



State of Illinois
Department of Human Services
Department of Healthcare and Family Services

Date of Notice: November 16, 2020
Case Number: 409585314
Office Name: NORTHERN FCRC
Office Address: 8001 LINCOLN AVE
SKOKIE, IL 60077
Phone: 847-745-3200
Fax: 844-736-3563



SCOTT LIEBER
5923 N WINTHROP AVE
APT 3N
CHICAGO, IL 60660

You can manage your case online at abe.illinois.gov

Esta notificación está disponible en Español. Usted puede solicitarla por Internet en abe.illinois.gov o llame al 1-800-843-6154 (TTY 1-866-324-5553)

Verification Checklist

We need the items listed below to determine your eligibility. If you have an office interview **BRING** the items with you. If you have a phone interview or are applying for medical only, return these items as described in the instructions on the last page of this document.

What you need to give us - Give us the information that is marked below by the due dates listed below.

Please return at least **one of the requested examples** for each verification and person listed below **by no later than the due dates listed below**. If you do not respond by **the due date** your SNAP, Cash and/or Medical benefits could be reduced, cancelled or denied.

Name of Person	What is Needed	Examples	Required For	Due Date
SCOTT LIEBER	Signature regarding rights to Medical Support Payments	Signature on the enclosed Read & Sign Page	Medical	11/24/2020

If you need more time or help in getting information, notify your Family Community Resource Center listed above before the interview date or due date.



Verification Document Cover Sheet

IMPORTANT: Return this Verification Document Cover Sheet when you return your verifications to us to avoid a delay in processing your benefits.

From: **SCOTT LIEBER**

Number of Pages Returned: 1

Case Number: **409585314**

(including this sheet)

Instructions to Submit Your Verifications

Write in the number of pages you are returning to us in the space above. Do not write anywhere else on this coversheet. If you need to tell us about anything else, write it on a separate sheet. If you have questions, please call NORTHERN FCRC at 847-745-3200.

There are several ways you can return your verifications to us

ABE	<p>If you already have an ABE account and access to a scanner, go to abe.illinois.gov, log on to your ABE account and follow the instructions to upload your scanned documents. Include this coversheet.</p> <p>Need to create an ABE account? Go to abe.illinois.gov and follow the instructions to create a new account.</p>
Fax	<p>Send all requested verification including this cover sheet to Data Preparation/IES Central Scanning at 1-844-736-3563. If your documents have information on both sides be sure to scan both sides of the page before including it in the fax.</p>
Mail	<p>Mail all requested documents including this cover sheet to: Data Preparation/IES Central Scanning P.O. Box 19138 Springfield, IL 62763</p>
In Person	<p>Take all requested documents including this coversheet to the following Family Community Resource Center: NORTHERN FCRC 8001 LINCOLN AVE SKOKIE IL 60077</p>

This is the only sheet that was given to me. There is no "Read and Sign" page that was included, so I am signing this as confirmation for the read and sign page.

Scott Lieber

