., 346 Ill. App. 3d 593 (2d Dist. 2006); GMB Fin. Group, Inc. v.
Marzano, 385 Ill. App. 3d 978 (2d Dist. 2008).
However, requesting a jury demand does not constitute a responsive pleading or action and, therefore, is not a waiver of personal jurisdiction objections. *Velez v. Gibbs*, No. 11M1703467 (Ill. Cir. Ct. Apr. 23, 2011).
LEGAL RESOURCES FOR OTHER HEALTH HARMING LEGAL AND SOCIAL ISSUES

A. Housing Resources  
B. Employment Resources  
C. Community Health Resources  
D. Temporary Assistance Resources  
E. Family Resources  
F. Immigration Resources  
G. Deferred Action for Childhood Arrivals (DACA) Resources  
H. Immigrant Eligibility for Federal Programs  
I. Health Insurance Portability and Accountability Act  
J. Consent by Minors to Healthcare Treatment

For additional information on legal resources by category of legal issue, see “Where to Go For Legal Assistance in or around Chicago” at:  

For a listing of over 6,000 social service programs in childcare, healthcare, housing, employment, food, and education across Chicago please visit: purplebinder.com and set up a free account.

For information on legal resources in Spanish, visit http://www.AyudaLegalil.org

HOUSING RESOURCES

<table>
<thead>
<tr>
<th>Organization</th>
<th>Organization Type</th>
<th>Types of Cases Accepted</th>
<th>Point of Contact for Questions</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARPLS</td>
<td>Legal Aid</td>
<td>Eviction defense representation, housing location counseling services</td>
<td>Craig Hanson (in-house attorney) direct: 312.421.4083</td>
<td>Mr. Hanson can expedite process for a client to obtain social work services from a CARPLS staff member</td>
</tr>
<tr>
<td>312.738.9200</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 N State St</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60602</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.carpls.org/">http://www.carpls.org/</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illinois Tenants Union</td>
<td>Legal Aid</td>
<td>Eviction defense representation, conditions/repairs, break lease, security deposit</td>
<td>Alex L. 773.588.3469 or 773.769.7680 <a href="mailto:alex@tenant.org">alex@tenant.org</a></td>
<td></td>
</tr>
<tr>
<td>773.478.1133</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.tenant.org/">http://www.tenant.org/</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="mailto:intake@tenant.org">intake@tenant.org</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cabrini Green Legal Aid</td>
<td>Legal Aid</td>
<td>Eviction defense representation public/subsidized housing only, voucher denial and withdrawal</td>
<td>John Bauters (Housing Law Director, Staff Attorney) direct: 312.738.2452 x 420</td>
<td>To schedule an intake appointment, contact Jashawn Hill (Office Manager) at 312.738.2452 x 410. Eligibility - 150% of the federal poverty guidelines</td>
</tr>
<tr>
<td>312.738.2452</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>740 N. Milwaukee Ave.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60642</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.cgla.net/">http://www.cgla.net/</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lawyers’ Committee for Better Housing</td>
<td>Legal Aid</td>
<td>Eviction defense representation, tenant’s rights in foreclosure, Fair Housing case advocacy, conditions/repairs, security deposit return</td>
<td>Mark Swartz (in-house attorney, Legal Director) - (312) 347-7600 x520</td>
<td></td>
</tr>
<tr>
<td>312.347.7600</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 North LaSalle St.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suite 900</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60606</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://lcbh.org/">http://lcbh.org/</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong><a href="mailto:intake@lcbh.org">intake@lcbh.org</a></strong></td>
<td><strong>housing search</strong></td>
<td><strong>LAF of Metropolitan Chicago</strong> 312.341.1070 120 S LaSalle St. Chicago, IL 60603 <a href="http://www.lafchicago.org/">http://www.lafchicago.org/</a></td>
<td><strong>Legal Aid</strong></td>
<td><strong>Eviction defense representation</strong></td>
</tr>
<tr>
<td>------------------</td>
<td>-------------------</td>
<td>-------------------------------------------------</td>
<td>--------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td><strong>Caroline Smith</strong> 312.456.0380 180 N. LaSalle St. Suite 300 Chicago, Illinois 60601 <a href="http://www.rsplaw.com/caroline-smith/">http://www.rsplaw.com/caroline-smith/</a></td>
<td><strong>Private Bar</strong></td>
<td><strong>Representation in eviction cases</strong></td>
<td><strong>Loyola law Grad</strong></td>
<td><strong>Attorney fees</strong></td>
</tr>
<tr>
<td><strong>Payne Law Office</strong> 773.467.8991 6444 N. Milwaukee Ave. Chicago, IL 60631 <a href="http://www.paynelawchicago.com/">http://www.paynelawchicago.com/</a></td>
<td><strong>Private Bar</strong></td>
<td><strong>Representation in eviction cases</strong></td>
<td><strong>Attorney fees</strong></td>
<td><strong>Attorney fees</strong></td>
</tr>
<tr>
<td><strong>Chicago Bar Association Lawyer Referral Service</strong> 312.554.2001 321 S Plymouth Ct Chicago, IL 60604 <a href="http://www.chicagobar.org/am/template.cfm?section=need_a_lawyer">http://www.chicagobar.org/am/template.cfm?section=need_a_lawyer</a></td>
<td><strong>Private Bar</strong></td>
<td><strong>$30 consultation fee plus attorney fees</strong></td>
<td><strong>Attorney fees</strong></td>
<td><strong>Attorney fees</strong></td>
</tr>
</tbody>
</table>

### Security Deposit Return

<p>| <strong>Lawyers’ Committee for Better Housing</strong> 312.347.7600 33 North LaSalle St. Suite 900 Chicago, IL 60606 <a href="http://lcbh.org/intake@lcbh.org">http://lcbh.org/intake@lcbh.org</a> | <strong>Legal Aid</strong> | <strong>Eviction defense representation, tenant’s rights in foreclosure, Fair Housing case advocacy, conditions/repairs, security deposit return, housing search</strong> | <strong>Mark Swartz (in-house attorney, Legal Director) - (312) 347-7600 x520</strong> | <strong>Free case evaluation. Attorney fees</strong> |
| <strong>Krohn &amp; Moss</strong> 800.875.3666 120 W Madison St Chicago, IL 60602 <a href="http://www.krohnandmoss.com/">http://www.krohnandmoss.com/</a> | <strong>Private Bar</strong> | <strong>Return of Security Deposit</strong> | <strong>Free initial consultation, attorney fees</strong> | <strong>Free initial consultation, attorney fees</strong> |
| <strong>Mark Silverman</strong> 312.775.1015 225 W. Washington St. Suite 2220 Chicago, IL 60606 <a href="http://www.depositlaw.com/mark@depositlaw.com">http://www.depositlaw.com/mark@depositlaw.com</a> | <strong>Private Bar</strong> | <strong>Return of Security Deposit, Representation of Tenants who seek to terminate leases, Representation of Tenants when their landlord or his agents enter w/o requisite 2-days’ notice</strong> | <strong>Free initial consultation, attorney fees</strong> | <strong>Free initial consultation, attorney fees</strong> |</p>
<table>
<thead>
<tr>
<th>Conditions/Repairs</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lawyers’ Committee for Better Housing</strong>&lt;br&gt;312.347.7600&lt;br&gt;33 North LaSalle St.&lt;br&gt;Suite 900&lt;br&gt;Chicago, IL 60606&lt;br&gt;&lt;a&gt;<a href="http://lcbh.org/">http://lcbh.org/</a>&lt;/a&gt;&lt;br&gt;&lt;a&gt;<a href="mailto:intake@lcbh.org">intake@lcbh.org</a>&lt;/a&gt;</td>
<td>Legal Aid</td>
<td>Eviction defense representation, tenant’s rights in foreclosure, Fair Housing case advocacy, conditions/repairs, security deposit return, housing search</td>
<td>Mark Swartz (in-house attorney, Legal Director) - (312) 347-7600 x520</td>
</tr>
<tr>
<td><strong>Center for Renters Rights</strong>&lt;br&gt;773.244.8152&lt;br&gt;3007 N Ashland Ave&lt;br&gt;Chicago, IL 60657&lt;br&gt;&lt;a&gt;<a href="http://www.renters-rights.com/">http://www.renters-rights.com/</a>&lt;/a&gt;</td>
<td>Non-legal</td>
<td>Drafting letters to landlords (i.e. conditions)</td>
<td>Shannon Weiss (co-owner)</td>
</tr>
<tr>
<td><strong>Metropolitan Tenants Organization</strong>&lt;br&gt;773.292.4988&lt;br&gt;2150 S Canalport Ave&lt;br&gt;Chicago, IL 60608&lt;br&gt;&lt;a&gt;<a href="http://www.tenants-rights.org/">http://www.tenants-rights.org/</a>&lt;/a&gt;</td>
<td>Non-legal</td>
<td>Hotline assistance (Monday through Friday, 1-5 pm)</td>
<td></td>
</tr>
<tr>
<td><strong>Tenant’s Rights in Foreclosure</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lawyers’ Committee for Better Housing</strong>&lt;br&gt;312.347.7600&lt;br&gt;33 North LaSalle St.&lt;br&gt;Suite 900&lt;br&gt;Chicago, IL 60606&lt;br&gt;&lt;a&gt;<a href="http://lcbh.org/">http://lcbh.org/</a>&lt;/a&gt;</td>
<td>Legal Aid</td>
<td>Eviction defense representation, tenant’s rights in foreclosure, Fair Housing case advocacy, conditions/repairs, security deposit return, housing search</td>
<td>Mark Swartz (in-house attorney, Legal Director) - (312) 347-7600 x520</td>
</tr>
<tr>
<td><strong>Public/Subsidized Housing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lawyers’ Committee for Better Housing</strong>&lt;br&gt;312.347.7600&lt;br&gt;33 North LaSalle St.&lt;br&gt;Suite 900&lt;br&gt;Chicago, IL 60606&lt;br&gt;&lt;a&gt;<a href="http://lcbh.org/">http://lcbh.org/</a>&lt;/a&gt;&lt;br&gt;&lt;a&gt;<a href="mailto:intake@lcbh.org">intake@lcbh.org</a>&lt;/a&gt;</td>
<td>Legal Aid</td>
<td>Eviction defense representation, tenant’s rights in foreclosure, Fair Housing case advocacy, conditions/repairs, security deposit return, housing search</td>
<td>Mark Swartz (in-house attorney, Legal Director) - (312) 347-7600 x520</td>
</tr>
<tr>
<td><strong>LAF Chicago</strong>&lt;br&gt;312.341.1070&lt;br&gt;33 North LaSalle St.&lt;br&gt;Suite 900&lt;br&gt;Chicago, IL 60606&lt;br&gt;&lt;a&gt;<a href="http://lcbh.org/">http://lcbh.org/</a>&lt;/a&gt;</td>
<td>Legal Aid</td>
<td>Representation in subsidized housing cases, Section 8</td>
<td></td>
</tr>
<tr>
<td><strong>Fair Housing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lawyers’ Committee for Better Housing</strong></td>
<td>Legal Aid</td>
<td>Eviction defense representation, tenant’s</td>
<td>Mark Swartz (in-house attorney,</td>
</tr>
</tbody>
</table>
| 312.347.7600  
33 North LaSalle St.  
Suite 900  
Chicago, IL 60606  
http://lcbh.org/  
intake@lcbh.org | rights in foreclosure,  
Fair Housing case  
avocacy,  
conditions/repairs,  
security deposit return,  
housing search | Legal Director) -  
(312) 347-7600  
x520 |
## EMPLOYMENT RESOURCES

<table>
<thead>
<tr>
<th>Organization</th>
<th>Organization Type</th>
<th>Types of Cases Accepted</th>
<th>Point of Contact for Questions</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Discrimination (including Title VII)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Chicago Commission on Human Relations</strong></td>
<td>Gov’t Agency</td>
<td>Discrimination</td>
<td></td>
<td>Caller does not have to reside in the City of Chicago in order to file a complaint, but the alleged discrimination must have occurred in Chicago. The Commission must receive the complaint (obtain online) within 180 days of the alleged discriminatory conduct. No fee.</td>
</tr>
<tr>
<td>312.744.4111</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>740 North Sedgwick St</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suite 400, Chicago, IL 60654</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cook County Commission on Human Rights</strong></td>
<td>Gov’t Agency</td>
<td>Discrimination</td>
<td></td>
<td>Cook county suburbs ONLY (not Chicago), call to ask for complaint to be mailed to the client or obtain online, must file within 180 days of the discriminatory act. No fee.</td>
</tr>
<tr>
<td>312.603.1100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>69 W. Washington Suite 3040</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, Illinois 60602</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.cookcounty.gov/portal/server.pt/community/human_rights_commission_on/301human.rights@cookcountyil.gov">http://www.cookcounty.gov/portal/server.pt/community/human_rights_commission_on/301human.rights@cookcountyil.gov</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Illinois Department of Human Rights</strong></td>
<td>Gov’t Agency</td>
<td>Discrimination</td>
<td></td>
<td>Only accepts cases where the employer has at least 15 employees. To file, submit a completed Employment Complainant Information Sheet (CIS) either in person or by mail. If your allegations are covered under the Illinois Human Rights Act, a charge will be drafted for your signature. Obtain questionnaire online, must file within 180 days of the discriminatory action. No fee.</td>
</tr>
<tr>
<td>312.814.6200</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www2.illinois.gov/dhr/Pages/default.aspx">http://www2.illinois.gov/dhr/Pages/default.aspx</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>U.S. Equal Employment Opportunity Commission</strong></td>
<td>Gov’t Agency</td>
<td>Discrimination</td>
<td></td>
<td>To file a complaint call 1-800-669-4000 to submit basic information about a possible charge and schedule an interview between 8:30 a.m. and 3:00 p.m. on Monday through Friday, or by mail. Charges cannot be taken over the phone, Questionnaire available online to determine whether EEOC has jurisdiction. Claim must be filed within 300 days of the discriminatory act. No fee.</td>
</tr>
<tr>
<td>312.353.2713</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>500 West Madison St.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suite 2000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, Illinois 60661</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.eeoc.gov/">http://www.eeoc.gov/</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CARPLS</strong></td>
<td>Legal Aid</td>
<td>Discrimination, workplace disputes, workers compensation,</td>
<td></td>
<td>Call hotline, Tuesday, Thursday and Friday from 9:00 AM - 4:30 PM, and on Monday and Wednesday evenings until 7:30 PM, to</td>
</tr>
<tr>
<td>312.738.9200</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 N. State St. #1850</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60602</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.carpls.org/">http://www.carpls.org/</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Center for Disability and Elder Law (CDEL)</td>
<td>Legal Aid</td>
<td>Discrimination (age, disability)</td>
<td>Eligibility: Live in Cook County, Illinois; household income at or below one hundred fifty percent (150%) of the Federal Poverty Guidelines, AND sixty (60) years of age or older; or live with a permanent disability.</td>
<td></td>
</tr>
<tr>
<td>Chicago Lawyer’s Committee for Civil Rights Under Law</td>
<td>Legal Aid</td>
<td>Discrimination (race, gender)</td>
<td>Call 312.630.9744 to schedule an interview to determine if they can take the case, no fees.</td>
<td></td>
</tr>
<tr>
<td>LAF Chicago</td>
<td>Legal Aid</td>
<td>Discrimination, Retaliation, Wrongful Termination, Unemployment, FMLA</td>
<td>Client must ‘register’ by calling LAF’s main line to be screened for eligibility before speaking with an LAF attorney.</td>
<td></td>
</tr>
<tr>
<td>Equip for Equality</td>
<td>Legal Aid</td>
<td>Discrimination (disability)</td>
<td>General Intake: Monday, Wednesday, Friday 9:00 a.m. - 4:00 p.m., or may file request for legal services online.</td>
<td></td>
</tr>
<tr>
<td>Lambda Legal</td>
<td>Legal Aid</td>
<td>Discrimination (sexual orientation, HIV status)</td>
<td>Call to ask for Help-Desk or fill out the online form. No fees.</td>
<td></td>
</tr>
<tr>
<td>Working Hands Legal Clinic</td>
<td>Legal Aid</td>
<td>Discrimination</td>
<td>Attempts to resolve the dispute through negotiations with the employer; Assistance in filing a complaint with an appropriate government agency; Referral to an employment attorney for further evaluation for possible litigation.</td>
<td></td>
</tr>
<tr>
<td>Law Offices of Chicago-Kent Law School</td>
<td>Legal Aid</td>
<td>Discrimination</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Retaliation (including whistleblower protections) and Wrongful Termination**

<p>| LAF Chicago | Legal Aid | Discrimination, Retaliation, Wrongful Termination, | Client must ‘register’ by calling LAF’s main line to be screened for eligibility before speaking with an LAF attorney. |</p>
<table>
<thead>
<tr>
<th><strong>Unemployment Benefits / Severance, Compensation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CARPLS</strong></td>
</tr>
<tr>
<td>312.738.9200</td>
</tr>
<tr>
<td>17 N. State St. #1850</td>
</tr>
<tr>
<td>Chicago, IL 60602</td>
</tr>
<tr>
<td>Legal Aid</td>
</tr>
<tr>
<td>Discrimination, workplace disputes, workers compensation, unemployment</td>
</tr>
<tr>
<td>Call hotline Tuesday, Thursday and Friday from 9:00 AM - 4:30 PM, and on Monday and Wednesday evenings until 7:30 PM, to determine eligibility. The Hotline service is free to low-income residents of Cook County. Clients who do not qualify for free services may be charged a nominal fee.</td>
</tr>
<tr>
<td><strong>LAF Chicago</strong></td>
</tr>
<tr>
<td>312.341.1070</td>
</tr>
<tr>
<td>120 S. LaSalle St. Suite 900</td>
</tr>
<tr>
<td>Chicago, IL 60603</td>
</tr>
<tr>
<td>Legal Aid</td>
</tr>
<tr>
<td>Discrimination, Retaliation, Wrongful Termination, Unemployment, FMLA</td>
</tr>
<tr>
<td>Client must ‘register’ by calling LAF’s main line to be screened for eligibility before speaking with an LAF attorney.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Family Medical-Leave Act (FMLA)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LAF Chicago</strong></td>
</tr>
<tr>
<td>312.341.1070</td>
</tr>
<tr>
<td>120 S. LaSalle St. Suite 900</td>
</tr>
<tr>
<td>Chicago, IL 60603</td>
</tr>
<tr>
<td>Legal Aid</td>
</tr>
<tr>
<td>Discrimination, Retaliation, Wrongful Termination, Unemployment, FMLA</td>
</tr>
<tr>
<td>Client must ‘register’ by calling LAF’s main line to be screened for eligibility before speaking with an LAF attorney.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Career/Job Counseling</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Career Transitions Center of Chicago (CTC)</strong></td>
</tr>
<tr>
<td>312.906.9908</td>
</tr>
<tr>
<td>703 W. Monroe St.</td>
</tr>
<tr>
<td>Chicago IL 60661</td>
</tr>
<tr>
<td><a href="mailto:info@ctcchicago.org">info@ctcchicago.org</a></td>
</tr>
<tr>
<td>Non-legal</td>
</tr>
<tr>
<td>Career/Job Counseling</td>
</tr>
<tr>
<td>Coaching and seminars (not to find a job for a caller); eligibility: mid-career (late 30s-60s in age), looking for a transition or being forced into job market again, primarily white-collar work (NOT manual labor); on website click “Get Started” to establishing contact w/ CTC must participate in a CTC Information Session</td>
</tr>
<tr>
<td><strong>National ABLE Network</strong></td>
</tr>
<tr>
<td>312.994.4200</td>
</tr>
<tr>
<td>567 W. Lake St, Suite 1150</td>
</tr>
<tr>
<td>Chicago, IL-60661</td>
</tr>
<tr>
<td><a href="mailto:able@nationalable.org">able@nationalable.org</a></td>
</tr>
<tr>
<td>Non-legal</td>
</tr>
<tr>
<td>Career/Job Counseling</td>
</tr>
<tr>
<td>Individualized job-placement assistance. Call toll-free number: 882.994.8300</td>
</tr>
<tr>
<td><strong>Jewish Vocational Service</strong></td>
</tr>
<tr>
<td>312.673.3400</td>
</tr>
<tr>
<td>Multiple locations</td>
</tr>
<tr>
<td>Non-legal</td>
</tr>
<tr>
<td>Career/Job Counseling</td>
</tr>
<tr>
<td>Low-income and reside in Chicago: job placement</td>
</tr>
<tr>
<td><strong>Catholic Charities - Supplemental Nutrition Assistance Program Employment &amp; Training (SNAP E&amp;T)</strong></td>
</tr>
<tr>
<td>312.655.7506</td>
</tr>
<tr>
<td>Non-legal</td>
</tr>
<tr>
<td>Career/Job Counseling</td>
</tr>
<tr>
<td>Tanya Washington</td>
</tr>
<tr>
<td>Short-term training and work assignments assistance with resume writing, job readiness, life skills and interviewing techniques. Eligibility: clients must be between the age of 18</td>
</tr>
<tr>
<td>721 N. LaSalle</td>
</tr>
<tr>
<td>Chicago, IL 60654</td>
</tr>
</tbody>
</table>
# COMMUNITY HEALTH RESOURCES

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Zip Code 60302</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCC - Lake Street Family Health Center</td>
<td>14 West Lake St. Oak Park, IL 60302</td>
<td>708.383.0113</td>
<td>Primary Care</td>
</tr>
<tr>
<td>ACCESS Anixter Center</td>
<td>2020 N. Clybourn</td>
<td>773.404.5277</td>
<td>Psychology, Psychiatry, Internal Medicine</td>
</tr>
<tr>
<td><a href="http://www.accesscommunityhealth.net/">http://www.accesscommunityhealth.net</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACCESS Near West Family Health Center</td>
<td>1158 W. Taylor</td>
<td>312.455.8640</td>
<td>Pediatrics, Family Medicine, Ob/Gyn</td>
</tr>
<tr>
<td><a href="http://www.accesscommunityhealth.net/">http://www.accesscommunityhealth.net</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pacific Garden Mission Clinic</td>
<td>1458 S. Canal St.</td>
<td>312.492.9410</td>
<td>Substance Recovery, Primary Care, Dental Services</td>
</tr>
<tr>
<td><strong>Zip Code 60607</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alivio Medical Center Morgan</td>
<td>966 W. 21st St.</td>
<td>312.829.6304</td>
<td>Primary Care</td>
</tr>
<tr>
<td><a href="http://www.accesscommunityhealth.net/">http://www.accesscommunityhealth.net</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alivio Medical Center Western</td>
<td>2355 S. Western</td>
<td>312.829.6304</td>
<td>Primary Care</td>
</tr>
<tr>
<td><a href="http://www.accesscommunityhealth.net/">http://www.accesscommunityhealth.net</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Centro de Salud y Esperanza</td>
<td>2001 S. California</td>
<td>773.584.6200</td>
<td>Primary Care</td>
</tr>
<tr>
<td>ACCESS Kling Professional Medical Center</td>
<td>2720 W. 15th St.</td>
<td>773.257.1700</td>
<td>Ob/Gyn, Pediatrics, Rheumatology, Infectious Disease, Internal Medicine, Endocrinology</td>
</tr>
<tr>
<td><a href="http://www.accesscommunityhealth.net/">http://www.accesscommunityhealth.net</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower West Side Neighborhood Health Center</td>
<td>1713 S. Ashland, Chicago, IL 60608</td>
<td>312.746.5157</td>
<td>Primary Care, Dental</td>
</tr>
<tr>
<td>ACCESS Plaza Family Health Center</td>
<td>2533 W. Cermak, Chicago, IL 60608</td>
<td>773.523.0900</td>
<td>Primary Care</td>
</tr>
<tr>
<td><a href="http://www.accesscommunityhealth.net/">http://www.accesscommunityhealth.net</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACCESS Pilsen Family Health Center</td>
<td>1817 S. Loomis, Chicago, IL 60608</td>
<td>312.666.6511</td>
<td>Family Medicine, Ob/Gyn</td>
</tr>
<tr>
<td><a href="http://www.accesscommunityhealth.net/">http://www.accesscommunityhealth.net</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACCESS Cabrini Family Health Center</td>
<td>3450 S. Archer Ave.</td>
<td>773.523.1000</td>
<td>Primary Care, Dental, Substance Abuse, HIV, Ob/Gyn, Breast/Cervical Cancer Screening,</td>
</tr>
<tr>
<td><a href="http://www.accesscommunityhealth.net/">http://www.accesscommunityhealth.net</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Zip Code 60609</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACCESS Ashland Family Health Center</td>
<td>5256 S. Ashland, Chicago, IL 60609</td>
<td>773.434.9216</td>
<td>Pediatrics, Cardiology, Internal Medicine, Family Medicine, Ob/Gyn</td>
</tr>
<tr>
<td><a href="http://www.accesscommunityhealth.net/">http://www.accesscommunityhealth.net</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACCESS Grand Boulevard Family Health Center</td>
<td>5401 S. Wentworth, Chicago, IL 60609</td>
<td>773.288.6900</td>
<td>Family Medicine, Cardiology, Rheumatology, Pediatrics,</td>
</tr>
<tr>
<td><a href="http://www.accesscommunityhealth.net/">http://www.accesscommunityhealth.net</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Port Free Clinic</td>
<td>5013 S. Hermitage Ave. Chicago, Il. 60609</td>
<td>773.778.5955</td>
<td>Primary Care, Family Practice</td>
</tr>
<tr>
<td>Saint Basil's Free People's Clinic</td>
<td>1850 W. Garfield Ave.</td>
<td>773.650.5171</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Mile Square Health Back of the Yards</td>
<td>4630 S. Bishop</td>
<td>773.523.2615</td>
<td>Primary Care, Pediatrics, Women's Health, Optometry, Dentistry, Mental Health, Social Services</td>
</tr>
<tr>
<td><a href="http://hospital.uiuillinois.edu/Patients_and_Visitors/Mile_Square_Federally_Qualified_Health_Center.html">http://hospital.uiuillinois.edu/Patients_and_Visitors/Mile_Square_Federally_Qualified_Health_Center.html</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinic Name</td>
<td>Address</td>
<td>Phone</td>
<td>Services</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>----------------------------------------------</td>
<td>-------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Mile Square IHC New City Clinic</td>
<td>734 W. 47th Street, Chicago, IL 60609</td>
<td>773.537.3960</td>
<td>Primary Care, Pediatrics, Women’s Health, Optometry, Dentistry, Mental Health, Social Services</td>
</tr>
<tr>
<td>ACCESS Taylor Family Health Center</td>
<td>4501 S. State St., Chicago, IL 60609</td>
<td>773.548.0800</td>
<td>Primary Care</td>
</tr>
<tr>
<td>ACCESS South State Family Health Center</td>
<td>5050 S. State St., Chicago, IL 60609</td>
<td>773.624.2700</td>
<td>Primary Care</td>
</tr>
<tr>
<td>ACCESS Illinois Eye Institute</td>
<td>3241 S. Michigan, Chicago, IL 60616</td>
<td>312.949.7770</td>
<td>Eye Care</td>
</tr>
<tr>
<td>Henry Booth House Near South Family Health Center</td>
<td>2907 S. Wabash Ave., Chicago, IL 60616</td>
<td>312.949.2177</td>
<td>Primary Care, Family Care, Chiropractic</td>
</tr>
<tr>
<td>Mercy Family Health Center</td>
<td>2525 S. Michigan, Chicago, IL 60616</td>
<td>312.567.2000</td>
<td>Primary Care, Cardiology, Rheumatology, Dermatology, Neurology, Ob/Gyn</td>
</tr>
<tr>
<td>Pilsen Homeless Health Services</td>
<td>1515 W. Monroe St, Chicago, IL 60607</td>
<td>312.243.5226</td>
<td>Primary Care, Substance abuse</td>
</tr>
<tr>
<td>South Chicago Family Health Center</td>
<td>9119 S. Exchange Ave. Chicago, IL</td>
<td>773.768.5000</td>
<td>Comprehensive healthcare</td>
</tr>
<tr>
<td>Zip Code 60610</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NearNorth Health Winfield Moody Health Center</td>
<td>1276 N. Clybourn Chicago, IL 60610</td>
<td>312.337.1073</td>
<td>Internal Medicine, Ob/Gyn, Pediatrics, Podiatry, HIV/AIDS</td>
</tr>
<tr>
<td>NearNorth Health Flannery Health Center</td>
<td>1531 N. Clybourn Chicago, IL 60610</td>
<td>312.664.9920</td>
<td>Senior Care</td>
</tr>
<tr>
<td>ACCESS Warren Family Health Center</td>
<td>2409 W. Warren, Chicago, IL 60612</td>
<td>312.733.4475</td>
<td>Ob/Gyn, Internal Medicine</td>
</tr>
<tr>
<td>Zip Code 60613</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian Health Service of Chicago, Inc.</td>
<td>4085 N. Broadway, Chicago, IL 60613</td>
<td>773.883.9100</td>
<td>Primary Care, Mental Health Care</td>
</tr>
<tr>
<td>Howard Brown Health Center</td>
<td>4025 N. Sheridan, Chicago, IL 60613</td>
<td>773.388.1600</td>
<td>LGBTQ focused primary care</td>
</tr>
<tr>
<td>Zip Code 60615</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Far North Health Cottage View Health Center</td>
<td>4829 S. Cottage Grove, Chicago, IL 60615</td>
<td>773.548.1170</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Friend Family Health Center</td>
<td>800 E. 55th St., Chicago, IL 60615</td>
<td>773.702.0660</td>
<td>Primary Care</td>
</tr>
<tr>
<td>John Sengstacke Health Center of Cook County</td>
<td>450 E. 51st St., Chicago, IL 60615</td>
<td>312.572.2900</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Zip Code 60616</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACCESS Illinois Eye Institute</td>
<td>3241 S. Michigan, Chicago, IL 60616</td>
<td>312.949.7770</td>
<td>Eye Care</td>
</tr>
<tr>
<td>Henry Booth House Near South Family Health Center</td>
<td>2907 S. Wabash Ave., Chicago, IL 60616</td>
<td>312.949.2177</td>
<td>Primary Care, Family Care, Chiropractic</td>
</tr>
<tr>
<td>Mercy Family Health Center</td>
<td>2525 S. Michigan, Chicago, IL 60616</td>
<td>312.567.2000</td>
<td>Primary Care, Cardiology, Rheumatology, Dermatology, Neurology, Ob/Gyn</td>
</tr>
<tr>
<td>Pilsen Homeless Health Services</td>
<td>1515 W. Monroe St, Chicago, IL 60607</td>
<td>312.243.5226</td>
<td>Primary Care, Substance abuse</td>
</tr>
<tr>
<td>Zip Code 60617</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Chicago Family Health Center</td>
<td>9119 S. Exchange Ave. Chicago, IL</td>
<td>773.768.5000</td>
<td>Comprehensive healthcare</td>
</tr>
</tbody>
</table>
| Zip Code 60617 | East Side Chicago Family Health Center  
http://www.chicagofamilyhealth.org/  
10536 S. Ewing Ave,  
Chicago, IL 60617  
773.768.5000  
Comprehensive healthcare  
| Aunt Martha's Southeast Side Community Health Center  
http://www.auntmarthas.org/  
3528 E. 118th St.  
Chicago, IL  60617  
708.747.7100  
Family Planning, Breast and Cervical Cancer Screening, Oral Health, Pediatric Screening, Women's Health  
| ACCESS Brandon Family Health Center  
http://www.accesscommunityhealth.net  
8300 S. Brandon,  
Chicago, IL 60617  
773.721.7600  
Pediatrics, Ob/Gyn, Family Medicine  
| South Chicago Women & Child Health Center  
2938 E. 89th St.  
Chicago, IL 60617  
312.747.5285  
Family Care, Pediatrics  
|  
| Zip Code 60618 | Mile Square IHC North Center Clinic  
http://hospital.uillinois.edu/Patients_and_Visitors/Mile_Square_Federally_Qualified_Health_Center.html  
4221 N. Lincoln Ave.  
Chicago, IL 60618  
773.537.3950  
Primary Care, Pediatrics, Women's Health, Optometry, Dentistry, Mental Health, Social Services  
| Circle Family Healthcare Network Residential Facility  
http://www.cfhcn.org/  
3919 N. Albany,  
Chicago, IL 60618  
773.478.4747  
Preventative Care, Urgent Care, Hygiene and health supplies, Mental Health Assessments, Referrals  
| Circle Family Healthcare Network Mobile Health Van  
http://www.cfhcn.org/  
Travels between shelters/soup kitchens on West side  
773.921.9669  
|  
| Zip Code 60620 | ACCESS Auburn Gresham Family Health Center  
http://www.accesscommunityhealth.net  
8234 S. Ashland,  
Chicago, IL 60620  
773.874.1400  
Family Medicine, Ob/Gyn  
| ACCESS at Perspectives-Calumet  
http://www.accesscommunityhealth.net  
8131 S. May St.  
Chicago IL, 60620  
773.994.3814  
Primary Care, Dental, Substance Abuse, HIV, Breast/Cervical Cancer Screening, Ob/Gyn  
|  
| Zip Code 60621 | Community Health Englewood  
http://www.communityhealth.org/  
641 W. 63rd St.  
Chicago, IL 60621  
773.994.1515  
Primary Care, Dentistry  
| Beloved Community Family Wellness Center  
http://www.bcfwc.org/  
6821 S. Halsted  
Chicago IL 60621  
773.651.3629  
Pediatrics, Immunizations, Ob/Gyn  
| Englewood Health Center of Cook County  
http://www.cookcountyhhs.org/  
1135 W. 69th St.  
Chicago IL, 60621  
773.723.1814  
Family Practice  
|  
| Zip Code 60622 | Community Health West Town  
http://www.communityhealth.org/  
2611 W. Chicago Ave.  
Chicago, IL 60622  
773.395.9900  
Primary Care, Dentistry  
| Erie Family West Town Health Center  
http://www.eriefamilyhealth.org/  
1701 W Superior St.,  
Chicago, IL 60622  
312.666.3494  
Primary Care  
| PrimeCare Community Health, Inc. - West Town  
http://www.eriefamilyhealth.org/  
1431 N. Western,  
Chicago, IL 60622  
312.633.5841  
Family Practice  
| PCC West Town Family Health Center  
http://www.pccwellness.org/  
1044 N. Mozart,  
Chicago IL, 60622  
773.292.8300  
Primary Care  
|  
| Zip Code 60623 | ACCESS Servicios Medicos La Villita  
http://www.accesscommunityhealth.net  
3303 W. 26th St.  
Chicago, IL 60623  
773.277.6589  
Primary Care, Dental, Substance Abuse, HIV, Breast/Cervical  
<p>|</p>
<table>
<thead>
<tr>
<th>Zip Code 60624</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCESS Centro Medico Family Health Center</td>
<td><a href="http://www.accesscommunityhealth.net">http://www.accesscommunityhealth.net</a></td>
</tr>
<tr>
<td>3700 W. 26th St.</td>
<td>773.542.5203</td>
</tr>
<tr>
<td>Cancer Screening, Ob/Gyn</td>
<td></td>
</tr>
<tr>
<td>Dr. Jorge Prieto Health Center of Cook County</td>
<td><a href="http://www.cookcountyhhs.org/">http://www.cookcountyhhs.org/</a></td>
</tr>
<tr>
<td>2424 S. Pulaski,</td>
<td>773.521.0750</td>
</tr>
<tr>
<td>Primary Care, Ob/Gyn, Domestic Violence Support,</td>
<td></td>
</tr>
<tr>
<td>Diabetes Care</td>
<td></td>
</tr>
<tr>
<td>Lawndale Christian Health Center - Ogden</td>
<td><a href="http://www.lawndale.org/">http://www.lawndale.org/</a></td>
</tr>
<tr>
<td>3860 W. Ogden,</td>
<td>773.843.2718</td>
</tr>
<tr>
<td>Primary Care</td>
<td></td>
</tr>
<tr>
<td>ACCESS San Rafael Family Health Center</td>
<td><a href="http://www.accesscommunityhealth.net">http://www.accesscommunityhealth.net</a></td>
</tr>
<tr>
<td>3204 W. 26th St.</td>
<td>773.927.3100</td>
</tr>
<tr>
<td>Primary Care</td>
<td></td>
</tr>
<tr>
<td>South Lawndale Women &amp; Child Health Center</td>
<td></td>
</tr>
<tr>
<td>3059 W. 26th St.</td>
<td>312.747.0066</td>
</tr>
<tr>
<td>Primary Care, Dental Care</td>
<td></td>
</tr>
<tr>
<td>ACCESS Paul and Mimi Fracis Westside Family Health</td>
<td><a href="http://www.accesscommunityhealth.net">http://www.accesscommunityhealth.net</a></td>
</tr>
<tr>
<td>3752 W. 16th St.</td>
<td>773.762.2435</td>
</tr>
<tr>
<td>Family Care, Primary Care, Pediatrics, Ob/Gyn</td>
<td></td>
</tr>
<tr>
<td>Zip Code 60625</td>
<td></td>
</tr>
<tr>
<td>CFS Annex – Chicago</td>
<td></td>
</tr>
<tr>
<td>4133 W. Madison,</td>
<td></td>
</tr>
<tr>
<td>Children, Youth, and Family Care</td>
<td></td>
</tr>
<tr>
<td>ACCESS Bethany</td>
<td><a href="http://www.accesscommunityhealth.net">http://www.accesscommunityhealth.net</a></td>
</tr>
<tr>
<td>3435 W. Van Buren Lower Level,</td>
<td>773.265.2179</td>
</tr>
<tr>
<td>Pediatrics, Internal Medicine, Ob/Gyn</td>
<td></td>
</tr>
<tr>
<td>Lawndale Christian Health Center Homan Square</td>
<td><a href="http://www.lawndale.org/">http://www.lawndale.org/</a></td>
</tr>
<tr>
<td>3517 W. Arthington,</td>
<td>773.843.3000</td>
</tr>
<tr>
<td>Pediatrics, Dental Care</td>
<td></td>
</tr>
<tr>
<td>ACCESS Madison Family Center</td>
<td><a href="http://www.accesscommunityhealth.net">http://www.accesscommunityhealth.net</a></td>
</tr>
<tr>
<td>3800 W. Madison,</td>
<td>773.826.6600</td>
</tr>
<tr>
<td>Pediatrics, Family Care</td>
<td></td>
</tr>
<tr>
<td>Zip Code 60626</td>
<td></td>
</tr>
<tr>
<td>Erie Helping Hands Health Center</td>
<td><a href="http://www.eriefamilyhealth.org/">http://www.eriefamilyhealth.org/</a></td>
</tr>
<tr>
<td>4747 N. Kedzie Ave.</td>
<td>312.666.3494</td>
</tr>
<tr>
<td>Primary Care, Dental Health</td>
<td></td>
</tr>
<tr>
<td>Heartland Health Center - Lincoln Square</td>
<td><a href="http://www.heartlandhealthcenters.org/">http://www.heartlandhealthcenters.org/</a></td>
</tr>
<tr>
<td>2645 W. Lawrence Ave.</td>
<td>773.275.1680</td>
</tr>
<tr>
<td>Primary Care</td>
<td></td>
</tr>
<tr>
<td>Zip Code 60626</td>
<td></td>
</tr>
<tr>
<td>Asian Family Health Center Rogers Park</td>
<td></td>
</tr>
<tr>
<td>1400 W. Greenleaf,</td>
<td>773.671.0300</td>
</tr>
<tr>
<td>Pediatrics, Family Medicine</td>
<td></td>
</tr>
<tr>
<td>ACCESS Evanston - Rogers Park Family Health Center</td>
<td><a href="http://www.accesscommunityhealth.net">http://www.accesscommunityhealth.net</a></td>
</tr>
<tr>
<td>1555 W. Howard,</td>
<td>773.764.7146</td>
</tr>
<tr>
<td>Pediatrics, Family Medicine</td>
<td></td>
</tr>
<tr>
<td>Zip Code 60628</td>
<td></td>
</tr>
<tr>
<td>Pullman Chicago Family Health Center</td>
<td><a href="http://www.chicagofamilyhealth.org/">http://www.chicagofamilyhealth.org/</a></td>
</tr>
<tr>
<td>556 E. 115th St.</td>
<td>773.768.5000</td>
</tr>
<tr>
<td>Comprehensive healthcare</td>
<td></td>
</tr>
<tr>
<td>Roseland Chicago Family Health Center</td>
<td><a href="http://www.chicagofamilyhealth.org/">http://www.chicagofamilyhealth.org/</a></td>
</tr>
<tr>
<td>136 W. 111th St.</td>
<td>773.768.5000</td>
</tr>
<tr>
<td>Comprehensive healthcare</td>
<td></td>
</tr>
<tr>
<td>Christian Community Health Center</td>
<td><a href="http://www.cchc-online.org/">http://www.cchc-online.org/</a></td>
</tr>
<tr>
<td>9718 S. Halsted,</td>
<td>773.233.4100</td>
</tr>
<tr>
<td>Primary Care, Dental</td>
<td></td>
</tr>
<tr>
<td>Aunt Martha's Roseland Community Health Center</td>
<td><a href="http://www.auntmarthas.org/">http://www.auntmarthas.org/</a></td>
</tr>
<tr>
<td>200 E. 115th St.</td>
<td>877.692.8686</td>
</tr>
<tr>
<td>Primary Care</td>
<td></td>
</tr>
<tr>
<td>Zip Code 60629</td>
<td></td>
</tr>
<tr>
<td><strong>Chicago Lawn Family Health Center</strong>&lt;br&gt;<a href="http://www.chicagofamilyhealth.org/">http://www.chicagofamilyhealth.org/</a></td>
<td>3223 W. 63rd St, Chicago, IL 60629</td>
</tr>
<tr>
<td><strong>ACCESS at Marquette School</strong>&lt;br&gt;<a href="http://www.accesscommunityhealth.net">http://www.accesscommunityhealth.net</a></td>
<td>6550 S. Richmond St, Chicago, IL 60629</td>
</tr>
<tr>
<td><strong>IMAN Health Clinic</strong>&lt;br&gt;<a href="http://www.imancentral.org/services/health-clinic/">http://www.imancentral.org/services/health-clinic/</a></td>
<td>2744 W. 63rd, Chicago, IL 60629</td>
</tr>
<tr>
<td><strong>Friend Family Health Center - Pulaski</strong>&lt;br&gt;<a href="http://friendfhc.org/">http://friendfhc.org/</a></td>
<td>5635 S. Pulaski, Chicago, IL 60629</td>
</tr>
</tbody>
</table>

**Zip Code 60632**

| **ACCESS Kedzie Family Health Center**<br>http://www.accesscommunityhealth.net | 3213 W. 47th Place, Chicago, IL 60632 | 773.254.6044 | Ob/Gyn, Pediatrics, Internal Medicine |

**Zip Code 60636**

| **Friend Family Health Center - Western**<br>http://www.accesscommunityhealth.net | 5843 S. Western, Chicago, IL 60636 | 773.434.8600 | Primary Care |
| **ACCESS Lindblom**<br>http://www.accesscommunityhealth.net | 6130 S. Wolcott Ave, Chicago, IL 60636 | 773.434.3856 | Primary Care, Dental, Substance Abuse, HIV, Breast/Cervical Cancer Screening, Ob/Gyn |

**Zip Code 60637**

| **Woodlawn Health Center of Cook County**<br>http://www.cookcountyyhs.org/ | 6337 S. Woodlawn, Chicago, IL 60637 | 773.753.5500 | Primary Care |

**Zip Code 60638**

| **ACCESS Doctors Medical Group**<br>http://www.accesscommunityhealth.net | 6240 W. 55th St, Chicago, IL 60638 | 773.284.2200 | Primary Care |
| **ACCESS Southwest Family Health Center**<br>http://www.accesscommunityhealth.net | 4839 W. 47th St, Chicago, IL 60638 | 773.735.2345 | Family Medicine, Pediatrics |

**Zip Code 60639**

| **ACCESS Austin Family Health Center**<br>http://www.accesscommunityhealth.net | 5835 W. North, Chicago, IL 60639 | 773.745.1200 | Primary Care |
| **PCC Salud Family Health Center**<br>http://www.pccwellness.org/ | 5359 W. Fullerton, Chicago, IL 60639 | 773.836.2785 | Primary Care |
| **PrimeCare Community Health, Inc. - Northwest**<br>http://www.primecarechi.org/ | 1649 N. Pulaski Rd, Chicago, IL 60639 | 773.278.6868 | Primary Care, Family Practice |

**Zip Code 60640**

<p>| <strong>C4 Clark</strong>&lt;br&gt;<a href="https://www.c4chicago.org/">https://www.c4chicago.org/</a> | 4740 North Clark St, Chicago, IL 60640 | 773.769.0205 | Behavioral Health |
| <strong>Erie Family Teen Health Center</strong>&lt;br&gt;<a href="http://www.eriefamilyhealth.org/">http://www.eriefamilyhealth.org/</a> | 1945 West Wilson Ave, 5th Floor, Chicago, IL 60640 | 312.666.3494 | Primary Care |
| <strong>Heartland Health Center</strong>&lt;br&gt;Wilson&lt;br&gt;<a href="http://www.heartlandhealthcenters.org/">http://www.heartlandhealthcenters.org/</a> | 845 W. Wilson Ave, Chicago, IL 60640 | 773.506.4283 | Primary Care |
| <strong>NearNorth Health Uptown Community Health Center</strong>&lt;br&gt;<a href="http://www.nearnorthhealth.org/">http://www.nearnorthhealth.org/</a> | 4867 N. Broadway, Chicago, IL 60640 | 773.561.6640 | Primary Care, Internal Medicine, Ob/Gyn, Domestic Violence Care, Ophthalmology, Podiatry, and X-rays |
| <strong>Heartland Uptown Neighborhood</strong> | 845 W. Wilson, Chicago, IL 60640 | 773.506.4283 | Primary Care, Adult Medicine, |</p>
<table>
<thead>
<tr>
<th>Health Center</th>
<th>Zip Code 60640</th>
<th>Family Care, Pediatrics, Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Center</td>
<td><a href="http://www.heartlandhealthcenters.org/">http://www.heartlandhealthcenters.org/</a></td>
<td>Chicago, IL 60640</td>
</tr>
<tr>
<td>C4 South/Intact Family Recovery</td>
<td><a href="https://www.c4chicago.org/">https://www.c4chicago.org/</a></td>
<td>12940 S. Western, Chicago, IL 60640</td>
</tr>
<tr>
<td>Circle Family Healthcare Network</td>
<td>Parkside Health Center</td>
<td>115 N. Parkside Ave, 1st Floor, Chicago, IL 60644</td>
</tr>
<tr>
<td>PCC Austin Family Health Center</td>
<td><a href="http://www.pccwellness.org/">http://www.pccwellness.org/</a></td>
<td>335 N. Mason, Chicago, IL 60644</td>
</tr>
<tr>
<td>Heartland Health Center Roger Park</td>
<td><a href="http://www.heartlandhealthcenters.org/">http://www.heartlandhealthcenters.org/</a></td>
<td>2200 W Touchy Ave, Chicago, IL 60645</td>
</tr>
<tr>
<td>Hamlin Health Center</td>
<td><a href="http://www.heartlandhealthcenters.org/">http://www.heartlandhealthcenters.org/</a></td>
<td>2542 W. North Ave, Chicago, IL 60647</td>
</tr>
<tr>
<td>Hamlin Health Center</td>
<td><a href="http://www.heartlandhealthcenters.org/">http://www.heartlandhealthcenters.org/</a></td>
<td>1633 N. Hamlin Ave, Chicago, IL 60647</td>
</tr>
<tr>
<td>Erie Family Humboldt Park Health Center</td>
<td><a href="http://www.heartlandhealthcenters.org/">http://www.heartlandhealthcenters.org/</a></td>
<td>2750 W. North Ave, Chicago, IL 60647</td>
</tr>
<tr>
<td>Mile Square South Shore</td>
<td><a href="http://hospital.uillinois.edu/Patients_and_Visitors/Mile_Square_Federally_Qualified_Health_Center.html">http://hospital.uillinois.edu/Patients_and_Visitors/Mile_Square_Federally_Qualified_Health_Center.html</a></td>
<td>7131 South Jeffrey, Chicago, IL 60649</td>
</tr>
<tr>
<td>ACCESS Medical Specialists</td>
<td><a href="http://www.accesscommunityhealth.net/">http://www.accesscommunityhealth.net/</a></td>
<td>400 E. 41st St, Chicago, IL 60653</td>
</tr>
<tr>
<td>ACCESS Booker Family Health Center</td>
<td><a href="http://www.accesscommunityhealth.net/">http://www.accesscommunityhealth.net/</a></td>
<td>654 E. 47th St, Chicago, IL 60653</td>
</tr>
<tr>
<td>Name</td>
<td>Address</td>
<td>Phone</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>--------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>NearNorth Health Komed Holman Health Center</td>
<td>4259 S. Berkeley, Chicago, IL 60653</td>
<td>773.268.7600</td>
</tr>
<tr>
<td>Near South Health Center of Cook County</td>
<td>3525 S. Michigan, Chicago, IL 60653</td>
<td>312.949.4010</td>
</tr>
<tr>
<td>Zip Code 60654</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NearNorth Health Denny Community Health Center</td>
<td>30 W. Chicago, Chicago, IL 60654</td>
<td>312.926.3964</td>
</tr>
<tr>
<td>Zip Code 60657</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Howard Brown Triad Health Practice</td>
<td>3000 N. Halsted, #711, Chicago, IL 60657</td>
<td>773.296.8400</td>
</tr>
<tr>
<td>Heartland Pediatric Center - Lakeview</td>
<td>3048 N. Wilton Ave Chicago, IL 60657</td>
<td>773.296.7580</td>
</tr>
<tr>
<td>Zip Code 60659</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian Human Services Family Health Center</td>
<td>2424 W. Peterson, Chicago, IL 60659</td>
<td>773.761.0300</td>
</tr>
<tr>
<td>New Life Volunteering Society Free Health Clinic</td>
<td>2645 W. Peterson, Chicago, IL 60659</td>
<td>312.275.8630</td>
</tr>
<tr>
<td>ACCESS Peterson Family Health Center</td>
<td>2655 W. Peterson, Chicago, IL 60659</td>
<td>773.271.8880</td>
</tr>
<tr>
<td>C4 Peterson</td>
<td>2525 W. Peterson, Chicago IL 60659</td>
<td>773.506.2525</td>
</tr>
<tr>
<td>Zip Code 60660</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C4 Broadway</td>
<td>5710 North Broadway St. Chicago, IL 60660</td>
<td>773.728.1000</td>
</tr>
<tr>
<td>C4 Recovery Point</td>
<td>5710 North Broadway St. Chicago, IL 60660</td>
<td>773.728.1000</td>
</tr>
<tr>
<td>TPAN</td>
<td>5537 N. Broadway Chicago, IL 60660</td>
<td>773.989.9400</td>
</tr>
<tr>
<td>Free Ryan White HIV Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City of Chicago Dept. of Health/STD/HIV Prevention Program</td>
<td>333 S. State St. Chicago, IL 60604</td>
<td>312.742.7370</td>
</tr>
<tr>
<td>Heartland Health</td>
<td>208 S. La Salle St Chicago, IL 60604</td>
<td>773.751.1717</td>
</tr>
<tr>
<td>Mount Sinai Hospital</td>
<td>California Blvd at 15th St. Chicago, IL 60608</td>
<td>888.287.4624</td>
</tr>
<tr>
<td>Zip Code 60660</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NearNorth Health Winfield Moody Health Center</td>
<td>1276 N. Clybourn Chicago, IL 60610</td>
<td>312.337.1073</td>
</tr>
<tr>
<td>University of Illinois @ Chicago Ryan White Clinic</td>
<td>809 S. Marshfield Ave. Chicago, IL 60612</td>
<td>312.572.4500</td>
</tr>
<tr>
<td>University of Chicago Pediatric &amp; Adolescent HIV/AIDS Clinic</td>
<td>5841 S. Maryland Ave. Chicago, IL 60637</td>
<td>773.702.3853</td>
</tr>
<tr>
<td>Core Center</td>
<td>2020 W. Harrison St. Chicago, IL 60612</td>
<td>312.572.4500</td>
</tr>
<tr>
<td>Name</td>
<td>Address</td>
<td>Phone</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Research and Education Foundation of the Michael Reese Medical Staff</td>
<td>2240 W. Ogden Ave, Floor 2, Chicago, IL 60612</td>
<td>312.768.6098</td>
</tr>
<tr>
<td>Ann &amp; Robert H. Lurie</td>
<td>225 E. Chicago Ave, Chicago, IL 60611</td>
<td>312.227.4000</td>
</tr>
<tr>
<td>Erie Family Lending Hands for Life</td>
<td>2750 W. North Ave, Chicago, IL 60647</td>
<td>312.432.7352</td>
</tr>
<tr>
<td>Lawndale Christian Health Center Homan Square</td>
<td>3517 W. Arthington Street Chicago, IL 60624</td>
<td>872.588.3332</td>
</tr>
<tr>
<td>NearNorth Health Komed Holman Health Center</td>
<td>4259 S. Berkeley Ave, Chicago, IL 60653</td>
<td>872.588.3332</td>
</tr>
<tr>
<td>Lawndale Christian Health Center Farragut Academy</td>
<td>3256 W. 24th St, Chicago, IL 60623</td>
<td>773.848.3003</td>
</tr>
<tr>
<td>University of Illinois @ Chicago Ryan White Clinic</td>
<td>1610 N. Kedzie Ave, Chicago, IL 60647</td>
<td>773.252.4422</td>
</tr>
<tr>
<td>ACCESS Madison Family Health Center</td>
<td>3800 W. Madison St, Chicago, IL 60624</td>
<td>773.826.6600</td>
</tr>
<tr>
<td>Lawndale Christian Health Center Ogden Campus</td>
<td>3860 W Ogden Ave, Chicago, IL 60623</td>
<td>872.588.3332</td>
</tr>
<tr>
<td>Provident Hospital - Hektoen</td>
<td>500 E. 51st St. Chicago, IL 60615</td>
<td>773.936.3841</td>
</tr>
<tr>
<td>Howard Brown Health Center</td>
<td>4025 N. Sheridan Rd, Chicago, IL 60613</td>
<td>773.388.1600</td>
</tr>
<tr>
<td>ACCESS Grand Blvd. Health &amp; Specialty Center</td>
<td>5401 S. Wentworth Ave, Chicago, IL 60609</td>
<td>773.288.6900</td>
</tr>
<tr>
<td>ACCESS Tpan</td>
<td>5537 N. Broadway St, Chicago, IL 60640</td>
<td>773.271.1437</td>
</tr>
<tr>
<td>Lawndale Christian Health Center - Archer</td>
<td>5122 S. Archer Ave, Chicago, IL 60632</td>
<td>773.843.3004</td>
</tr>
<tr>
<td>Jackson Park Hospital Korshak Center</td>
<td>1625 E. 75th St FL 2, Chicago, IL 60649</td>
<td>773.947.7800</td>
</tr>
<tr>
<td>Wellness Center @ South Shore Hospital</td>
<td>8212 S. C randon Ave, Chicago, IL 60617</td>
<td>773.221.4831</td>
</tr>
<tr>
<td><strong>Pediatric Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACCESS Near West Family Health Center</td>
<td>1158 W. Taylor Chicago, IL 60607</td>
<td>312.455.8640</td>
</tr>
<tr>
<td>Mount Sinai Hospital</td>
<td>California Blvd at 15th St. Chicago, IL 60608</td>
<td>888.287.4624</td>
</tr>
<tr>
<td>ACCESS Kling Professional Medical Center</td>
<td>2720 W. 15th St. Chicago, IL 60608</td>
<td>773.257.1700</td>
</tr>
<tr>
<td>ACCESS Ashland Family Health Center</td>
<td>5256 S. Ashland Chicago, IL 60609</td>
<td>773.434.9216</td>
</tr>
<tr>
<td>ACCESS Grand Boulevard Family Health Center</td>
<td>5401 S. Wentworth Chicago, IL 60609</td>
<td>773.288.6900</td>
</tr>
<tr>
<td>Mile Square Health Back of the Yards</td>
<td>4630 S. Bishop Chicago, IL 60609</td>
<td>773.523.2615</td>
</tr>
<tr>
<td>Mile Square IHC New City Clinic</td>
<td>734 W. 47th St. Chicago, IL 60609</td>
<td>773.537.3960</td>
</tr>
<tr>
<td>NearNorth Health Winfield Moody Health Center</td>
<td>1276 N. Clybourn, Chicago, IL 60610</td>
<td>312.337.1073</td>
</tr>
<tr>
<td>Mile Square Near West Side</td>
<td>2045 W. Washington Blvd. Chicago, IL 60612</td>
<td>312.996.2000</td>
</tr>
<tr>
<td>Aunt Martha’s Southeast Side Community Health Center</td>
<td>3528 E. 118th St. Chicago, IL 60617</td>
<td>708.747.7100</td>
</tr>
<tr>
<td>ACCESS Brandon Family Health Center</td>
<td>8300 S. Brandon Chicago, IL 60617</td>
<td>773.721.7600</td>
</tr>
<tr>
<td>South Chicago Women &amp; Child Health Center</td>
<td>2938 E. 89th St. Chicago, IL 60617</td>
<td>312.747.5285</td>
</tr>
<tr>
<td>Mile Square IHC North Center Clinic</td>
<td>4221 N. Lincoln Ave. Chicago, IL 60618</td>
<td>773.537.3950</td>
</tr>
<tr>
<td>Beloved Community Family Wellness Center</td>
<td>6821 S. Halsted Chicago, IL 60621</td>
<td>773.651.3629</td>
</tr>
<tr>
<td>South Lawndale Women &amp; Child Health Center</td>
<td>3059 W. 26th St. Chicago, IL 60623</td>
<td>312.747.0066</td>
</tr>
<tr>
<td>ACCESS Paul and Mimi Francis Westside Family Health Center</td>
<td>3752 W. 16th St. Chicago, IL 60623</td>
<td>773.762.2435</td>
</tr>
<tr>
<td>CFS Annex – Chicago</td>
<td>4133 W. Madison Chicago, IL 60624</td>
<td></td>
</tr>
<tr>
<td>ACCESS Bethany</td>
<td>3435 W. Van Buren Lower Level, Chicago IL 60624</td>
<td>773.2652179</td>
</tr>
<tr>
<td>Lawndale Christian Health Center Homan Square</td>
<td>3517 W. Arthington Chicago, IL 60624</td>
<td>773.843.3002</td>
</tr>
<tr>
<td>ACCESS Madison Family Center</td>
<td>3800 W. Madison Chicago, IL 60624</td>
<td>773.826.6600</td>
</tr>
<tr>
<td>Asian Family Health Center - Rogers Park</td>
<td>1400 W. Greenleaf Chicago, IL 60626</td>
<td>773.671.0300</td>
</tr>
<tr>
<td>ACCESS Evanston - Rogers Park Family Health Center</td>
<td>1555 W. Howard Chicago, IL 60626</td>
<td>773.764.7146</td>
</tr>
<tr>
<td>ACCESS Kedzie Family Health Center</td>
<td>3213 W. 47th Place Chicago, IL 60632</td>
<td>773.254.6044</td>
</tr>
<tr>
<td>Clinic Name</td>
<td>Address</td>
<td>Phone</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>ACCESS Southwest Family Health Center</td>
<td>4839 W. 47th St. Chicago, IL 60638</td>
<td>773.735.2345</td>
</tr>
<tr>
<td>Heartland Uptown Neighborhood Health Center</td>
<td>845 W. Wilson Chicago, IL 60640</td>
<td>773.506.4283</td>
</tr>
<tr>
<td>Mile Square South Shore</td>
<td>7131 South Jeffrey Chicago, IL 60649</td>
<td>773.256.0526</td>
</tr>
<tr>
<td>NearNorth Health Louise Landau Community Health Center</td>
<td>3645 W. Chicago, Chicago, IL 60651</td>
<td>312.337.1073</td>
</tr>
<tr>
<td>NearNorth Health Komed Holman Health Center</td>
<td>4259 S. Berkeley Chicago, IL 60653</td>
<td>773.268.7600</td>
</tr>
<tr>
<td>Heartland Pediatric Center - Lakeview</td>
<td>3048 N. Wilton Ave. Chicago, IL 60657</td>
<td>773.296.7580</td>
</tr>
<tr>
<td>ACCESS Peterson Family Health Center</td>
<td>2655 W. Peterson Chicago, IL 60659</td>
<td>773.271.8880</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Women's Health Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACCESS Near West Family Health Center</td>
<td>1158 W. Taylor Chicago, IL 60607</td>
<td>312.455.8640</td>
</tr>
<tr>
<td>Mount Sinai Hospital</td>
<td>California Blvd at 15th St. Chicago, IL 60608</td>
<td>888.287.4624</td>
</tr>
<tr>
<td>ACCESS Kling Professional Medical Center</td>
<td>2720 W. 15th St. Chicago, IL 60608</td>
<td>773.257.1700</td>
</tr>
<tr>
<td>ACCESS Pilsen Family Health Center</td>
<td>1817 S. Loomis Chicago, IL 60608</td>
<td>312.666.6511</td>
</tr>
<tr>
<td>ACCESS Cabrini Health Center</td>
<td>3450 S. Archer Ave. Chicago, IL 60608</td>
<td>773.523.1000</td>
</tr>
<tr>
<td>ACCESS Ashland Family Health Center</td>
<td>5256 S. Ashland Chicago, IL 60609</td>
<td>773.434.9216</td>
</tr>
<tr>
<td>Mile Square Health Back of the Yards</td>
<td>4630 S. Bishop Chicago, IL 60609</td>
<td>773.523.2615</td>
</tr>
<tr>
<td>Mile Square IHC New City Clinic</td>
<td>734 W. 47th St. Chicago, IL 60609</td>
<td>773.357.3960</td>
</tr>
<tr>
<td>NearNorth Winfield Moody Health Center</td>
<td>1276 N. Clybourn Chicago, IL 60610</td>
<td>312.337.1073</td>
</tr>
<tr>
<td>Location</td>
<td>Address</td>
<td>Phone</td>
</tr>
<tr>
<td>----------</td>
<td>---------</td>
<td>-------</td>
</tr>
<tr>
<td>Mile Square Near West Side</td>
<td>2045 W. Washington Blvd, Chicago, IL 60612</td>
<td>312.996.2000</td>
</tr>
<tr>
<td>Warren Family Health Center</td>
<td>2409 W. Warren Blvd, Chicago, IL 60612</td>
<td>312.733.4475</td>
</tr>
<tr>
<td>Mercy Family Health Center</td>
<td>2525 S. Michigan Ave, Chicago, IL 60616</td>
<td>312.567.2000</td>
</tr>
<tr>
<td>Aunt Martha’s Southeast Side Community Health Center</td>
<td>3528 E. 118th St, Chicago, IL 60617</td>
<td>708.747.7100</td>
</tr>
<tr>
<td>ACCESS Brandon Family Health Center</td>
<td>8300 S. Brandon Blvd, Chicago, IL 60617</td>
<td>773.721.7600</td>
</tr>
<tr>
<td>Mile Square IHC North Center Clinic</td>
<td>4221 N. Lincoln Ave, Chicago, IL 60618</td>
<td>773.537.3950</td>
</tr>
<tr>
<td>ACCESS Auburn Gresham Family Health Center</td>
<td>8234 S. Ashland Ave, Chicago, IL 60620</td>
<td>773.874.1400</td>
</tr>
<tr>
<td>ACCESS at Perspectives Calumet</td>
<td>8131 S. May St, Chicago IL, 60620</td>
<td>773.994.3814</td>
</tr>
<tr>
<td>Beloved Community Family Wellness Center</td>
<td>6821 S. Halsted St, Chicago, IL 60621</td>
<td>773.651.3629</td>
</tr>
<tr>
<td>ACCESS Servicios Medicos La Villita</td>
<td>3303 W. 26th St, Chicago, IL 60623</td>
<td>773.277.6589</td>
</tr>
<tr>
<td>Dr. Jorge Prieto Health Center of Cook County</td>
<td>2424 S. Pulaski, Chicago, IL 60623</td>
<td>773.521.0750</td>
</tr>
<tr>
<td>South Lawndale Women &amp; Child Health Center</td>
<td>3059 W. 26th St, Chicago, IL 60623</td>
<td>312.747.0066</td>
</tr>
<tr>
<td>ACCESS Paul and Mimi Francis Westside Family Health Center</td>
<td>3752 W. 16th St. Chicago, IL 60623</td>
<td>773.762.2435</td>
</tr>
<tr>
<td>ACCESS Bethany</td>
<td>3435 W. Van Buren St, Chicago IL 60624</td>
<td>773.265.2179</td>
</tr>
<tr>
<td>ACCESS at Marquette School</td>
<td>6550 S. Richmond St, Chicago, IL 60629</td>
<td>773.863.0245</td>
</tr>
<tr>
<td>ACCESS Kedzie Family Health Center</td>
<td>3213 W. 47th Place Chicago, IL 60632</td>
<td>773.254.6044</td>
</tr>
<tr>
<td>ACCESS Lindblom</td>
<td>6130 S. Wolcott Ave, Chicago, IL 60636</td>
<td>773.434.3856</td>
</tr>
<tr>
<td>Health Center Name</td>
<td>Address</td>
<td>Phone</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>NearNorth Health Uptown Community Health Center</td>
<td>4867 N. Broadway</td>
<td>773-561-6640</td>
</tr>
<tr>
<td>Tabitha House</td>
<td>550 N. Pine</td>
<td>773.261.1100</td>
</tr>
<tr>
<td>Mile Square South Shore</td>
<td>7131 South Jeffrey</td>
<td>773.256.0526</td>
</tr>
<tr>
<td>NearNorth Health Louise Landau Community Health Center</td>
<td>3645 W. Chicago</td>
<td>312.337.1073</td>
</tr>
<tr>
<td>Mile Square IHC New City Clinic</td>
<td>734 W. 47th St.</td>
<td>773.537.3960</td>
</tr>
<tr>
<td>Mile Square Near West Side</td>
<td>2045 W. Washington Blvd.</td>
<td>312.996.2000</td>
</tr>
<tr>
<td>Aunt Martha’s Southeast Side Community Health Center</td>
<td>3528 E. 118th St.</td>
<td>708.747.7100</td>
</tr>
<tr>
<td>Mile Square IHC North Center Clinic</td>
<td>4221 N. Lincoln Ave.</td>
<td>773.537.3950</td>
</tr>
<tr>
<td>ACCESS at Perspectives-Calumet</td>
<td>8131 S. May St.</td>
<td>773.994.3814</td>
</tr>
<tr>
<td>Community Health Englewood</td>
<td>641 W. 63rd St.</td>
<td>773.994.1515</td>
</tr>
<tr>
<td>Community Health West Town</td>
<td>2611 W. Chicago Ave.</td>
<td>773.395.9900</td>
</tr>
<tr>
<td>ACCESS Servicios Medicos La Villita</td>
<td>3303 W. 26th St.</td>
<td>773.277.6589</td>
</tr>
<tr>
<td>Organization</td>
<td>Address</td>
<td>Phone</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>----------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>South Lawndale Women &amp; Child Health Center</td>
<td>3059 W. 26th St. Chicago, IL 60623</td>
<td>312.747.0066</td>
</tr>
<tr>
<td>Lawndale Christian Health Center - Homan Square</td>
<td>3517 W. Arthington St. Chicago, IL 60624</td>
<td>773.843.3002</td>
</tr>
<tr>
<td>Erie Family Helping Hands Health Center</td>
<td>4747 North Kedzie Ave. Chicago, IL 60625</td>
<td>312.666.3494</td>
</tr>
<tr>
<td>Christian Community Health Center</td>
<td>9718 S. Halsted, Chicago, IL 60628</td>
<td>773.233.4100</td>
</tr>
<tr>
<td>ACCESS Marquette School</td>
<td>6550 S. Richmond St. Chicago, IL 60629</td>
<td>773.863.0245</td>
</tr>
<tr>
<td>ACCESS Lindblom</td>
<td>6130 S. Wolcott Ave. Chicago, IL 60636</td>
<td>773.434.3856</td>
</tr>
<tr>
<td>Heartland Uptown Neighborhood Health Center</td>
<td>845 W. Wilson, Chicago, IL 60640</td>
<td>773.506.4283</td>
</tr>
<tr>
<td>Erie Family Humboldt Park Health Center</td>
<td>2750 West North Ave. Chicago, IL 60647</td>
<td>312.666.3494</td>
</tr>
<tr>
<td>Mile Square South Shore</td>
<td>7131 South Jeffrey, Chicago, IL 60649</td>
<td>773.256.0526</td>
</tr>
<tr>
<td>Asian Human Services Family Health Center</td>
<td>2424 W. Peterson, Chicago, IL 60659</td>
<td>773.761.0300</td>
</tr>
<tr>
<td>Mission of Mercy</td>
<td><a href="http://www.lsdso.org">www.lsdso.org</a></td>
<td></td>
</tr>
<tr>
<td>Association House</td>
<td>1116 N. Kedzie Ave. Chicago, IL 60651</td>
<td>773.772.8009</td>
</tr>
<tr>
<td>C4 Clark</td>
<td>4740 North Clark St. Chicago, IL 60640</td>
<td>773.769.0205</td>
</tr>
<tr>
<td>C4 South/Intact Family Recovery</td>
<td>12940 S. Western Ave. Chicago, IL 60640</td>
<td>773.303.3000</td>
</tr>
<tr>
<td>C4 North</td>
<td>2542 W. North Ave. Chicago, IL 60647</td>
<td>773.365.7277</td>
</tr>
<tr>
<td>C4 Peterson</td>
<td>2525 W. Peterson, Chicago, IL 60659</td>
<td>773.506.2525</td>
</tr>
<tr>
<td>C4 Broadway</td>
<td>5710 North Broadway St. Chicago, IL 60660</td>
<td>773.728.1000</td>
</tr>
<tr>
<td>C4 Recovery Point</td>
<td>5710 North Broadway St. Chicago, IL 60660</td>
<td>773.728.1000</td>
</tr>
<tr>
<td>Circle Family Healthcare Network Residential Facility</td>
<td>3919 N. Albany, Chicago, IL 60618</td>
<td>773.478.4747</td>
</tr>
<tr>
<td>Mount Sinai Hospital</td>
<td>California Blvd at 15th St. Chicago, IL 60608</td>
<td>888.287.4624</td>
</tr>
</tbody>
</table>

| Behavioral Health                                                          |                                              |           | Subsctance Abuse                              |

I - 91
| | | Health; Financial Assistance and reduced fees available |
## TEMPORARY ASSISTANCE RESOURCES

<table>
<thead>
<tr>
<th>Organization</th>
<th>Organization Type</th>
<th>Types of Cases Accepted</th>
<th>Point of Contact for Questions</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Housing Search</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Spanish Coalition for Housing</strong></td>
<td>Non-legal</td>
<td>Housing location counseling services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>773.342.7575</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1922 N. Pulaski Road</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60639</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.sc4housing.org/">http://www.sc4housing.org/</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lawyers Committee for Better Housing</strong></td>
<td>Legal Aid</td>
<td>Eviction defense representation, tenant’s rights in foreclosure, Fair Housing case advocacy, conditions/repairs, security deposit return, housing search</td>
<td>Mark Swartz (in-house attorney, Legal Director) - (312) 347-7600 x520</td>
<td></td>
</tr>
<tr>
<td>312.347.7600</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 North LaSalle St, Suite 900</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, Illinois 60602</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://lcbh.org/">http://lcbh.org/</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="mailto:intake@lcbh.org">intake@lcbh.org</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Temporary Housing for Men and Women</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Casa Norte</strong></td>
<td>Non-legal</td>
<td>Temporary Housing</td>
<td></td>
<td>Provide access to housing for youth and families experiencing homelessness</td>
</tr>
<tr>
<td>773.276.4900</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3533 W. North Ave.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60647</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.lacasanorte.org/">http://www.lacasanorte.org/</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Interfaith House</strong></td>
<td>Non-legal</td>
<td>Temporary Housing</td>
<td>For questions regarding intakes, contact James Nelson, Intake Coordinator 773.533.6013 ext. 255 <a href="mailto:intake@interfaithhouse.org">intake@interfaithhouse.org</a></td>
<td>Provides medical respite care for homeless men and women in medical recovery. Offers interim housing, comprehensive case management, and support to transition to permanent housing</td>
</tr>
<tr>
<td>773.533.6013</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3456 West Franklin Blvd.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60624</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.interfaithhouse.org/">http://www.interfaithhouse.org/</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lincoln Park Community Shelter</strong></td>
<td>Non-legal</td>
<td>Temporary Housing</td>
<td></td>
<td>Comprehensive social service agency that serves adult men and women experiencing homelessness. Call Monday at 9am to schedule an intake. Intakes take place Tuesday at 10:30am by appointment only.</td>
</tr>
<tr>
<td>773.549.6111</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>600 W. Fullerton Pkwy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60614</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.lpcsonline.org">http://www.lpcsonline.org</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Salvation Army Evangeline Booth Lodge</strong></td>
<td>Non-legal</td>
<td>Temporary Housing</td>
<td></td>
<td>Provides temporary housing for men, women, and children who are experiencing homelessness. Provides shelter for up to 60 families a night</td>
</tr>
<tr>
<td><strong>A Safe Haven Foundation</strong></td>
<td>Non-legal</td>
<td>Temporary Housing</td>
<td>Provides supportive housing for men, women, and children and offers with substance abuse treatment, mental health services, and job training and placement</td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----------</td>
<td>------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>773.435.8300</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2750 W. Roosevelt Rd</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60608</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.asafehaven.org">http://www.asafehaven.org</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Cornerstone Community Outreach:</strong></th>
<th>Non-legal</th>
<th>Temporary Housing</th>
<th>Provides shelter and services to homeless and low-income families and individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Sylvia Interim</strong> – for families</td>
<td>773.506.6396 x 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4615 N. Clifton Ave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60640</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <strong>Leland House</strong> – for families</td>
<td>773.506.6396 x 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Manager: Pegge Taylor</td>
<td>773.561.0053</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4656 N. Malden St</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60640</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <strong>Naomi Interim</strong>- for single men</td>
<td>773.506.6396 x 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5253 N Kenmore Ave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <strong>Naomi Interim</strong>- for single women</td>
<td>773.506.6396 x 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4615 N. Clifton Ave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60640</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <strong>Hannah Interim</strong> – for mothers with young children</td>
<td>773.271.8163 x 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4628 N. Clifton Ave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60640</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Connections for the Homeless</strong></th>
<th>Non-legal</th>
<th>Temporary Housing</th>
<th>Provides temporary housing and connects to permanent supportive housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010 Dewey Ave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evanston, IL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intakes – 847.475.7070 x 221</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Latin United Community Housing</strong></th>
<th>Non-legal</th>
<th>Temporary Housing</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>773.276.5338</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3541 W North Ave, #1,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60647</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Bonaventure House (Alexian Brother's)</strong></th>
<th>Non-legal</th>
<th>Temporary Housing</th>
<th>Transitional housing for persons living with HIV/AIDS.</th>
</tr>
</thead>
<tbody>
<tr>
<td>773.327.9921</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>825 W Wellington Ave.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60657</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporary Housing for Men Only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Inner Voice Chicago Interim Housing Program</strong></td>
<td>Non-legal</td>
<td>Temporary Housing</td>
<td>Provides temporary housing for men. DHS referral or proof of homelessness required</td>
</tr>
<tr>
<td>312.994.5830</td>
<td>1700 W. 18th St</td>
<td>312.994.5830</td>
<td>1700 W. 18th St</td>
</tr>
<tr>
<td>Chicago, IL 60612</td>
<td></td>
<td>Chicago, IL 60612</td>
<td>Chicago, IL 60612</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Christopher Roach, Intake coordinator 312.738.1414 x 24 <a href="mailto:slhintake@slministries.org">slhintake@slministries.org</a></td>
<td>Provides temporary housing and social services for formerly incarcerated men returning from Illinois prisons</td>
</tr>
<tr>
<td><strong>St. Leonard’s House</strong></td>
<td>Non-legal</td>
<td>Temporary Housing</td>
<td></td>
</tr>
<tr>
<td>2100 W Warren Blvd</td>
<td></td>
<td>Theresa McHenry ext. 210</td>
<td>Intake in person Monday-Friday 9am-2pm</td>
</tr>
<tr>
<td>Chicago, IL 60612</td>
<td></td>
<td>312.738.1414 24 <a href="mailto:slhintake@slministries.org">slhintake@slministries.org</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://slministries.org/sac/">http://slministries.org/sac/</a></td>
<td></td>
</tr>
<tr>
<td><strong>Breakthrough Urban Ministries</strong></td>
<td>Non-legal</td>
<td>Temporary Housing</td>
<td></td>
</tr>
<tr>
<td>773.346.1785</td>
<td></td>
<td>Lisa Steward, Program Director 773.564.9093</td>
<td>Provides temporary housing, and case management</td>
</tr>
<tr>
<td>402 N. St. Louis Ave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60624</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.breakthrough.org/">http://www.breakthrough.org/</a></td>
<td></td>
</tr>
<tr>
<td><strong>Northside Housing and Supportive Services</strong></td>
<td>Non-legal</td>
<td>Temporary Housing</td>
<td></td>
</tr>
<tr>
<td>941 W. Lawrence – Lower Level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60640</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.northsidehousing.org/">http://www.northsidehousing.org/</a></td>
<td></td>
</tr>
<tr>
<td><strong>Joshua House</strong></td>
<td>Non-legal</td>
<td>Temporary Housing</td>
<td></td>
</tr>
<tr>
<td>Breakthrough Ministries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>773.722.0179</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3330 W. Carroll Ave</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60624</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.breakthrough.org/">http://www.breakthrough.org/</a></td>
<td></td>
</tr>
<tr>
<td><strong>Grace House</strong></td>
<td>Non-legal</td>
<td>Temporary Housing</td>
<td></td>
</tr>
<tr>
<td>312.733.5363</td>
<td></td>
<td>Program Director – Holly Christian</td>
<td>Temporary housing and support services for women exiting the Illinois prison system</td>
</tr>
<tr>
<td>1801 W. Adams</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60612</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://slministries.org/gh/">http://slministries.org/gh/</a></td>
<td></td>
</tr>
<tr>
<td><strong>Sarah’s Circle</strong></td>
<td>Non-legal</td>
<td>Temporary Housing</td>
<td></td>
</tr>
<tr>
<td>773.751.7475</td>
<td></td>
<td></td>
<td>Need DHS referral</td>
</tr>
<tr>
<td>4750 N Sheridan Rd. Suite 220</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60640</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://slministries.org/gh/">http://slministries.org/gh/</a></td>
<td></td>
</tr>
<tr>
<td><strong>Teresa’s Interim Housing Deborah’s Place</strong></td>
<td>Non-legal</td>
<td>Temporary Housing</td>
<td></td>
</tr>
<tr>
<td>773.722.5080</td>
<td></td>
<td></td>
<td>Interim housing and case management for women</td>
</tr>
<tr>
<td>2822 W. Jackson Blvd.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60612</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.deborahsplace.org/">http://www.deborahsplace.org/</a></td>
<td></td>
</tr>
<tr>
<td><strong>Maria’s Shelter</strong></td>
<td>Non-legal</td>
<td>Temporary Housing</td>
<td></td>
</tr>
<tr>
<td>773.994.5350</td>
<td></td>
<td></td>
<td>Serves women and children. DV cases not accepted. Must have DHS referral</td>
</tr>
<tr>
<td>7320 S. Yale</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60616</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Temporary Housing for Women Only**

<table>
<thead>
<tr>
<th>Temporary Housing for Women Only</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Joshua House</strong></td>
<td>Non-legal</td>
<td>Temporary Housing</td>
</tr>
<tr>
<td>Breakthrough Ministries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>773.722.0179</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3330 W. Carroll Ave</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60624</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.breakthrough.org/">http://www.breakthrough.org/</a></td>
</tr>
<tr>
<td><strong>Grace House</strong></td>
<td>Non-legal</td>
<td>Temporary Housing</td>
</tr>
<tr>
<td>312.733.5363</td>
<td></td>
<td>Program Director – Holly Christian</td>
</tr>
<tr>
<td>1801 W. Adams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60612</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://slministries.org/gh/">http://slministries.org/gh/</a></td>
</tr>
<tr>
<td><strong>Sarah’s Circle</strong></td>
<td>Non-legal</td>
<td>Temporary Housing</td>
</tr>
<tr>
<td>773.751.7475</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4750 N Sheridan Rd. Suite 220</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60640</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://slministries.org/gh/">http://slministries.org/gh/</a></td>
</tr>
<tr>
<td><strong>Teresa’s Interim Housing Deborah’s Place</strong></td>
<td>Non-legal</td>
<td>Temporary Housing</td>
</tr>
<tr>
<td>773.722.5080</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2822 W. Jackson Blvd.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60612</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.deborahsplace.org/">http://www.deborahsplace.org/</a></td>
</tr>
<tr>
<td><strong>Maria’s Shelter</strong></td>
<td>Non-legal</td>
<td>Temporary Housing</td>
</tr>
<tr>
<td>773.994.5350</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7320 S. Yale</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60616</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic Violence Survivors Resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Domestic Violence Help Line</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.877.863.6338</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-legal</td>
<td>Help Line and Referral Service</td>
<td></td>
</tr>
<tr>
<td>Serves as a clearinghouse for domestic violence services and information. Provides a list of shelters with availability in a given zip code</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Apna Ghar, Inc. (Our Home)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.800.717.0757</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4350 North Broadway</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60613</td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.apnaghar.org/">http://www.apnaghar.org/</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="mailto:info@apnaghar.org">info@apnaghar.org</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-legal</td>
<td>Temporary Housing</td>
<td></td>
</tr>
<tr>
<td>24-hour emergency shelter for women and children for up to 90 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Crisis Center for South Suburba</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>708.429.7255 (office);</td>
<td></td>
<td></td>
</tr>
<tr>
<td>708.429.7233 (hotline)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="https://crisisctr.org/">https://crisisctr.org/</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-legal</td>
<td>Temporary Housing</td>
<td></td>
</tr>
<tr>
<td>Serves southern and southwestern suburbs and Chicago. Up to 35 women and children can be housing for up to 60 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Amani House</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>773.874.8345</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8025 S Honore St.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60620</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-legal</td>
<td>Temporary Housing</td>
<td></td>
</tr>
<tr>
<td>Transitional shelter for women and children</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Deborah’s Place</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>773.722.5080</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2822 W. Jackson Blvd.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60612</td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.deborahsplace.org/">http://www.deborahsplace.org/</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-legal</td>
<td>Temporary Housing</td>
<td></td>
</tr>
<tr>
<td>Interim housing and case management for women</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Family Rescue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>773.375.8400 (office);</td>
<td></td>
<td></td>
</tr>
<tr>
<td>773.375.8400 (hotline)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3234 E 91st St. Chicago, IL</td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.familyrescuueinc.org/">http://www.familyrescuueinc.org/</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-legal</td>
<td>Temporary Housing</td>
<td></td>
</tr>
<tr>
<td>Women and children (boys under 18). Serves undocumented populations</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>House of the Good Shepherd</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>773.935.3523</td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://hgschicago.org/">http://hgschicago.org/</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="mailto:hgschicago@gmail.com">hgschicago@gmail.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-legal</td>
<td>Temporary Housing</td>
<td></td>
</tr>
<tr>
<td>Support services for women with children</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Greenhouse Shelter</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>773.489.9081</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1116 N. Kedzie, 5th Floor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60651</td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://cawc.org/">http://cawc.org/</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-legal</td>
<td>Temporary Housing</td>
<td></td>
</tr>
<tr>
<td>42 beds, operates at full capacity year round. Accepts boys up to age 18. Staff is fluent in English, Spanish, French, Russian, Polish, and Ukrainian</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Neapolitan Lighthouse</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>773.722.0005</td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.neapolitanlighthouse.org/">http://www.neapolitanlighthouse.org/</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-legal</td>
<td>Temporary Housing</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:neopolitan@ameritech.net">neopolitan@ameritech.net</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beds for women and children for up to 90 days with counseling and case management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization</td>
<td>Non-legal</td>
<td>Service Type</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-----------</td>
<td>---------------------------</td>
</tr>
<tr>
<td><strong>Tabitha House</strong></td>
<td></td>
<td>Temporary Housing</td>
</tr>
<tr>
<td>773.261.1100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>550 N. Pine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60644</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rainbow House</strong></td>
<td></td>
<td>Housing Assistance</td>
</tr>
<tr>
<td>773.521.1815</td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://rainbow-house.org/">http://rainbow-house.org/</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Chicago Abused Women Coalition</strong></td>
<td></td>
<td>Shelter Assistance</td>
</tr>
<tr>
<td>773.489.9081 (office); 773.278.4566 (hotline);</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1116 N. Kedzie, 5th Floor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60651</td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://cawc.org/">http://cawc.org/</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="mailto:info@cawc.org">info@cawc.org</a>/</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lester and Rosalie Anixter Center</strong></td>
<td></td>
<td>Shelter Assistance</td>
</tr>
<tr>
<td>773.973.7900</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2001 N. Clybourn Ave.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60614</td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.anixter.org/">http://www.anixter.org/</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Metropolitan Family Services</strong></td>
<td></td>
<td>Shelter Assistance</td>
</tr>
<tr>
<td>312.986.4200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One N. Dearborn, Suite 1000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60602</td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://metrofamily.org/">http://metrofamily.org/</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mujeres Latinas en Acción</strong></td>
<td></td>
<td>Shelter Assistance</td>
</tr>
<tr>
<td>312.738.5358</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2124 West 21st Place</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60608</td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://mujereslatinasenaccion.org/">http://mujereslatinasenaccion.org/</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>New Hope Community Service Center</strong></td>
<td></td>
<td>Shelter Assistance</td>
</tr>
<tr>
<td>773.737.9555</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2559 W. 79th Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago IL 60652</td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://nhcsc.org/">http://nhcsc.org/</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Wellspring Center for Hope</strong></td>
<td></td>
<td>Shelter Assistance</td>
</tr>
<tr>
<td>773.723.2119</td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://wellspringcenterforhope.org/">http://wellspringcenterforhope.org/</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>YWCA of Metropolitan Chicago</strong></td>
<td></td>
<td>Shelter Assistance</td>
</tr>
<tr>
<td>888.293.2090</td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.ywcachicago.org/">http://www.ywcachicago.org/</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Provider</td>
<td>Type</td>
<td>Contact Information</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Moore Place</td>
<td>Non-legal</td>
<td>773.616.0431 5653 S May St Chicago, IL 60621</td>
</tr>
<tr>
<td>Humboldt Park Social Services</td>
<td>Non-legal</td>
<td>773.342.6210. 3051 W Armitage Ave. Chicago, IL 60647 <a href="http://www.hpsschanginglives.org/">http://www.hpsschanginglives.org/</a></td>
</tr>
<tr>
<td>Celestial Vision Food Pantry</td>
<td>Non-legal</td>
<td>773.501.4064 3023 W. Fullerton Ave. Chicago, IL 60647</td>
</tr>
<tr>
<td>Chicago Hope Food Pantry</td>
<td>Non-legal</td>
<td>773.395.4700 2505 N. Kedzie Blvd. Chicago, IL 60647 <a href="http://www.armitagechurch.org/">http://www.armitagechurch.org/</a></td>
</tr>
<tr>
<td>New Life Family Services</td>
<td>Non-legal</td>
<td>773.384.2200 1665 N. Mozart, Chicago, IL 60647</td>
</tr>
<tr>
<td>Humboldt Park Coop –</td>
<td>Non-legal</td>
<td>773.278.6737 2703 W. Division St. Chicago, IL 60647</td>
</tr>
<tr>
<td>Organization</td>
<td>Type</td>
<td>Contact Name</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-----------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>European American Association</td>
<td>Food Pantry</td>
<td>Margaret Jarmola</td>
</tr>
<tr>
<td>First Bethlehem Lutheran Church</td>
<td>Food Pantry</td>
<td>James Kellerman</td>
</tr>
<tr>
<td>St. Aloysius Church</td>
<td>Food Pantry</td>
<td>Kenneth Velasquez</td>
</tr>
<tr>
<td>Iglesia De Dios Peniel Pantry</td>
<td>Food Pantry</td>
<td>Lydia Rios</td>
</tr>
<tr>
<td>Franciscan Outreach (Marquard)</td>
<td>Soup Kitchen</td>
<td>David Erickson</td>
</tr>
<tr>
<td>St. Stanislaus Kostka SK</td>
<td>Soup Kitchen</td>
<td>Sr. Florine Licavoli</td>
</tr>
<tr>
<td>San Lucas Food Pantry</td>
<td>Food Pantry</td>
<td>Rosita Porrata</td>
</tr>
<tr>
<td>San Lucas AntiHunger</td>
<td>Producemobile</td>
<td></td>
</tr>
<tr>
<td>Association of House Food Pantry</td>
<td>Food Pantry</td>
<td></td>
</tr>
<tr>
<td>First New Life Baptist Church</td>
<td>Food Pantry</td>
<td></td>
</tr>
<tr>
<td>Healing Temple COGIC</td>
<td>Food Pantry</td>
<td>Elizabeth Lockhart</td>
</tr>
<tr>
<td>Organization</td>
<td>Non-legal Status</td>
<td>Service Type</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td><strong>Hope Food Pantry</strong></td>
<td>Non-legal</td>
<td>Food Pantry</td>
</tr>
<tr>
<td><strong>Mission of Christ Lutheran Church</strong></td>
<td>Non-legal</td>
<td>Food Pantry</td>
</tr>
</tbody>
</table>
| **Our Lady of the Angels**           | Non-legal        | Food Pantry        | 773.235.5132 824 N. Hamlin, Chicago, IL 60651  
| **Pine Ave. United Church**          | Non-legal        | Food Pantry        | 773.287.4779 1015 N. Pine Ave. Chicago, IL 60651 |
| **St. Mark International Christian Church** | Non-legal       | Food Pantry        | 773.378.4601 832 N Leclaire Ave. Chicago, IL 60651  
| **United Mission in Christ Church**  | Non-legal        | Food Pantry        | 773.889.8324 1500 N. Mason Ave. Chicago, IL 60651 |
| **Westside Health Authority**        | Non-legal        | Soup Kitchen       | 773.786.0226 5816 W Division St. Chicago, IL 60651  
| **Star of David Outreach**           | Non-legal        | Producemobile      | 773.638.2157 5515 W. Division St. Chicago, IL 60651 |
| **Hope Food Mobile Pantry**          | Non-legal        | Producemobile      | 708.415.6077 5900 W. Iowa St. Chicago, IL 60651 |
|                                       |                  |                    |                                         |
| **Clothing Resources**               |                  |                    |                                         |
| **Humboldt Park Social Services**    | Non-legal        | Temporary Housing, Food Pantry, Clothing Distribution, Soup Kitchen | 773.342.6210 3051 W Armitage Ave. Chicago, IL 60647  
| **Dress for Success**                | Non-legal        | Professional Woman’s Clothing | 312.527.0925 515 N. State St. Suite 2340 Chicago, IL 60654  

- **Hope Food Pantry**
  - Phone: 708.415.6077
  - Address: 5912 W. Iowa St.
  - Hours: Saturday: 9am - 11am; Wednesday: 12pm - 6pm
- **Mission of Christ Lutheran Church**
  - Phone: 773.252.6254
  - Address: 1345 N. Karlov Ave.
  - Hours: Friday: 10am - 12pm
- **Our Lady of the Angels**
  - Phone: 773.235.5132
  - Address: 824 N. Hamlin
  - Hours: Tuesday: 8:30am - 10:30am
- **Pine Ave. United Church**
  - Phone: 773.287.4779
  - Address: 1015 N. Pine Ave.
  - Hours: Tuesday: 9:30am - 11:30am
- **St. Mark International Christian Church**
  - Phone: 773.378.4601
  - Address: 832 N Leclaire Ave.
  - Hours: Tuesday: 10am - 12pm
- **United Mission in Christ Church**
  - Phone: 773.889.8324
  - Address: 1500 N. Mason Ave.
  - Hours: Saturday: 11am - 1pm
- **Westside Health Authority**
  - Phone: 773.786.0226
  - Address: 5816 W Division St.
  - Hours: Thursday: 6:30pm-9:30pm
- **Star of David Outreach**
  - Phone: 773.638.2157
  - Address: 5515 W. Division St.
  - Hours: Every Second Tuesday
- **Hope Food Mobile Pantry**
  - Phone: 708.415.6077
  - Address: 5900 W. Iowa St.
  - Hours: Every third Thursday: 4:30pm - 6:30pm

- **Humboldt Park Social Services**
  - Phone: 773.342.6210
  - Address: 3051 W Armitage Ave.
  - Hours: Monday, Tuesday, and Wednesday from 9am - 12pm

- **Dress for Success**
  - Phone: 312.527.0925
  - Address: 515 N. State St. Suite 2340
  - Hours: Provides women with clothing for work. Generally work on a referral basis.
## FAMILY RESOURCES

<table>
<thead>
<tr>
<th>Organization</th>
<th>Organization Type</th>
<th>Types of Cases Accepted</th>
<th>Point of Contact for Questions</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child Issues</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cabrini Green Legal Aid</td>
<td>Legal Aid</td>
<td>Child Custody, child visitation</td>
<td></td>
<td>Eligibility - 150% of the federal poverty guidelines</td>
</tr>
<tr>
<td>312.738.2452</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>740 N. Milwaukee Ave. Chicago, IL 60642</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.cgla.org">www.cgla.org</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CARPLS Domestic Relations Self-Help Desk</td>
<td>Legal Aid</td>
<td>Child Custody, child visitation</td>
<td></td>
<td><a href="http://www.carpls.org">www.carpls.org</a></td>
</tr>
<tr>
<td>312.738.9200</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 N State St</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60602</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Aid Bureau of Metropolitan Family</td>
<td>Legal Aid</td>
<td>Child Custody, Child Support, child visitation</td>
<td>Monday - Friday, 9 a.m. - noon or 1 p.m. - 4 p.m. to determine if you qualify for an assessment.</td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>312.986.4000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One N. Dearborn, Suite 1000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60602</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.metrofamily.org/">http://www.metrofamily.org/</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cook County State’s Attorney's Child Support</td>
<td>Gov’t Agency</td>
<td>Child Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enforcement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>312.345.2200</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 N. Clark Street</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago 60602</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.statesattorney.org/">http://www.statesattorney.org/</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illinois Child Support Help Line</td>
<td>Legal Aid</td>
<td>Child Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>800.447.4278</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.childsupportillinois.com/">http://www.childsupportillinois.com/</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Defense Center –</td>
<td>Legal Aid</td>
<td>Juvenile Abuse &amp; Neglect</td>
<td></td>
<td>Below 125% of the federal poverty guidelines are eligible for free or pro bono services and other clients may be eligible for partial fee reductions under our fee schedule. <strong>Call and leave a message with your name and telephone number on the Intake line at 312-251-9800 x18.</strong> Either submit a paper intake form or over-the-phone intake with $25 fee.</td>
</tr>
<tr>
<td>312.251.9800</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70 E. Lake St. Suite 1100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60601</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.familydefensecenter.net/">http://www.familydefensecenter.net/</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illinois Dept. of Children &amp; Family Services</td>
<td>Gov’t Agency</td>
<td>Juvenile Abuse &amp; Neglect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Abuse Hotline</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In IL: 800.25.ABUSE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outside IL: 217.524.2029</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Provider</td>
<td>Type</td>
<td>Specialization</td>
<td>Notes</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>-----------------</td>
<td>-------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Legal Aid</td>
<td>Divorce cases</td>
<td></td>
<td>Client must ‘register’ by calling LAF’s main line to be screened for eligibility before speaking with an LAF attorney.</td>
<td></td>
</tr>
<tr>
<td>LAF Chicago</td>
<td>Legal Aid</td>
<td>Divorce</td>
<td>Richard J. Daley Center, 30th Floor. Monday - Friday: 9 - 1 pm</td>
<td></td>
</tr>
<tr>
<td>Domestic Relations Self-Help Desk</td>
<td>Legal Aid</td>
<td>Divorce</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latinos Progresando</td>
<td>Legal Aid</td>
<td>Victims of Domestic Violence</td>
<td>Legal services start at $50 for a consultation. Free consultations for VAWA and additional services for those who qualify.</td>
<td></td>
</tr>
<tr>
<td>LifeSpan</td>
<td>Legal Aid</td>
<td>Victims of Domestic Violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catholic Charities</td>
<td>Legal Aid</td>
<td>Victims of Domestic Violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heartland Alliance / National Immigrant Justice Center</td>
<td>Legal Aid</td>
<td>Victims of Domestic Violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>World Relief</td>
<td>Legal Aid</td>
<td>Victims of Domestic Violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAF Chicago</td>
<td>Legal Aid</td>
<td>Victims of Domestic Violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Centro Romero</td>
<td>Non-Legal</td>
<td>Victims of Domestic Violence</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Divorce**

**Legal Aid**

- **LAF Chicago**
  - 312.341.1070
  - 120 S LaSalle St., Suite 900
  - Chicago, IL 60603

- **Domestic Relations Self-Help Desk**
  - 312.738.9200

**Victims of Domestic Violence**

- **Latinos Progresando**
  - 773.542.7077
  - 3047 W. Cermak Rd
  - Chicago, IL 60623
  - [http://latinospro.org/](http://latinospro.org/)

- **LifeSpan**
  - 312.408.1210
  - 70 E. Lake St. Suite 700
  - Chicago, IL 60601

- **Catholic Charities**
  - 312.427.7078
  - 651 W. Lake Street
  - Chicago, IL 60661
  - [http://www.catholiccharities.net/](http://www.catholiccharities.net/)

- **Heartland Alliance / National Immigrant Justice Center**
  - 312.660.1370
  - 208 S. LaSalle St. Suite 1818
  - Chicago, IL 60604

- **World Relief**
  - 773.583.3010
  - 3507 W Lawrence
  - Chicago, Illinois 60625
  - [http://worldreliefchicago.org/chicago@wr.org](http://worldreliefchicago.org/chicago@wr.org)

- **LAF Chicago**
  - 312.341.1070
  - 120 S LaSalle St., Suite 900
  - Chicago, IL 60603

- **Centro Romero**
  - 773.508.5300
  - 6216 N Clark St
  - Chicago, IL 60660
  - [http://www.centroromero.org/info@centroromero.org](http://www.centroromero.org/info@centroromero.org)
<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Address Details</th>
<th>Type</th>
<th>Consultation Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kevin Dixler</td>
<td>312.588.0500</td>
<td>42 S. Dearborn St., Suite 590 Chicago, IL 60605</td>
<td>Private Bar</td>
<td>Kevin Dixler</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$200 consultation fee</td>
</tr>
<tr>
<td>Maria Baldwin-Potermin</td>
<td>312.368.8200</td>
<td>1 N LaSalle Suite 2150 Chicago, IL 60602</td>
<td>Private Bar</td>
<td>$250 initial consultation fee</td>
</tr>
<tr>
<td>and Associates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Davidson &amp; Schiller</td>
<td>312.499.9000</td>
<td>1 N LaSalle St. Suite 2400 Chicago, IL 60602</td>
<td>Private Bar</td>
<td>Bill Schiller</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$150 consultation fee (applied to legal fees), send email to <a href="mailto:visa@dsmlaw.com">visa@dsmlaw.com</a> for initial screening</td>
</tr>
</tbody>
</table>

### Guardianship, Wills, Elder Abuse

#### Family Defense Center
- **Phone Number**: 312.251.9800
- **Address**: 70 E. Lake St. Suite 1100 Chicago, IL 60601
- **Type**: Legal Aid
- **Consultation Fee**: Below 125% of the federal poverty guidelines are eligible for free or pro bono services and other clients may be eligible for partial fee reductions under our fee schedule. **Call and leave a message with your name and telephone number on the Intake line at 312-251-9800 x18. Either submit a paper intake form or over-the-phone intake with $25 fee.**

#### Cabrini Green Legal Aid
- **Phone Number**: 312.738.2452
- **Address**: 740 N. Milwaukee Ave. Chicago, IL 60642
- **Type**: Legal Aid
- **Consultation Fee**: Eligibility - 150% of the federal poverty guidelines

#### Legal Aid Bureau of Metropolitan Family Services
- **Phone Number**: 312.986.4200
- **Address**: 312.986.4200 One N. Dearborn, Suite 1000 Chicago, IL 60602
- **Type**: Legal Aid
- **Consultation Fee**: 125 percent of the federal poverty level, you must live in Cook County or have a pending case at the Daley Center or the Domestic Violence Courthouse

#### Guardianship Assistance for Minors
- **Phone Number**: 312.603.0135
- **Address**: 69 W. Washington St. Room 1020.
- **Type**: Gov’t
- **Consultation Fee**: George W. Dunne Cook County Office Building. No appointment necessary, but available upon request. Hours: 8:30 a.m. - 4:30 p.m., Monday through Friday

#### Adult Guardianship Self Help Desk
- **Phone Number**: 312.376.1880
- **Address**: Richard J. Daley Center, 12th Floor next to the Forms Desk. Open Monday - Friday, 9:00am to 4:30pm. No phone
- **Type**: Gov’t
- **Consultation Fee**: To be eligible for service, must live in Cook County, IL; have household income at or
<table>
<thead>
<tr>
<th><strong>79 W. Monroe St, Suite 919</strong></th>
<th><strong>Chicago, IL 60603</strong></th>
<th><strong><a href="http://www.cdelaw.org/">http://www.cdelaw.org/</a></strong></th>
<th><strong>below 150% of the Federal Poverty Guidelines; &amp; be 60 years of age or older or live with a permanent disability</strong></th>
</tr>
</thead>
</table>

### Pregnant and Parenting Teens

<table>
<thead>
<tr>
<th><strong>Baby Hotline</strong></th>
<th><strong>866.255.5437</strong></th>
<th><strong>Non-legal</strong></th>
<th><strong>Emergency Supplies of Milk, Formula, and Diapers</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Catholic Charities</strong></td>
<td><strong>312.655.7700</strong>&lt;br&gt;<strong>721 N LaSalle Street</strong>&lt;br&gt;<strong>Chicago, IL 60610</strong>&lt;br&gt;<strong><a href="http://www.catholiccharities.net">www.catholiccharities.net</a></strong></td>
<td><strong>Non-legal</strong></td>
<td><strong>Child Care, Adoption Services, Counseling, Food and Clothing Pantries, Support for Domestic Violence Survivors</strong></td>
</tr>
<tr>
<td><strong>Child Care Assistance Program</strong></td>
<td><strong>877.202.4453</strong>&lt;br&gt;<strong><a href="https://www.dhs.state.il.us/page.aspx?item=30355">https://www.dhs.state.il.us/page.aspx?item=30355</a></strong></td>
<td><strong>Non-legal</strong></td>
<td><strong>Child Care</strong></td>
</tr>
<tr>
<td><strong>Children’s Home &amp; Aid Society</strong></td>
<td><strong>312.424.0200</strong>&lt;br&gt;<strong>125 S Wacker Drive 14th floor</strong>&lt;br&gt;<strong>Chicago, IL 60606</strong>&lt;br&gt;<strong><a href="http://www.childrenshomeandaid.org/">www.childrenshomeandaid.org/</a></strong></td>
<td><strong>Non-legal</strong></td>
<td><strong>Support Services</strong></td>
</tr>
<tr>
<td><strong>Christopher House</strong></td>
<td><strong>773.472.1083</strong>&lt;br&gt;<strong>2507 North Greenview</strong>&lt;br&gt;<strong>Chicago, IL 60614</strong>&lt;br&gt;<strong><a href="http://www.christopherhouse.org/">http://www.christopherhouse.org/</a></strong></td>
<td><strong>Non-legal</strong></td>
<td><strong>After School Programs, Early Childhood Education, College/Career Preparation, Social Support</strong></td>
</tr>
<tr>
<td><strong>Commodity Supplemental Food Program</strong></td>
<td><strong><a href="http://www.dhs.state.il.us/page.aspx?item=31874">http://www.dhs.state.il.us/page.aspx?item=31874</a></strong></td>
<td><strong>Non-legal</strong></td>
<td><strong>Food Packages</strong></td>
</tr>
<tr>
<td><strong>Family Focus</strong></td>
<td><strong>312.655.7000</strong></td>
<td><strong>Non-legal</strong></td>
<td><strong>Parenting Education Classes, Child</strong></td>
</tr>
</tbody>
</table>

Only offered in City of Chicago and selected sites in suburban Cook County.
<table>
<thead>
<tr>
<th>Address</th>
<th>Location</th>
<th>Services Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>310 S. Peoria suite 301 Chicago, IL 60607</td>
<td>Development Activities, After-School Programs, Parent Support Groups and Mentoring</td>
<td></td>
</tr>
<tr>
<td><strong>Illinois Department of Human Services Teen Parents Home Page</strong> <a href="https://www.dhs.state.il.us/page.aspx?item=30518">https://www.dhs.state.il.us/page.aspx?item=30518</a></td>
<td>Non-legal Overview of Programs Offering Support to Pregnant and Parenting Teens</td>
<td></td>
</tr>
<tr>
<td><strong>Illinois Subsequent Pregnancy Program</strong> 800.843.6153 <a href="https://www.dhs.state.il.us/page.aspx?item=31978">https://www.dhs.state.il.us/page.aspx?item=31978</a></td>
<td>Non-legal Pregnancy Counseling</td>
<td>Provides services to first-time mothers between the ages of 13 and 18.</td>
</tr>
<tr>
<td><strong>Head Start</strong> 773.535.1225 4655 South Dearborn St. Chicago, IL 60609 <a href="http://cps.edu/Schools/EarlyChildhood/Pages/Headstartchilddevelopmentprogram.aspx">http://cps.edu/Schools/EarlyChildhood/Pages/Headstartchilddevelopmentprogram.aspx</a></td>
<td>Non-Legal Education, Nutrition, Physical and Mental Health Education</td>
<td>Provides services to children between the ages of 3 and 5.</td>
</tr>
<tr>
<td><strong>Open Door Youth Shelter Response – Ability Pregnant and Parenting Program</strong> 773.506.3120 1.877.286.2523 3262 N Clark Street Chicago, IL 60657</td>
<td>Non-legal Temporary Housing</td>
<td>Provides 4 months shelter for homeless girls, aged 14-20, who are pregnant and/or parenting and their infants and toddlers.</td>
</tr>
<tr>
<td><strong>Maryville Academy John and Mary Madden Shelter</strong> 312.491.3500 1658 W. Grand Avenue Chicago, IL 60622</td>
<td>Non-legal Temporary Housing</td>
<td>Provides emergency shelter care for pregnant and parenting girls aged 13-20.</td>
</tr>
</tbody>
</table>
847.297.8540  
1440 Renaissance Dr., Ste 240  
Park Ridge, IL 60068  
http://www.theharbour.org/programs.html | Non-legal | Temporary Shelter, Support Services to Pregnant and Parenting Teens, Rental Assistance | Provides emergency shelter to pregnant teens aged 12-20 if teen is less than three months pregnant. Services Northwest suburbs, not City of Chicago. |
## IMMIGRATION RESOURCES

<table>
<thead>
<tr>
<th>Organization</th>
<th>Organization Type</th>
<th>Types of Cases Accepted</th>
<th>Point of Contact for Questions</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Citizenship / Naturalization (including Waivers)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catholic Charities</td>
<td>Legal Aid</td>
<td>Citizenship, Victims of Violence (U-Visas, VAWA), Family-Based Petitions</td>
<td>Sarah Flagel (in-house attorney) direct: 312.948.6821</td>
<td>$35 Initial consultation fee. Depending on the type of services provided, there are fee waivers. Call for intake appt between 9am-4pm Monday through Friday</td>
</tr>
<tr>
<td>Catholic Charities</td>
<td>Legal Aid</td>
<td>Citizenship, Victims of Violence (U-Visas, VAWA), Family-Based Petitions</td>
<td>Sarah Flagel (in-house attorney) direct: 312.948.6821</td>
<td>$35 Initial consultation fee. Depending on the type of services provided, there are fee waivers. Call for intake appt between 9am-4pm Monday through Friday</td>
</tr>
</tbody>
</table>
| Chicago Legal Clinic | Legal Aid | Citizenship / Naturalization, Family-Based Petitions, Refugees / Asylum, Employment | Lisa Koop Managing Attorney 312.446.5365 lkoop@heartlandalliance.org | $50 first consultation fee, sliding scale fee.

**Heartland Alliance / National Immigrant Justice Center** 312.660.1370 208 S. LaSalle St. Suite 1818 Chicago, IL 60604 http://www.immigrantjustice.org/
<p>| Legal Aid | Citizenship / Naturalization, Refugees / Asylum, Victims of Violence (U-Visas, VAWA), Victims of Trafficking (T-Visas), Deportation Defense | Lisa Koop Managing Attorney 312.446.5365 <a href="mailto:lkoop@heartlandalliance.org">lkoop@heartlandalliance.org</a> | $50 first consultation fee, sliding scale fee. Tue 1-2pm calls for detainees and Thurs 9am-12pm calls for asylums. All regular calls, Monday-Friday between 8:30 5 for intake |
| Interfaith Refugee and Immigration Services  (“Refugee One”) 773.989.5647 4753 N. Broadway Suite 401 Chicago, IL 60640 <a href="http://www.refugeeone.org/">http://www.refugeeone.org/</a> <a href="mailto:info@refugeeone.org">info@refugeeone.org</a> | Non-legal | Citizenship / Naturalization | Oleg Malski (Certified Immigration Specialist) | Sliding-scale fee |
| World Relief 773.583.3010 3507 W Lawrence Chicago, Illinois 60625 <a href="http://worldreliefchicago.org/chicago@wr.org">http://worldreliefchicago.org/chicago@wr.org</a> | Legal Aid | Citizenship / Naturalization, Family-Based Petitions, Refugees / Asylum, Employment, Victims of Violence (U-Visas, VAWA), Victims of Trafficking (T-Visas) | Ruth Barnes (Staff Attorney) direct: 773.583.3010 x. 8567 | $40 initial consultation fee. Clients should bring any immigration documents they have |
| Centro Romero 773.508.5300 6216 N Clark St Chicago, IL 60660 <a href="http://www.centroromero.org/">http://www.centroromero.org/</a> <a href="mailto:info@centroromero.org">info@centroromero.org</a> | Non-legal | Citizenship / Naturalization, Family-Based Petitions, Victims of Violence (U-Visas, VAWA), other programming (adult education, ESL, youth programs) | Daysi Funes Executive Director, <a href="mailto:d.funes@centroromero.org">d.funes@centroromero.org</a> | Fees |
| Wintersteen &amp; Dunning 312.566.0301 53 W. Jackson Blvd. Suite #809 Chicago, Illinois 60604 <a href="http://www.dunninglaw.net/">http://www.dunninglaw.net/</a> | Private Bar | Citizenship / Naturalization, Family-Based Petitions, Employment, Deportation Defense | Charles Wintersteen (Partner) 312.588.0372 <a href="mailto:chw@charleswintersteen.com">chw@charleswintersteen.com</a> | $150-$200 consultation fee |</p>
<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Address</th>
<th>Services</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emily Love</strong></td>
<td>847.492.1612</td>
<td>621 Madison Street, Evanston, Illinois 60202</td>
<td>Citizenship/Naturalization (waivers), Family-Based Petitions, Asylum, Deportation Defense</td>
<td>$150 consultation fee, Call for initial screening to get an appointment for either phone or in-person consultation</td>
</tr>
<tr>
<td>Hughes, Socol, Piers, Resnick, Dym LTD</td>
<td>312.580.0100</td>
<td>70 West Madison St, Suite 4000, Chicago, IL 60602</td>
<td>Citizenship/Naturalization, Family-Based Petitions, Refugees/Asylum, Employment, Deportation Defense</td>
<td>$300 initial consultation fee</td>
</tr>
<tr>
<td>Kevin Dixler</td>
<td>312.588.0500</td>
<td>42 S. Dearborn St., Suite 590, Chicago, IL 60605</td>
<td>Citizenship/Naturalization (waivers), Family-Based Petitions, Victims of Violence (U-Visas, VAWA), Victims of Trafficking (T-Visas), Deportation Defense</td>
<td>$200 consultation fee</td>
</tr>
<tr>
<td>Maria Baldwin-Potermin and Associates</td>
<td>312.368.8200</td>
<td>1 N LaSalle Suite 2150, Chicago, IL 60602</td>
<td>Citizenship/Naturalization (waivers), Family-Based Petitions, Employment, Victims of Violence (U-Visas, VAWA), Victims of Trafficking (T-Visas), Deportation Defense</td>
<td>$250 initial consultation fee</td>
</tr>
<tr>
<td>Cases Immigration</td>
<td>312.971.7221</td>
<td>2319 W Chicago Avenue, Chicago, IL 60622</td>
<td>Detention, Deportation, Criminal Alien Issues, Asylum &amp; Refugees, Family-based Green Cards &amp; Immigrant Visas, Employment-based green cards, Consular Visas, Temporary Protective Status, U-Visa, VAWA, DACA, Naturalization &amp; Citizenship</td>
<td></td>
</tr>
<tr>
<td>Davidson &amp; Schiller</td>
<td>312.499.9000</td>
<td>1 N LaSalle St. Suite 2400, Chicago, IL 60602</td>
<td>Family-Based Petitions, Employment, Victims of Violence (U-Visas, VAWA)</td>
<td>$150 consultation fee (applied to legal fees), send email to <a href="mailto:visa@dsmlaw.com">visa@dsmlaw.com</a> for initial screening</td>
</tr>
<tr>
<td>Catholic Charities</td>
<td>312.427.7078</td>
<td>651 W. Lake Street, Chicago, IL 60661</td>
<td>Citizenship, Family-Based Petitions, Victims of Violence (U-Visas, VAWA)</td>
<td>$35 Initial consultation fee. Depending on the type of services provided, there are fee waivers. 2pm-4pm call for intake appt between 2-4pm Monday through Friday</td>
</tr>
</tbody>
</table>
| **Chicago Legal Clinic**  
773.731.1762  
2938 E. 91st Street  
Chicago, IL 60617  
[http://www.clclaw.org/](http://www.clclaw.org/) | Legal Aid | Citizenship/ Naturalization, Family-Based Petitions, Refugees/Asylum, Employment | $30 consultation fee, call for intake appointment, sliding-scale fee depending on service provided, mention that referred by HJP |
| **World Relief**  
773.583.3010  
3507 W Lawrence  
Chicago, Illinois 60625  
[http://worldreliefchicago.org/chicago@wr.org](http://worldreliefchicago.org/chicago@wr.org) | Legal Aid | Citizenship/ Naturalization, Family-Based Petitions, Refugees/Asylum, Employment, Victims of Violence (U-Visas, VAWA), Victims of Trafficking (T-Visas) | Ruth Barnes  
(Staff Attorney)  
direct: 773.583.3010 x. 8567  
$40 initial consultation fee |
| **Centro Romero**  
773.508.5300  
6216 N Clark St  
Chicago, IL 60660  
[http://www.centroromero.org/info@centroromero.org](http://www.centroromero.org/info@centroromero.org) | Non-legal | Citizenship/ Naturalization, Family-Based Petitions, Victims of Violence (U-Visas, VAWA), other programming (adult education, ESL, youth programs) | Daysi Funes  
Executive Director,  
d.funes@centroromero.org  
Fees |
| **Wintersteen & Dunning**  
312.566.0301  
2938 E. 91st Street  
Chicago, IL 60617  
(Partner)  
312.588.0372  
chw@charleswintersteen.com  
$150-200 consultation fee |
| **Emily Love**  
847.492.1612  
621 Madison Street  
Evanston, Illinois 60202  
[http://www.emilylove.com/Emily@EmilyLove.com](http://www.emilylove.com/Emily@EmilyLove.com) | Private Bar | Citizenship/ Naturalization (waivers), Family-Based Petitions, Asylum, Deportation Defense | Emily Love  
(Solo Practitioner, LUC Law Grad)  
$150 consultation fee. Call for initial screening to get an appointment for either phone or in-person consultation |
| **Hughes, Socol, Piers, Resnick, Dym LTD**  
312.580.0100  
70 West Madison Street  
Chicago, IL 60602  
(Solo Practitioner)  
$300 initial consultation fee |
| **Kevin Dixler**  
312.588.0500  
42 S. Dearborn St., Suite 590  
Chicago, IL 60605  
(Solo Practitioner)  
$200 consultation fee (some pro bono opportunities available through NIJC referral) |
<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>Services</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maria Baldwin-Potermin and Associates</td>
<td>Private Bar</td>
<td>Citizenship/ Naturalization (waivers), Family-Based Petitions, Employment, Victims of Violence (U-Visas, VAWA), Victims of Trafficking (T-Visas), Deportation Defense</td>
<td>$250 initial consultation fee</td>
</tr>
<tr>
<td>Cases Immigration</td>
<td>Private bar</td>
<td>Detention, Deportation, Criminal Alien Issues, Asylum &amp; Refugees, Family-based Green Cards &amp; Immigrant Visas, Employment-based green cards, Consular Visas, Temporary Protective Status, U-Visa, VAWA, DACA, Naturalization &amp; Citizenship</td>
<td></td>
</tr>
<tr>
<td>LAF Chicago</td>
<td>Legal Aid</td>
<td>Refugees/Asylum, Victims of Violence (U-Visas, VAWA), Victims of Trafficking (T-Visas), Deportation Defense</td>
<td>Lisa Palumbo (Immigration Supervisor) direct: 312.347.8374</td>
</tr>
<tr>
<td>Chicago Legal Clinic</td>
<td>Legal Aid</td>
<td>Citizenship/ Naturalization, Family-Based Petitions, Refugees/Asylum, Employment</td>
<td>Lisa Koop (Managing Attorney) 312.446.5365 <a href="mailto:lkoop@heartlandalliance.org">lkoop@heartlandalliance.org</a></td>
</tr>
<tr>
<td>Heartland Alliance / National Immigrant Justice Center</td>
<td>Legal Aid</td>
<td>Citizenship/ Naturalization, Refugees/Asylum, Victims of Violence (U-Visas, VAWA), Victims of Trafficking (T-Visas), Deportation Defense</td>
<td>Ruth Barnes (Staff Attorney) direct: 773.583.3010 x. 8567</td>
</tr>
<tr>
<td>World Relief</td>
<td>Legal Aid</td>
<td>Citizenship/ Naturalization, Family-Based Petitions, Refugees/Asylum, Employment, Victims of Violence (U-Visas, VAWA), Victims of Trafficking (T-Visas)</td>
<td>Ruth Barnes (Staff Attorney) direct: 773.583.3010 x. 8567</td>
</tr>
<tr>
<td>World Relief</td>
<td>Legal Aid</td>
<td>Citizenship/ Naturalization, Family-Based Petitions, Refugees/Asylum, Employment, Victims of Violence (U-Visas, VAWA), Victims of Trafficking (T-Visas)</td>
<td>Ruth Barnes (Staff Attorney) direct: 773.583.3010 x. 8567</td>
</tr>
<tr>
<td>Hughes, Socol, Piers, Resnick, Dym LTD</td>
<td>Private Bar</td>
<td>Citizenship/ Naturalization, Family-Based Petitions, Refugees/Asylum, Employment, Victims of Violence (U-Visas, VAWA), Victims of Trafficking (T-Visas)</td>
<td>Hughes, Socol, Piers, Resnick, Dym LTD 312.580.0100 70 West Madison Street Chicago, IL 60602</td>
</tr>
<tr>
<td>Hughes, Socol, Piers, Resnick, Dym LTD</td>
<td>Private Bar</td>
<td>Citizenship/ Naturalization, Family-Based Petitions, Refugees/Asylum, Employment, Victims of Violence (U-Visas, VAWA), Victims of Trafficking (T-Visas)</td>
<td>Hughes, Socol, Piers, Resnick, Dym LTD 312.580.0100 70 West Madison Street Chicago, IL 60602</td>
</tr>
<tr>
<td>Service</td>
<td>Legal Aid/Bar</td>
<td>Description</td>
<td>Contact Details</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>----------------</td>
<td>----------------------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Employment, Deportation Defense</td>
<td>Legal Aid</td>
<td>Citizenship/Naturalization, Family-Based Petitions, Refugees/Asylum, Employment</td>
<td>$30 consultation fee, call for intake appointment, sliding-scale fee depending on service provided, mention that referred by HJP</td>
</tr>
<tr>
<td>Employment (work permits)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago Legal Clinic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>773.731.1762</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2938 E. 91st Street</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60617</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.clclaw.org/">http://www.clclaw.org/</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>World Relief</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>773.583.3010</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3507 W Lawrence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, Illinois 60625</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://worldreliefchicago.org/">http://worldreliefchicago.org/</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="mailto:chicago@wr.org">chicago@wr.org</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$40 initial consultation fee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wintersteen &amp; Dunning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>312.566.0301</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2938 E. 91st Street</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60617</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.clclaw.org/">http://www.clclaw.org/</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charles Wintersteen (Partner)</td>
<td></td>
<td></td>
<td>$150-$200 consultation fee</td>
</tr>
<tr>
<td>312.588.0372</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="mailto:chw@charleswintersteen.com">chw@charleswintersteen.com</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hughes, Socol, Piers, Resnick,</td>
<td></td>
<td></td>
<td>$300 initial consultation fee</td>
</tr>
<tr>
<td>Dym LTD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>312.580.0100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70 West Madison Street</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60602</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.hsplegal.com/">http://www.hsplegal.com/</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ruth Barnes (Attorney)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>773.583.3010 x. 8567</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$250 initial consultation fee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maria Baldwin-Potermin and</td>
<td></td>
<td></td>
<td>$150 consultation fee (applied to legal fees), send email to <a href="mailto:visa@dsmlaw.com">visa@dsmlaw.com</a> for initial screening</td>
</tr>
<tr>
<td>Associates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>312.368.8200</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 N LaSalle Suite 2150</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60602</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.baldini-potermin.com/">http://www.baldini-potermin.com/</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$250 initial consultation fee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Davidson &amp; Schiller</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>312.499.9000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 N LaSalle St. Suite 2400</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60602</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://davidsonschiller.com/">http://davidsonschiller.com/</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bill Schiller (Partner, LUC Law Grad)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>312.971.7221</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2319 W Chicago Avenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60622</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cases Immigration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>312.971.7221</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2319 W Chicago Avenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60622</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$150 consultation fee (applied to legal fees), send email to <a href="mailto:visa@dsmlaw.com">visa@dsmlaw.com</a> for initial screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization</td>
<td>Service Type</td>
<td>Legal Aid</td>
<td>Victims of Violence (U-Visas, VAWA)</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------</td>
<td>-----------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Latinos Progresando</td>
<td>Legal Aid</td>
<td>Legal Aid</td>
<td>Victims of Violence (U-Visas, VAWA)</td>
</tr>
<tr>
<td>LifeSpan</td>
<td>Legal Aid</td>
<td>Legal Aid</td>
<td>Victims of Violence (U-Visas, VAWA)</td>
</tr>
<tr>
<td>Catholic Charities</td>
<td>Legal Aid</td>
<td>Legal Aid</td>
<td>Citizenship, Victims of Violence (U-Visas, VAWA), Family-Based Petitions</td>
</tr>
<tr>
<td>Heartland Alliance / National Immigrant Justice Center</td>
<td>Legal Aid</td>
<td>Legal Aid</td>
<td>Citizenship/ Naturalization, Refugees/Asylum, Victims of Violence (U-Visas, VAWA), Victims of Trafficking (T-Visas), Deportation Defense</td>
</tr>
<tr>
<td>World Relief</td>
<td>Legal Aid</td>
<td>Legal Aid</td>
<td>Citizenship/ Naturalization, Family-Based Petitions, Refugees/Asylum, Employment, Victims of Violence (U-Visas, VAWA), Victims of Trafficking (T-Visas)</td>
</tr>
<tr>
<td>LAF Chicago</td>
<td>Legal Aid</td>
<td>Legal Aid</td>
<td>Refugees/Asylum, Victims of Violence (U-Visas, VAWA), Victims of Trafficking (T-Visas), Deportation Defense</td>
</tr>
<tr>
<td>Centro Romero</td>
<td>Non-legal</td>
<td>Non-legal</td>
<td>Citizenship/ Naturalization, Family-Based Petitions, Victims of Violence (U-Visas, VAWA), other programming (adult education, ESL, youth programs)</td>
</tr>
<tr>
<td>Kevin Dixler</td>
<td>Private Bar</td>
<td>Private Bar</td>
<td>Citizenship/ Naturalization (waivers), Family-</td>
</tr>
<tr>
<td>Firm</td>
<td>Legal Bar</td>
<td>Services</td>
<td>Contact Person</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-----------------</td>
<td>--------------------------------------------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Chicago, IL 60605</td>
<td></td>
<td>Based Petitions, Victims of Violence (U-Visas, VAWA), Victims of Trafficking (T-Visas), Deportation Defense</td>
<td></td>
</tr>
<tr>
<td><a href="http://www.dixler.com/">http://www.dixler.com/</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maria Baldwin-Potermin and Associates</td>
<td>Private Bar</td>
<td>Citizenship/ Naturalization (waivers), Family-Based Petitions, Employment, Victims of Violence (U-Visas, VAWA), Victims of Trafficking (T-Visas), Deportation Defense</td>
<td>Bill Schiller (Partner, LUC Law Grad)</td>
</tr>
<tr>
<td>312.368.8200</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 N LaSalle Suite 2150</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60602</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.baldini-potermin.com/">http://www.baldini-potermin.com/</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Davidson &amp; Schiller</td>
<td>Private Bar</td>
<td>Family-Based Petitions, Employment, Victims of Violence (U-Visas, VAWA)</td>
<td>Bill Schiller</td>
</tr>
<tr>
<td>312.499.9000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 N LaSalle St. Suite 2400</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60602</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://davidsonschiller.com/">http://davidsonschiller.com/</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cases Immigration</td>
<td>Private bar</td>
<td>Detention, Deportation, Criminal Alien Issues, Asylum &amp; Refugees, Family-based Green Cards &amp; Immigrant Visas, Employment-based green cards, Consular Visas, Temporary Protective Status, U-Visa, VAWA, DACA, Naturalization &amp; Citizenship</td>
<td></td>
</tr>
<tr>
<td>312.971.7221</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2319 W Chicago Avenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60622</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heartland Alliance / National Immigrant Justice Center</td>
<td>Legal Aid</td>
<td>Citizenship/ Naturalization, Refugees/Asylum, Victims of Violence (U-Visas, VAWA), Victims of Trafficking (T-Visas), Deportation Defense</td>
<td>Lisa Koop (Managing Attorney) 312.446.5365 <a href="mailto:lkoop@heartlandalliance.org">lkoop@heartlandalliance.org</a></td>
</tr>
<tr>
<td>312.660.1370</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>208 S. LaSalle St. Suite 1818</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60604</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.immigrantjustice.org/">http://www.immigrantjustice.org/</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAF Chicago</td>
<td>Legal Aid</td>
<td>Refugees/Asylum, Victims of Violence (U-Visas, VAWA), Victims of Trafficking (T-Visas), Deportation Defense</td>
<td>Lisa Palumbo (Immigration Supervisor) direct: 312.347.8374</td>
</tr>
<tr>
<td>312.341.1070</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>120 S LaSalle St., Suite 900</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60603</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.lafchicago.org/">http://www.lafchicago.org/</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wintersteen &amp; Dunning</td>
<td>Private Bar</td>
<td>Citizenship/ Naturalization, Family-Based Petitions, Employment, Deportation Defense</td>
<td>Charles Wintersteen (Partner) 312.588.0372 <a href="mailto:chw@charleswintersteen.com">chw@charleswintersteen.com</a></td>
</tr>
<tr>
<td>312.566.0301</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2938 E. 91st Street</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60617</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.clclaw.org/">http://www.clclaw.org/</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emily Love</td>
<td>Private Bar</td>
<td>Citizenship/ Naturalization, Family-Based Petitions, Employment, Deportation Defense</td>
<td>Emily Love</td>
</tr>
<tr>
<td>312.341.1070</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Law Firm/Attorney</td>
<td>Practice Areas</td>
<td>Initial Consultation Fee</td>
<td>Notes</td>
</tr>
<tr>
<td>------------------</td>
<td>----------------</td>
<td>--------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Emily Love</td>
<td>Naturalization (waivers), Family-Based Petitions, Asylum, Deportation Defense</td>
<td>Call for initial screening to get an appointment for either phone or in-person consultation</td>
<td></td>
</tr>
<tr>
<td>Hughes, Socol, Piers, Resnick, Dym LTD</td>
<td>Citizenship/ Naturalization, Family-Based Petitions, Refugees/Asylum, Employment, Deportation Defense</td>
<td>$300 initial consultation fee</td>
<td></td>
</tr>
<tr>
<td>Kevin Dixler</td>
<td>Citizenship/ Naturalization (waivers), Family-Based Petitions, Victims of Violence (U-Visas, VAWA), Victims of Trafficking (T-Visas), Deportation Defense</td>
<td>Kevin Dixler (Solo Practitioner) $200 consultation fee (some pro bono opportunities available through NIJC referral)</td>
<td></td>
</tr>
<tr>
<td>Maria Baldwin-Potermin and Associates</td>
<td>Citizenship/ Naturalization (waivers), Family-Based Petitions, Employment, Victims of Violence (U-Visas, VAWA), Victims of Trafficking (T-Visas), Deportation Defense</td>
<td>$250 initial consultation fee</td>
<td></td>
</tr>
<tr>
<td>Cases Immigration</td>
<td>Detention, Deportation, Criminal Alien Issues, Asylum &amp; Refugees, Family-based Green Cards &amp; Immigrant Visas, Employment-based green cards, Consular Visas, Temporary Protective Status, U-Visa, VAWA, DACA, Naturalization &amp; Citizenship</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DEFERRED ACTION FOR CHILDHOOD ARRIVALS

On June 15, 2012, the Obama Administration announced that certain individuals who were brought to the United States without legal status as children will be granted a temporary reprieve from deportation and given work authorization. A temporary status program, Deferred Action for Childhood Arrivals (DACA), will allow eligible immigrants to pursue their education and work legally in the U.S. for up to two years.

When an individual is granted “deferred action,” it means the Department of Homeland Security (DHS) has deemed the individual a low priority for immigration enforcement and has chosen to exercise its discretion and not deport the individual. Deferred action provides temporary relief from enforcement but may be revoked at any time. Deferred action is not amnesty or immunity. It does not provide lawful immigration status or a path to a green card or citizenship. It does not extend to any family members of the person granted deferred action. Individuals may request deferred action if they:

- Came to the United States before their 16th birthday;
- Were under age 31 and had no valid immigration status on June 15, 2012;
- Have continuously resided in the United States between June 15, 2007 and the present;
- Are currently in school, graduated from high school, obtained a GED, or were honorably discharged from the Armed Forces; and
- Have not been convicted of a felony, a “significant” misdemeanor, or three or more other misdemeanors, and do not otherwise pose a threat to national security or public safety.


Individuals requesting deferred action must pay $465 in fees.
<table>
<thead>
<tr>
<th>Organization</th>
<th>Non-legal</th>
<th>Direct Representation,</th>
<th>Fee charged for services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicago Legal Clinic</td>
<td>Direct Representation,</td>
<td>Fee charged for services</td>
<td></td>
</tr>
<tr>
<td>Erie Neighborhood House</td>
<td>Direct Representation available in limited cases, Outreach, Fingerprints</td>
<td>Fee charged for services</td>
<td></td>
</tr>
<tr>
<td>Family Focus Aurora</td>
<td>Direct Representation, Outreach, Fingerprints</td>
<td>Fee charged for services</td>
<td></td>
</tr>
<tr>
<td>Frida Kahlo Community Organization</td>
<td>Direct Representation available in limited cases, Consultation, Outreach, Fingerprints</td>
<td>Fee charged for services</td>
<td></td>
</tr>
<tr>
<td>Hebrew Immigrant Aid Society</td>
<td>Outreach only primarily in the north and northwest suburbs</td>
<td>Fee charged for services</td>
<td></td>
</tr>
<tr>
<td>Latinos Progresando</td>
<td>Direct Representation, Consultation, Outreach, Fingerprints</td>
<td>Fee charged for services</td>
<td></td>
</tr>
<tr>
<td>Instituto del Progreso Latino</td>
<td>Outreach</td>
<td>Fee charged for services</td>
<td></td>
</tr>
<tr>
<td>Heartland Alliance - National Immigrant Justice Center</td>
<td>Direct Representation,</td>
<td>Fee charged for services</td>
<td></td>
</tr>
</tbody>
</table>
**IMMIGRANT ELIGIBILITY FOR FEDERAL PROGRAMS**

This table provides an overview of immigrant eligibility for the major federal public assistance programs. Some states provide assistance to immigrants who are not eligible for federally funded services. (Table Updated October 2011). Source: National Immigration Law Center.

http://www.nilc.org/table_ovrw_fedprogs.html

<table>
<thead>
<tr>
<th><strong>Supplemental Security Income (SSI)</strong></th>
<th>&quot;Qualified&quot; Immigrants Who Entered the U.S. Before Aug. 22, 1996</th>
<th>&quot;Qualified&quot; Immigrants Who Entered the U.S. on or After Aug. 22, 1996</th>
<th>&quot;Not Qualified&quot; Immigrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible only if:</td>
<td>Eligible only if:</td>
<td>Eligible only if:</td>
<td></td>
</tr>
<tr>
<td>Receiving SSI (or application pending) on Aug. 22, 1996</td>
<td>Lawful permanent resident with credit for 40 quarters of work (but must wait until 5 years after entry before applying)</td>
<td>Receiving SSI (or application pending) on Aug. 22, 1996</td>
<td></td>
</tr>
<tr>
<td>Qualify as disabled and were lawfully residing in the U.S. on Aug. 22, 1996</td>
<td>Were granted asylum or refugee status or withholding of deportation/removal, Cuban/Haitian entrant, Amerasian immigrant, victim of trafficking, or Iraqi or Afghan special immigrant status — but only during first 7 years after status was granted</td>
<td>Certain American Indians born abroad</td>
<td></td>
</tr>
<tr>
<td>Lawful permanent resident with credit for 40 quarters of work</td>
<td>Veteran, active duty military; spouse, unmarried surviving spouse, or child</td>
<td>Victims of trafficking and their derivative beneficiaries during the first seven years after status was granted</td>
<td></td>
</tr>
<tr>
<td>Were granted refugee or asylum status or withholding of deportation/removal, Cuban/Haitian entrant, Amerasian immigrant, or victim of trafficking—but only during first 7 years after status was granted</td>
<td>Certain American Indians born abroad</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplemental Nutrition Assistance Program (SNAP)</td>
<td>Veteran, active duty military; spouse, unremarried surviving spouse, or child¹</td>
<td>Certain American Indians born abroad</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Eligible only if:</td>
<td>Eligible only if:</td>
<td>Eligible only if:</td>
<td></td>
</tr>
<tr>
<td>Are under age 18:²</td>
<td>Are under age 18:²</td>
<td>Member of Hmong or Laotian tribe during the Vietnam era, when the tribe militarily assisted the U.S., spouse, surviving spouse or child of tribe member, who is lawfully present in the U.S.</td>
<td></td>
</tr>
<tr>
<td>Were granted refugee or asylum status or withholding of deportation/removal, Cuban/Haitian entrant, Amerasian immigrant, or victim of trafficking</td>
<td>Were granted asylum or refugee status or withholding of deportation/removal, Cuban/Haitian entrant, Amerasian immigrant, victim of trafficking, or Iraqi or Afghan special immigrant status</td>
<td>Certain American Indians born abroad</td>
<td></td>
</tr>
<tr>
<td>Have been in “qualified” immigrant status for 5 years³</td>
<td>Have been in “qualified” immigrant status for 5 years¹</td>
<td>Victims of trafficking and their derivative beneficiaries</td>
<td></td>
</tr>
<tr>
<td>Are receiving disability-related assistance¹, ⁴</td>
<td>Are receiving disability-related assistance¹, ⁴</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lawful permanent resident with credit for 40 quarters of work</td>
<td>Lawful permanent resident with credit for 40 quarters of work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were 65 years or older and were lawfully residing in the U.S. on Aug. 22, 1996¹</td>
<td>Veteran, active duty military; spouse, unremarried surviving spouse, or child¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program</td>
<td>Eligibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Temporary Assistance for Needy Families (TANF)</strong></td>
<td>Eligible only if: Were granted asylum or refugee status or withholding of deportation/removal, Cuban/Haitian entrant, Amerasian immigrant, victim of trafficking, or Iraqi or Afghan special immigrant status</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Medicaid (includes labor and delivery)</strong></td>
<td>Eligible only if: Veteran, active duty military; spouse, unremarried surviving spouse, or child</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Full-Scope Medicaid</strong></td>
<td>Eligible only if: Have been in “qualified” immigrant status for 5 years or more</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible</td>
<td>Eligible only if:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------</td>
<td>-------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were granted asylum or refugee status or withholding of deportation/removal, Cuban/Haitian entrant, Amerasian immigrant, victim of trafficking, or Iraqi or Afghan special immigrant status</td>
<td>Victims of trafficking and their derivative beneficiaries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veteran, active duty military; spouse, unmarried surviving spouse, or child¹</td>
<td>Lawfully residing children under 21 (state option)¹⁰</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receiving federal Foster Care</td>
<td>Victims of trafficking and their derivative beneficiaries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have been in “qualified” immigrant status for 5 years or more¹,⁷</td>
<td>Lawfully residing pregnant women (state option)¹⁰</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under 21 (state option)¹⁰</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnant women (state option)¹⁰</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Children’s Health Insurance Program (CHIP)
<table>
<thead>
<tr>
<th>Program</th>
<th>Eligible</th>
<th>Eligible</th>
<th>Eligible only if:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare “Premium Free” Part A (hospitalization) (eligibility based on work history)</td>
<td>Eligible</td>
<td>Eligible</td>
<td>Lawfully present, and eligibility for assistance is based on authorized employment</td>
</tr>
<tr>
<td>Premium “Buy-in” Medicare</td>
<td>Eligible only if:</td>
<td>Eligible only if:</td>
<td>Not Eligible</td>
</tr>
<tr>
<td></td>
<td>Lawful permanent resident who has resided continuously in the U.S. for at least 5 years</td>
<td>Lawful permanent resident who has resided continuously in the U.S. for at least 5 years</td>
<td></td>
</tr>
<tr>
<td>HUD Public Housing and Section 8 Programs</td>
<td>Eligible except:</td>
<td>Eligible except:</td>
<td>Eligible only if:</td>
</tr>
<tr>
<td></td>
<td>Certain Cuban/Haitian entrants and “qualified” abused spouses and children</td>
<td>Certain Cuban/Haitian entrants and “qualified” abused spouses and children</td>
<td>Temporary resident under IRCA general amnesty, or paroled into the U.S. for less than 1 year</td>
</tr>
<tr>
<td></td>
<td>Note: If at least one member of the household is eligible based on immigration status, the family may reside in the housing, but the subsidy will be pro-rated.</td>
<td>Note: If at least one member of the household is eligible based on immigration status, the family may reside in the housing, but the subsidy will be pro-rated.</td>
<td>Citizens of Micronesia, the Marshall Islands, and Palau</td>
</tr>
</tbody>
</table>
| Program or service funded by the block grant is exempt from the welfare law’s restrictions | Victims of trafficking and their derivative beneficiaries | Lawfully present’
Were receiving assistance based on an application filed before Dec. 1, 1996 | Eligibility required by certain international agreements
Victims of trafficking and their derivative beneficiaries

<table>
<thead>
<tr>
<th>Title XX Block Grants</th>
<th>Eligible</th>
<th>Eligible</th>
<th>Eligible only if:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security</td>
<td>Eligible’</td>
<td>Eligible’</td>
<td>Eligible only if:</td>
</tr>
<tr>
<td>Other Federal Public Benefits Subject to Welfare Law’s Restrictions</td>
<td>Eligible</td>
<td>Eligible</td>
<td>Eligible only if:</td>
</tr>
</tbody>
</table>
Key Terms Used in the Table

“Qualified” immigrants are: (1) lawful permanent residents (LPRs); (2) refugees, asylees, persons granted withholding of deportation/removal, conditional entry (in effect prior to Apr. 1, 1980), or paroled into the U.S. for at least one year; (3) Cuban/Haitian entrants; (4) battered spouses and children with a pending or approved (a) self-petition for an immigrant visa, or (b) immigrant visa filed for a spouse or child by a U.S. citizen or LPR, or (c) application for cancellation of removal/suspension of deportation, whose need for benefits has a substantial connection to the battery or cruelty (parent/child of such battered child/spouse are also “qualified”); and (5) victims of trafficking and their derivative beneficiaries who have obtained a T visa or whose application for a T visa sets forth a *prima facie* case. (A broader group of trafficking victims who are certified by or receive an eligibility letter from the Office of Refugee Resettlement are eligible for benefits funded or administered by federal agencies, without regard to their immigration status.)

“Not qualified” immigrants include all noncitizens who do not fall under the “qualified” immigrant categories.

Notes

1. Eligibility may be affected by deeming; a sponsor’s income/resources may be added to the immigrant’s in determining eligibility. Exemptions from deeming may apply.

2. LPRs are eligible if they have worked 40 qualifying quarters in the U.S. Immigrants also get credit toward their 40 quarters for work performed (1) by parents when the immigrant was under 18; and (2) by spouse during the marriage (unless the marriage ended in divorce or annulment). No credit is given for a quarter worked after Dec. 31, 1996, if a federal means-tested public benefit (SSI, food stamps, TANF, Medicaid, or CHIP) was received in that quarter.

3. Children are not subject to sponsor deeming in the food stamp program.

4. Disability-related benefits include SSI, Social Security disability, state disability or retirement pension, railroad retirement disability, veteran’s disability, disability-based Medicaid, and disability-related General Assistance if the disability determination uses criteria as stringent as those used by federal SSI.

5. In Indiana, Mississippi, Ohio, South Carolina, and Texas, TANF is available only to immigrants who entered the U.S. on or after Aug. 22, 1996, who are: (1) LPRs credited with 40 quarters of work; (2) veterans, active duty military (and their spouse, unmarried surviving spouse, or child); or (3) refugees, asylees, persons granted withholding of deportation/removal, Cuban/Haitian entrants, victims of trafficking, and Amerasian immigrants during the five years after obtaining this status. Indiana provides TANF to “refugees” listed in (3) regardless of the date they obtained that status and does not provide benefits to post 8/22/96 entrants listed in (1). Mississippi does not address eligibility for Cuban/Haitian entrants or Amerasian immigrants.

6. In Wyoming, only LPRs with 40 quarters of work credit, abused immigrants, parolees, veterans, active duty military (and their spouse, unmarried surviving spouse, or child), refugees, asylees, persons granted withholding of deportation/removal, Cuban/Haitian
entrants, and Amerasian immigrants who entered the U.S. prior to Aug. 22, 1996, are eligible for full-scope Medicaid.

7. In Alabama, Mississippi, North Dakota, Ohio, Texas, Virginia, and Wyoming, full-scope Medicaid is available only to immigrants who entered the U.S. on or after Aug. 22, 1996, who are: (1) LPRs credited with 40 quarters of work; (2) veterans, active duty military (and their spouse, unre-married surviving spouse, or child); or (3) refugees, asylees, persons granted withholding of deportation/removal, Cu-ban/Haitian entrants, and Amerasian immigrants during the seven years after obtaining this status. Wyoming provides full-scope Medicaid to “qualified” abused immigrants and persons paroled into the U.S., regardless of their date of entry. Alabama provides Medicaid to LPRs who have completed the five year bar, regardless of whether they have 40 quarters of work history. In Texas and Alabama, Amerasian immigrants are eligible only during the five years after obtaining this status; Mississippi does not address eligibility for Cuban/Haitian entrants or Amerasian immigrants. North Dakota provides Medicaid to the “refugees” listed in (3) without a time limit. Virginia and Texas provide Medicaid to lawfully residing children, regardless of their date of entry into the U.S.

8. In states that opt to cover fetuses, SCHIP provides prenatal care regardless of the mother’s immigration status. The scope of coverage depends in part on how the option is implemented.

9. For applications based on Social Security numbers issued on or after Jan. 1, 2004: must have been assigned a Social Security number that was, at the time assigned or at any later time, valid for work purposes. Alternatively, must have been admitted to the U.S. temporarily for business or as a crewman when the relevant work quarters were earned.

10. For a list of states providing medical assistance to additional categories of immigrants, either with state funds or under the option to provide federal Medicaid and CHIP to lawfully residing children and pregnant women, regardless of their date of entry into the U.S.; or to provide prenatal care, regardless of the mother’s status, under the CHIP program’s “fetus” option, see the table “Medical Assistance Programs for Immigrants in Various States” at www.nilc.org/document.html?id=159. For a definition of “lawfully residing” for the purpose of Medicaid and CHIP coverage of children and pregnant women, see a letter from Cindy Mann, Centers for Medicaid and Medicare Services, to state health officials, Re: Medicaid and CHIP Coverage of “Lawfully Residing” Children and Pregnant Women (July 1, 2010), at www.cms.gov/smdl/downloads/SHO10006.pdf.
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

The Health Insurance Portability and Accountability Act (HIPAA) sets standards for entities that use and have access to an individual’s protected health information. For example, HIPAA protects an individual’s privacy and ownership rights in their protected health information (PHI) as it is obtained, accessed, and transferred throughout the healthcare process.

PHI is “individually identifiable health information” or information that gives a reader specific information about a person, which can make him identifiable. 45 CFR 160.103. PHI can include a person’s name, date of birth, social security number, diagnoses, address, provider’s name, etc.

Specifically, HIPAA protects personal information related to:
- An individual’s past, present, or future physical or mental health or conditions;
- The provision of health care to the individual;
- Identifiable numbers, such as social security numbers, patient numbers, record numbers, or account numbers; and
- Other common identifiers like name, address, and date of birth.
45 CFR 160.103.

Individual Rights Provided by HIPAA

HIPAA gives an individual the multiple rights, including the right to:

1) Access medical records. 45 CFR 164.524(a). This means that an individual has the right to request a copy of all PHI a covered entity has of his or hers.
2) Authorize the sharing of his or her PHI with other entities under HIPAA. 45 CFR 164.508(b)(5). This gives the individual the ability to control who has access to their PHI and how their PHI will be used.
3) Receive notification if their PHI was vulnerable to unauthorized access or if the covered entity’s security measures protecting the PHI were breached. 45 CFR 164.404(a).

HIPAA requires that the Health Justice Project obtain written releases from clients prior to accessing a client’s medical records or sharing PHI with partners or outside entities. For copies of releases, please speak with your supervising attorney.

Entities Subject to HIPAA

HIPAA regulates the actions of covered entities and their business associates. 45 CFR 160.103. Covered entities include most health services providers, health care plans, and health care clearinghouses. 45 CFR 160.103. Covered entities do not directly apply to MLP sites that operate as independent legal services providers. Additionally, business associates are required to abide by HIPAA. A business associate is an organization that performs a function on behalf of a covered entity that involves the use or access to PHI. 45 CFR 160.103.

A health care provider in a medical-legal partnership may request that independent legal services providers enter into HIPAA-compliant business associate agreements that establish procedures and policies regarding use of PHI. McDermott, Will & Emery, Introductory Frequently Asked Questions Regarding HIPAA, Privilege and Confidentiality in the Medical-Legal Partnership Model. Further, when a covered entity has authorization to share an individual’s PHI...
with a contractor, that contractor becomes a business associate and is therefore bound by the regulations of the HIPAA statute. 45 CFR 164.502(a)(3).

Entities subject to HIPAA are required to follow certain procedures and policies related to the use of PHI. A covered entity must obtain a patient’s written authorization for any use or disclosure of PHI that is not for treatment, payment, or health care operations, or otherwise permitted by law. 45 CFR 164.508.

Failure to abide by these requirements may result in fines and disciplinary action. Consult with your supervising attorney before releasing any client information to an individual or entity outside of the Health Justice Project. Where appropriate, ask the client to sign a general release form and medical release form.
CONSENT BY MINORS TO HEALTHCARE TREATMENT

Typically, only a parent or guardian may give consent for medical treatment of a minor child. However, in certain circumstances, Illinois law allows a minor – an individual under the age of 18 – to consent to healthcare treatment.

Consent by Minors to Medical Procedures Act

The Consent by Minors to Medical Procedures Act, 410 ILCS 210/1, et seq., gives minors the right to consent to medical procedures in certain situations.

Consent to Medical and Surgical Procedures

A married person who is a minor, a parent who is a minor, a pregnant woman who is a minor, or any person 18 years of age or older, is deemed to have the same legal capacity to act and has the same powers and obligations as a person of legal age with regard to the performance of a medical or surgical procedure. 410 ILCS 210/1.

Consent to Primary Care Services

A minor seeking care is deemed to have the same legal capacity to act and has the same powers and obligations as a person of legal age under the following circumstances:

- The health care professional reasonably believes that the minor seeking care understands the benefits and risks of any proposed primary care or services; and
- The minor seeking care is identified in writing as a minor by:
  - An adult relative;
  - A representative of a homeless service agency that receives federal, state, county, or municipal funding to provide those services or that is otherwise sanctioned by a local continuum of care;
  - An attorney licensed to practice law in Illinois;
  - A public school homeless liaison or school social worker;
  - A social services agency providing services to at-risk, homeless, or runaway youth; or
  - A representative of a religious organization.

410 ILCS 210/1.5.

Under the law, a minor seeking care is a person at least 14 years of age but less than 18 years of age who is living separate and apart from his parents or legal guardian, whether with or without the consent of a parent or legal guardian, who and is unable or unwilling to return to the residence of a parent, and who is managing his own personal affairs. 410 ILCS 210/1.5(e).

This does not include minors who are under protective custody, temporary custody, or guardianship of the Department of Children and Family Services. 410 ILCS 210/1.5(e).

Primary care services include screening, counseling, immunizations, medication, and treatment of illness, and conditions typically treated in an out-patient setting. It does not include invasive care, beyond standard injections, laceration care, or non-surgical fracture care. 410 ILCS 210/1.5(e).

Consent to Medical or Surgical Procedures by Minor Parents

Any parent, including a parent who is a minor, may consent to the performance upon his or her child of a medical, surgical, or dental procedure. 410 ILCS 210/2.
**Consent in Cases of Sexual Assault**

When a minor is the victim of a predatory criminal sexual assault of a child, aggravated criminal sexual assault, criminal sexual assault, aggravated criminal sexual abuse, or criminal sexual abuse, the consent of the minor’s parent or legal guardian need not be obtained to furnish medical care or counseling related to the diagnosis or treatment of any disease or injury arising from such offense. The minor may consent to counseling, diagnosis, or treatment. 410 ILCS 210/3.

**Consent in Cases of Sexually Transmitted Disease and Substance Abuse**

A minor 12 years of age or older who may have come into contact with any sexually transmitted disease or may be determined to be an addict, alcoholic, or intoxicated person, or who may have a family member who abuses drugs or alcohol, may give consent to the furnishing of medical care or counseling related to the diagnosis or treatment of the disease. 410 ILCS 210/4.

**Birth Control Services to Minors Act**

Under the Birth Control Services to Minors Act, birth control services and information may be given by licensed physicians to any minor who is:

- Married;
- A parent;
- Pregnant;
- Has parental consent;
- Referred by physician, clergyman, or planned parenthood agency; or
- Where the failure to provide such services would create a serious health hazard. 325 ILCS 10/1.