



****Do not mail this information. Your application was submitted electronically.****

Thank you for using ABE to apply for benefits!

Jordan Kingsley, your application was submitted on September 20, 2024 at 02:45 P.M. If your application was received outside of normal business hours, your application date will be the next business day.

Mailing Address

Rock Island County FCRC
3561 60th Street
Moline IL 61265-5881
Phone Number: (309) 623-1001

Your application tracking number is T30871861. You will need this number to check the status of your application.

You may also need to give your worker proof of some of the things you told us in your application. We will send you a letter with a list of the items you need to provide in order for us to process your application. Once you have gathered the items, you can fax, mail or bring them to the office listed above. If you cannot find something, your worker may be able to help you get the proof you need.

Application Summary

Here is a summary of what you told us, as well as important information about your rights and responsibilities.

Office Information

Original Suggested Office: Rock Island County FCRC, 89

Office of Choice: Rock Island County FCRC, 89

Basic Information

Your Name	Date of Birth	Gender	Language Preference	County
Jordan Kingsley	09/25/1992	Male	English	Rock Island
Where You Live		Mailing Address		
3402 56th street place unit 3 Moline, IL 61265		3402 56th street place Unit 3 Moline, IL 61265		
How many days a month you live at this address?		31		
Currently homeless?				
Contact Information				
Home Phone		(206) 486-2129		
Work Phone				
Cell Phone		(563) 499-1253		
Alternate Phone				



Best way to get in touch during weekday	Home Phone
Phone Type (if Deaf or Hard of Hearing)	
Best time to call during weekday	Anytime
Phone for Text Reminders	Cell Phone
Email Address	jkngsly@gmail.com

Application Programs Requested

SNAP

Expedited SNAP Screening

Are you getting SNAP benefits this month?	No
Are you residing in a shelter for abused women?	
Total amount of income your household will get this month	\$903.00
Total value of your household's resources	\$0.00
Total amount your household will pay for housing this month	\$0.00
Total amount of child support expenses paid by members of your household this month	\$0.00
Countable income for your household this month	\$903.00
Did anyone receive a payment of \$21 or more this month or in any of the last 12 months from the Low Income Home Energy Assistance Program (LIHEAP), (in Chicago paid through CEDA)?	No
Utilities your household will pay for this month	
Is anyone in your home a migrant or seasonal farmworker?	No

People In Your Home

You have told us that there is/are 1 person(s) in the household.



Person	Date of Birth	Gender	Marital Status	Language
Jordan Kingsley Age: 31	09/25/1992	Male	Never Married	English
	Sex Assigned At Birth	Gender Identity	Sexual Orientation	
	Male	Male	Lesbian Or Gay	
	Benefit Selection			
	SNAP Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
	Healthcare Coverage - Ongoing Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
	Family Planning Program Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
	Cash Assistance Details Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
	Medicare Savings Program Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
	Is this person planning to file taxes this year?			
	No			
	SSN	SSN Application Date	US Citizen?	
	591-27-7406		Yes	
	In the military or spouse or child of person in the military?		No	
	Ethnicity	Race	Indigenous Status	
Prefer Not to Answer	White	No		
Is this person a resident of Illinois?	Job commitment or looking for work?	Migrant or Seasonal Farm Worker?		
Yes	Yes			
Where does he/she live?		Moved and received assistance from another state?		
In this Home		N/A		
Other State	County in Other State	Type of assistance received in other state?	Date received assistance from another state	
N/A	N/A	N/A	N/A	
Date moved to IL	Case Worker Name	Case Worker's Phone Number		
N/A	N/A	N/A		
Applied for benefits or received benefits from Illinois in the past?	If yes, name which applied/received benefits under	If yes, list Social Security Number benefits received under		
N/A	N/A	N/A		

Questions About the People In Your Home

Person	Pregnant during last 3 months?	Blind or Disabled?	Convicted of a Drug Felony?	Drug Treatment Program?	Violation of Parole/Probation?	Getting Other SNAP Benefits?
Jordan Kingsley Age: 31	No	No	No	No	No	No



Additional Household Information

Person	Is Victim of Domestic Violence?	No
Jordan Kingsley Age: 31	Is going to an Alcohol and Drug Treatment program?	No
	Is working with Rehabilitation services?	No
	Is caring for a child, spouse or other person with disability in the home?	No
	Has Healthcare coverage?	N/A

Healthcare Coverage Information

You have told us that no one we asked about has this Healthcare Coverage other than Medicaid.

Disability

You have told us that no one we asked about is receiving disability benefits but has applied or been denied.

Liquid Resource Information

You have told us that no one we asked about has this type of resource.

Job Income Information

Person	Current or Recent Job	Self-Employment	Reduced Hours/Refusal to Work
Jordan Age: 31	Yes	No	No

Current or Recent Job Information



Person	Name of Employer	Address of Employer	
Jordan Age: 31	Aggressive Developments	3929 41st Avenue Dr., 612 Moline IL 61265	
	Job Start Date	Job End Date	Date of Final Paycheck
	03/01/2024	09/10/2024	09/09/2024
	Jobs on Strike		On Strike Date
	No		
	Expected to continue in next 30 days		Reason Job Ended
	No		Fired
	How often are payments made?	Type Of Pay	Rate of Pay
		Hourly	\$14.00
			15.00
	Every Two Weeks	Pay Period Amount	\$400.00
		\$159.00	

Other Income Questions

Person	Getting income from providing room and/or board?
Jordan Age: 31	No

Other Income Information

You told us that no one in your home has this kind of income, benefit, or bill.

Housing Bills Questions

Is anyone responsible for paying housing bills?	No
Did anyone receive a payment of \$21 or more this month or in any of the last 12 months from the Low Income Home Energy Assistance Program (LIHEAP), (in Chicago paid through CEDA)?	No
Is the household billed separately from rent or mortgage for heat or air conditioning?	No
Is the household billed separately from rent or mortgage for excess cost for heat or air conditioning?	No
Is anyone responsible for paying utility bills?	No
Is anyone a roomer or boarder?	No

Housing Bills Information

You told us that no one in your home has this kind of income, benefit, or bill.



Utility Bills Information

You told us that no one in your home has this kind of income, benefit, or bill.

Other Expenses Questions

Person	Child Support Payments	No
Jordan Age: 31	Spousal Support Payments	No
	Dependent Care Bills	No
	Medical Bills	No
	Medicare Information	No
	Job Expenses	No
	Other Expenses	No

Child/Spousal Support Payment Information

You have told us that no one we asked about has Child Support/Spousal Support Payment Information.

Medical Bills

You told us that no one in your home has this kind of income, benefit, or bill.

Medicare Information

You told us that no one in your home has this kind of income, benefit, or bill.



School Enrollment Information

Person	In School?	Highest Grade Completed?	Type Of School	Additional Student Information
Jordan Age: 31	Not in school			

Other Information Questions

Person	Does anyone applying receive or has anyone applied for services through the Department on Aging's Community Care Program?	Former Foster Care Status	Adoption Subsidy Payments
Jordan Age: 31	No	No	No

Interview Information

Able to come to office for interview	No
Reason unable to come to interview	Problems with health, transportation or ongoing severe weather.

Additional Information

No Additional information provided by the user



Electronic Attestation

I have agreed to submit this application by electronic means. By submitting this application electronically, I declare under penalties of perjury that my answers are correct and complete to the best of my knowledge and belief. I also declare the following:

- I understand the questions and statements on this application.
- I have read and understand my Rights and Responsibilities in the box above.
- I understand the penalties for giving false information.
- I understand that upon verification of my information, this attestation will have the same legal effect and can be enforced in the same way as a written signature.

By checking this box and typing my name below, I am electronically attesting to the information in the application.
Jordan Kingsley

SNAP Coverage - Client Rights and Responsibilities:

Read carefully before signing this application. Ask your caseworker to explain anything you do not understand.

Because the SNAP program requires a social security number (SSN) for every member of your household who is applying for SNAP benefits, we are explaining how your SSN is used by IDHS.

What does IDHS do with your Social Security Number?

The SSN will be used in the administration of the SNAP program to check the identity of household members, prevent duplicate participation, and to facilitate making mass changes. If you or any member of your household wants to apply for SNAP benefits, but does not have an SSN, we can help you to apply for one. The SSN will be used in computer matching and program reviews or audits and to make sure the household is eligible for SNAP benefits, other federal assistance programs, and federally assisted state programs, such as school lunch, TANF, and Medicaid. IDHS secures and uses information about all clients through the income and eligibility verification system (IEVS). This includes such information as receipt of social security benefits, unemployment insurance, unearned income and wages from employment. When information does not match, we may contact a third party, such as employers, claims representatives or financial institutions to verify the information. This information may affect your eligibility for assistance and the amount of assistance provided. This may result in criminal or civil action or administrative claims against persons fraudulently participating in the SNAP program. We do not require a social security number for any member of your household who is not eligible for the SNAP program, unless their eligibility is being determined for the State Food Program, or who does not wish to apply for either program.

Why does IDHS collect your Social Security number?

IDHS secures and uses information about all clients through the income and eligibility verification system. This includes such information as receipt of social security benefits, unemployment insurance, unearned income and



wages from employment. When information does not match, we may contact a third party, such as employers, claims representatives, or financial institutions to verify the information. This information may affect your eligibility for assistance and the amount of assistance provided.

Right to appeal A fair hearing may be requested either orally or in writing by using the ABE Appeals Portal, facsimile (fax), mail, or in person at the Bureau of Hearings or at any FCRC, if there is disagreement with any action taken on this case. The SNAP unit's case may be presented at the hearing by any person chosen by the SNAP unit.

SNAP Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, a Complainant should complete a Form AD -3027, the USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf> , from any USDA office by calling (833) 620-1071, or by writing a letter to USDA. The letter must contain the Complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient details to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

- (1) Mail: Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
- (2) Fax: (833) 256-1665; or
- (3) Email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

Additional Illinois Nondiscrimination Information

You may also write the Illinois Department of Human Services (IDHS) at Illinois Department of Human Services, Bureau of Civil Affairs, 401 South Clinton St., 6th Floor, Chicago, Illinois, 60607 or call the IDHS Helpline Number at 1-800-843-6154 or 866-324-5553 TTY/Nextalk or 711 Relay.

IDHS, HHS, and USDA are equal opportunity providers and employers.

The State of Illinois provides reasonable accommodations according to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990



Declaration Regarding Citizenship/Alien Status

I declare, under penalty of perjury, that the statements I have made regarding the citizenship or alien status of each person requesting assistance are true and correct. I understand that the alien status of each person requesting assistance who is not a citizen of the United States will be verified with the United States Citizenship and Immigration Services (USCIS). This will require the disclosure to USCIS of certain identifying information which I have provided. The information received from USCIS may affect eligibility for assistance and the benefit level.

I understand that documents may have to be provided to prove what I've said. I agree to do this. If documents are not available, I agree to give the name of a person or organization the IDHS Family Community Resource Center (FCRC) may contact to obtain the necessary proof. **The information on this form is subject to verification by Federal, State, and Local Officials. If any information is found to be inaccurate, I may be denied SNAP benefits, and/or be subject to criminal prosecution for knowingly providing false information.**

I understand that a change that happens after the eligibility interview and before the notice of decision must be reported within 10 calendar days unless otherwise notified. If I have any doubt about whether to report a change, I will ask my Human Services caseworker. I understand that if I am approved for SNAP benefits and I receive more benefits than I am entitled to, whether an error on my part or an agency error, the amount of overpaid benefits may be subtracted from my monthly benefit amount.

IN THE APPLICATION	
You Must Report	You must report and verify:
Child care expenses	Medical expenses(prescription receipts, provider statement or non-reimbursable medical expenses, insurance premium statement)
Rent or mortgage payment, property taxes and insurance and utility ExpensesRent	Child support paid to a non-SNAP Unit member (paystub showing deduction for child support, court order, court statements)

Failure to report or verify above expenses will be seen as a statement by your SNAP Unit that you do not want to receive a deduction for the unreported expenses.

Child support payments are subject to verification by computer matching with the records of the Division of Child Support Enforcement.

Penalty Warning - What are the SNAP Program Penalties?



If you.....	Then you will lose SNAP benefits
<ul style="list-style-type: none">• Hide or give wrong information on purpose to get SNAP benefits.• Trade, steal or sell SNAP benefits, or resell food bought with SNAP benefits• Use SNAP benefits to buy non-food items like alcohol or tobacco.• Use someone else's SNAP benefits for yourself or someone else• Throw away beverages purchased with SNAP benefits just to get money back from a container deposit.	<ul style="list-style-type: none">• 12 months the first time• 24 months the second time• permanently the third time
<ul style="list-style-type: none">• Trade SNAP benefits for controlled substances, such as drugs.	<ul style="list-style-type: none">• 24 months the first time• permanently the second time
<ul style="list-style-type: none">• Trade SNAP benefits for firearms, ammunition or explosives	<ul style="list-style-type: none">• permanently
<ul style="list-style-type: none">• Buy, sell or trade SNAP benefits of more than \$500.00	<ul style="list-style-type: none">• permanently
<ul style="list-style-type: none">• Give false information about who you are and where you live so you can get extra SNAP benefits.	<ul style="list-style-type: none">• 10 years

You can also be fined up to \$250,000 and put in prison up to 20 years or both. In addition, you may be barred from SNAP for an additional 18 months if court ordered. You can also be charged under other Federal laws. Persons who are fleeing felons or probation/parole violators are ineligible for SNAP benefits.

These Rights &Responsibilities also apply to the Illinois State Food Program.