



Illinois Department on Aging
 PO Box 19003
 Springfield, Illinois 62794-9003

2010
Form IL-1363
 Application Booklet

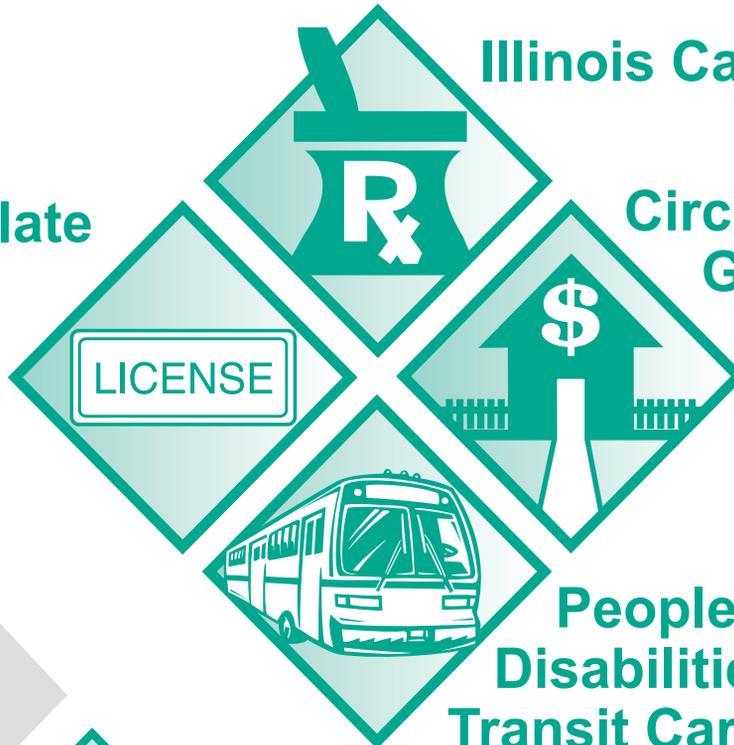
Seniors or Persons with Disabilities
Apply on Form IL-1363

for

Illinois Cares Rx

**License Plate
 Discount**

**Circuit Breaker
 Grant**



**People with
 Disabilities Ride Free
 Transit Card**

*Remember:
 You must file
 each year!*



**Get
 your
 benefits
 fast!**

File on the Internet

at www.cbrx.il.gov

Illinois Cares Rx qualifications,
 see page 7.

Where can you go for help?
 See pages 31-32.

Postmark deadline for filing is
 December 31, 2011.

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This is the form you must use if you choose to apply for a Circuit Breaker grant, optional help paying for prescription drugs (Illinois Cares Rx Basic or Illinois Cares Rx Plus), a License Plate discount or People with Disabilities Ride Free Transit card.		File on the Internet	22
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When may you expect to receive your benefits?

? When may you expect to receive your Circuit Breaker grant check?

If you file on the Internet, we will issue your grant check in approximately 6 weeks.

If you file by paper Form IL-1363, we will issue your grant check in approximately 4 months.

Note Processing will be delayed if we need to request additional information from you.

Form IL-1363 must be postmarked on or before December 31, 2011.

? When may you expect your Illinois Cares Rx benefits to begin?

If you are applying for the first time, your prescription drug benefits will begin within approximately 6 weeks following **approval** of your application.

If you are reapplying for Illinois Cares Rx, you will NOT receive a new Illinois Cares Rx card and your benefits will begin January 1, 2012.

To avoid a lapse in coverage, you should submit your application by October 1, 2011. However, you may still experience a lapse in coverage if we have to request additional information from you.

? What discount may you expect for your vehicle's license plates?

If your Form IL-1363 is approved, you will receive a notice from the Illinois Secretary of State that you have qualified for a \$75 License Plate discount. You should keep this notice for renewing your plates. You may only use the discount for one vehicle per household. For contact information, see the back cover.

Note Remember to notify us if you move to a new address after you apply for benefits. Call us at 1-800-624-2459 or 1-888-206-1327 (TTY).

Qualifications

Apply for benefits on Form IL-1363 if you meet the following requirements:

Age:

- You must be 65 years of age or older before January 1, 2011; or
- You must become 65 years of age during 2011 (benefits become available after you turn 65; your Circuit Breaker grant will be prorated based on the number of months you were 65 in 2011); or
- You must be 16 years of age or older before January 1, 2011, and totally disabled; or
- You must be a widow or widower who was 63 or 64 years of age before the death of your spouse, if your spouse was receiving or eligible to receive Form IL-1363 benefits. However, you will not be eligible to receive Illinois Cares Rx until you reach age 65, but you can receive a Circuit Breaker grant, License Plate discount and/or Transit card.

Residency:

- You must live in Illinois at the time you file your application; and
- You must continue to be a resident of Illinois to receive Illinois Cares Rx; and
- You must have lived in an Illinois residence in 2010 that was subject to property or mobile home tax to be eligible for a Circuit Breaker grant.

Income limit for Circuit Breaker grant, License Plate discount and Transit Card:

- Your* total income (see page 18) in 2010 must be less than
 - **\$27,610** if filing an application for yourself only; or
 - **\$36,635** if filing an application for yourself and your spouse*, or yourself and one Qualified Additional Resident; or
 - **\$45,657** if filing an application for yourself, your spouse* and at least one Qualified Additional Resident, or yourself and at least two Qualified Additional Residents.

*You must include your spouse's income if married and living together on December 31, 2010. If your spouse died during 2010, you would file as single and claim only your income. Do not include the income of a Qualified Additional Resident.

Income Limits and Requirements for Illinois Cares Rx Plus and Illinois Cares Rx Basic:

- You would qualify for Illinois Cares Rx **Plus** if:
 - You have Medicare; or
 - You are 65 years of age or older without Medicare; and
 - You are a U.S. citizen or qualified noncitizen; and
 - You are filing an application for yourself only and your total income is less than **\$26,917**; or
 - You are filing an application for yourself and your spouse or yourself and a Qualified Additional Resident(s) and your total income is less than **\$36,212**.
- You would qualify for Illinois Cares Rx **Basic** if:
 - You do not have Medicare; and
 - You are 16 years of age or older but under age 65 and totally disabled, or 65 years of age or older and you do not meet the requirements for Illinois Cares Rx Plus; and
 - You are filing an application for yourself only and your total income is less than **\$27,610**; or
 - You are filing an application for yourself and your spouse*, or yourself and one Qualified Additional Resident and your total income is less than **\$36,635**; or
 - You are filing an application for yourself and your spouse and a Qualified Additional Resident(s) and your total income is less than **\$45,657**.
- If your 2010 income was over the limits for Illinois Cares Rx Plus/Basic, see "Projecting your income" in the instructions for Section D on page 18.

Note Individuals with Medicare must apply for "Extra Help" and be in a coordinating Medicare Part D plan to receive Illinois Cares Rx help paying for prescription drugs.

Deadline

Form IL-1363 must be postmarked on or before December 31, 2011. File earlier to get your benefits sooner. **To avoid a lapse in coverage for Illinois Cares Rx, your application must be submitted by October 1, 2011.** You may still experience a lapse in coverage if we have to request additional information from you.



How to estimate your Circuit Breaker Property Tax Grant

How much will your grant be?

Your grant is figured by a formula using the amount you paid in property tax or mobile home tax for your place of residence (where you lived in 2010) and the amount of your total income.

Renters and nursing, retirement, or shelter care home residents: If you lived in a residence that was subject to property tax, your grant is figured using a percentage of the amount you paid in rent or nursing home charges.

Step 1

Determine your total income on Line 23 of your Form IL-1363. Then find the next higher figure under "Household Income" (Item 1) across the top of the **Grant Estimate Chart** below.

Step 2

If you were a homeowner: Find the amount written on Line 26 of your Form IL-1363. Then find the next lower figure using the "Property Tax" column (Item 2) on the left side of the chart.

If you were a renter: Find the amount written on Line 28 of your Form IL-1363. Then find the next

lower figure using the "Rent" column (Item 3) on the left side of the chart.

If you were in a nursing, retirement, or shelter care home: Divide the amount written on Line 29 of your Form IL-1363 by 4. Then find the next lower figure using the "Rent" column (Item 3) on the left side of the chart.

Step 3

Find the point on the chart where the column and row come together. This figure is your estimated grant with a few exceptions. For example, your grant will be reduced if you

- received more than \$55 per month of cash assistance in the aged, blind, and disabled categories (see page 16, Line 17 instructions). For each month that you received more than \$55 per month of cash assistance in the aged, blind, and disabled categories, you are ineligible for a grant for that month.
- become 65 years of age during 2011. Your grant will only be calculated for the months you are 65.
- indicate your rent includes food.

Grant Estimate Chart

Due to legislation and budget reductions, the grant amount you will receive is ½ the amount shown below.

Find the next lower figure (round down)		Item 1 Household Income (Line 25) - Find the next highest figure (round up)																	Less than 45,657
Item 2 Property Tax	Item 3 Rent (Yearly)	\$ 0	2,000	4,000	6,000	8,000	10,000	12,000	14,000	16,000	18,000	20,000	22,000	24,000	26,000	28,000	30,000	33,000	
75	300	75	5																
205	820	205	135	65															
335	1,340	335	265	195	125	55													
465	1,860	465	395	325	255	185	115	45											
595	2,380	595	525	455	385	315	245	160	70	35									
725	2,900	700	610	520	430	340	250	160	70	70	70	25							
855	3,420	700	610	520	430	340	250	160	70	70	70	70	70	15					
985	3,940	700	610	520	430	340	250	160	70	70	70	70	70	70	70	5			
1,115	4,460	700	610	520	430	340	250	160	70	70	70	70	70	70	70	70	65		
1,245	4,980	700	610	520	430	340	250	160	70	70	70	70	70	70	70	70	70	70	70
1,375+	5,500+	700	610	520	430	340	250	160	70	70	70	70	70	70	70	70	70	70	70

Note Use the last line of this chart to estimate your grant for any amount of property tax paid that is more than \$1,375 or rent paid that is more than \$5,500.



Help paying for prescription drugs: Illinois Cares Rx

Who may get Illinois Cares Rx prescription drug benefits?

A claimant, claimant's spouse and/or a Qualified Additional Resident who meets the qualifications on page 7 and applies may get Illinois Cares Rx prescription drug benefits. The information on your Form IL-1363 application will determine your prescription drug benefits.

A Qualified Additional Resident must apply for Illinois Cares Rx benefits using Schedule B. A separate Schedule B must be completed for each Qualified Additional Resident.

What drugs are covered?

Illinois Cares Rx Plus covers almost all prescription drugs. **Illinois Cares Rx Basic** covers prescription drugs used in the treatment of 10 diseases: Alzheimer's, arthritis, cancer, diabetes (including insulin, syringes and needles), glaucoma, heart disease and its related conditions, lung disease and smoking-related illnesses, multiple sclerosis, osteoporosis and Parkinson's. You can see a listing of Illinois Cares Rx Basic covered drugs at www.illinoiscaresrx.com/basic.html.

How does Illinois Cares Rx work with Medicare Part D?

If you have Medicare you must be enrolled in a "Coordinating Plan" to get help paying for your prescriptions. A Coordinating Plan is a Medicare Part D plan that works with Illinois Cares Rx. Only certain Medicare Part D plans coordinate with Illinois Cares Rx. The Coordinating Plans are listed on pages 12 and 13. In addition to the blue Illinois Cares Rx card, you will receive an identification card from your Medicare Part D plan.

If you are enrolled in a Coordinating Plan, Illinois Cares Rx will pay your monthly premium (excluding any late enrollment penalty).

Almost all prescription drugs are covered under Medicare Part D. For most of your prescriptions, you will need to present your identification card from your Medicare Part D plan at a network pharmacy. You must follow the formulary of your Medicare Part D plan. You may

use your Illinois Cares Rx card only for drugs that are not covered under Medicare Part D, sometimes called "excluded drugs."

If you are enrolled in a Coordinating Plan, Illinois Cares Rx will pay part of your copayments. The amount that you have to pay at the pharmacy will be less because Illinois Cares Rx will pay for part of your prescription.

How does Illinois Cares Rx work without Medicare Part D?

If you do not currently have Illinois Cares Rx and are found eligible for Illinois Cares Rx, you will receive a blue Illinois Cares Rx card. Present this card at a participating pharmacy. If you already have Illinois Cares Rx and are just reapplying, you will not get a new blue Illinois Cares Rx card. You can continue to use the blue card you already have.

Prior approval may be required for some prescription medications. Your pharmacy or doctor's office may call to request prior approval. If the request is approved, your pharmacy will be able to fill your prescription within 24 hours. If the request is denied, you will receive a denial letter in the mail. You have the right to appeal the denial of a prior approval request.

You will be responsible for paying copayments. For brand name drugs when a generic is available, you will also be required to pay the difference in price. For Illinois Cares Rx Basic members, if a medication is not covered, you will not receive any benefit for that prescription.



How the federal and state prescription drug programs work

❓ **Who is eligible for Medicare Part D?**

Medicare Part D is available to anyone who has Medicare Part A and/or Part B. For more information about Medicare Part D, call Medicare at 1-800-MEDICARE (1-800-633-4227 or 1-877-486-2048 TTY) or visit www.medicare.gov.

❓ **What Medicare Part D plan must you be in to receive help paying for prescription drugs?**

You must be in a Coordinating Plan to receive help paying for prescription drugs. See pages 12 and 13 for the Coordinating Plan contact information. Medicare Advantage plans may be available in only certain counties.

❓ **When can you enroll in a Medicare Part D plan?**

Medicare's annual open enrollment period is **October 15 through December 7, 2011**. During the open enrollment period, you may join or switch to a different Medicare Part D plan. As a member of Illinois Cares Rx, you have an annual Special Enrollment Period to join a Medicare Part D plan for the first time or to change plans.

❓ **Can you enroll in a Medicare Part D plan on your own?**

Yes. You may contact one of the coordinating Medicare Part D plans to enroll. If you are not receiving help paying for prescription drugs, you should call the Health Benefits Hotline at 1-800-226-0768 (1-877-204-1012 TTY) or the Senior HelpLine at 1-800-252-8966 (1-888-206-1327 TTY).

❓ **Do you have to change Medicare Part D plans each year?**

No. If you are enrolled in a Medicare Part D plan and you are satisfied with your benefits, you do not need to change.

❓ **How do you change to a different Coordinating Plan?**

If you want to switch to a different Medicare Part D plan that coordinates with Illinois Cares Rx, simply contact the plan you want and sign up. Identify yourself as an "Illinois Cares Rx member." Do not contact your old plan to drop it; when you enroll in the new plan you will be automatically disenrolled from your old plan.

❓ **What is the Medicare Part D late enrollment penalty?**

If you do not join a Medicare Part D plan when first eligible and you do not have creditable drug coverage, you may incur a late enrollment penalty when you join later. Illinois Cares Rx will not pay any late enrollment penalty.

❓ **What is Medicare's "Extra Help"?**

Medicare's "Extra Help" (Form SSA-1020), sometimes called the low-income subsidy (LIS), offers financial assistance with Medicare Part D drug costs for qualifying individuals with limited income and resources.

❓ **Who should apply for "Extra Help"?**

In order to receive Illinois Cares Rx coverage, you must apply for "Extra Help." Even if you do not qualify for "Extra Help," you may still be eligible for Illinois Cares Rx. If you currently have "Extra Help," you do not need to reapply unless the Social Security Administration sends you a letter telling you to reapply.

❓ **How do you apply for "Extra Help"?**

To apply for "Extra Help" (Form SSA-1020), contact the Social Security Administration at 1-800-772-1213 or 1-800-325-0778 (TTY) or at www.socialsecurity.gov.

❓ **What is the Medicare Savings Program (MSP)?**

If you have limited income and assets, MSP may help pay some or all of your Medicare Part A and/or Part B premiums and may pay deductibles and coinsurance. These programs are known as QMB, SLMB and QI-1.



How the federal and state prescription drug programs work

❓ How do you apply for the MSP?

If you complete an “Extra Help” for Medicare Part D application (Form SSA-1020), you will start the application process for a Medicare Savings Program. For more information, contact the Senior HelpLine at 1-800-252-8966, 1-888-206-1327 (TTY). You may also visit your local Illinois Department of Human Services (DHS) Family Community Resource Center (FCRC), and a caseworker will help you apply. Proof of Medicare eligibility is required. For information, call the DHS Helpline at 1-800-843-6154 or 1-800-447-64040 (TTY). The MSP application (fillable) is also available at: www.hfs.illinois.gov/assets/hfs2378m.pdf

The applicant will have to print the application and send it to the local FCRC in the county of residence. A face to face interview is not required.

❓ What benefits does MSP provide?

If you qualify for MSP, the state will help pay some or all of your Medicare Part A and Part B costs. As a participant in MSP, you automatically qualify for “Extra Help” with your Medicare Part D drug costs. This means you may pay no Medicare Part D premium and have very low Medicare Part D co-payments. Most importantly, you will not experience a coverage gap or “donut hole.”



Illinois Cares Rx Rebate

❓ What is the Illinois Cares Rx rebate?

The Illinois Cares Rx rebate is a \$25 monthly check that you may choose to receive instead of help paying for prescriptions.

Cares Rx rebate. If your prescription coverage ends for any reason, call the Health Benefits Hotline toll-free at **1-800-226-0768**.

❓ Who qualifies for the Illinois Cares Rx rebate?

You, your spouse or Qualified Additional Resident (QAR) may qualify for the Illinois Cares Rx rebate if:

- you are approved for Illinois Cares Rx Basic or Plus drug coverage, **and**
- you have private, creditable health insurance that includes prescription drug coverage, **or**
- you have Veterans Administration benefits that you use to obtain your prescriptions, **or**
- you are enrolled in a **non-coordinating** Medicare Part D plan or Medicare Advantage plan without full “Extra Help.”

You must maintain this other prescription drug coverage as long as you receive the Illinois

❓ Who does not qualify for the Illinois Cares Rx rebate?

You **do not** qualify for the Illinois Cares Rx rebate if:

- you have full Medicaid benefits,
- you are enrolled in a coordinating Medicare Part D plan and need help paying for prescription drugs under the Illinois Cares Rx plans listed on pages 12 and 13, **or**
- you are eligible for full “Extra Help” through the Social Security Administration and are receiving these benefits through any Medicare Part D plan.

❓ Can you get both the prescription drug coverage and the rebate under the Illinois Cares Rx program?

No. You can have either drug coverage or the rebate, **but not both**.



Coordinating Medicare Prescription Drug Plans

Stand-alone Plans Coordinating with Illinois Cares Rx in 2011

COMPANY NAME and TELEPHONE	PLAN NAME — Available Statewide
First Health Enrollment and Customer Service: 1-866-865-0662, TTY: 711	<ul style="list-style-type: none"> • First Health Part D – Premier PDP (S5768-042)
SilverScript Enrollment: 1-866-634-6557, TTY: 1-866-552-6288 Customer Service: 1-866-235-5660, TTY: 1-866-236-1069	<ul style="list-style-type: none"> • CVS Caremark Value PDP (S5601-034)
United Healthcare Insurance Company, Inc. AARP Enrollment and Customer Service: 1-877-710-5083, TTY: 1-877-730-4192	<ul style="list-style-type: none"> • AARP Medicare Rx Preferred PDP (S5820-016)
WellCare Health Plans Enrollment: 1-888-293-5151, TTY: 1-888-816-5252 Customer Service: 1-888-550-5252, TTY: 1-888-816-5252	<ul style="list-style-type: none"> • WellCare Classic PDP (S5967-154)

Medicare Advantage Plans Coordinating with Illinois Cares Rx in 2011

(Medicare Advantage plans may be available only in certain counties.)

COMPANY NAME AND TELEPHONE	PLAN NAME
Essence Enrollment and Customer Service: 1-866-597-9560, TTY: 711	<ul style="list-style-type: none"> • Essence Advantage HMO (H2610-005) • Essence Advantage Plus HMO (H2610-006) • Essence Advantage SNP HMO (H2610-010)
Erickson Advantage Erickson Enrollment: 1-800-989-1389 Customer Service: 1-866-314-8188 TTY: 1-888-685-8480 or 711	<ul style="list-style-type: none"> • Erickson Advantage Signature with Drugs HMO-POS (H5652-001) • Erickson Advantage Champion HMO-POS SNP (H5652-004)
Evercare Evercare Enrollment: 1-800-905-8671 Customer Service: 1-877-702-5110 TTY: 1-888-685-8480 or 711	<ul style="list-style-type: none"> • Evercare IH-POS HMO-POS (H3887-001) • Evercare DH-POS HMO-POS (H3887-002)
Group Health Plan (GHP) Enrollment: 1-877-409-8047, TTY: 711 Customer Service: 1-800-533-0367, TTY: 711	<ul style="list-style-type: none"> • Advantra Option 1 HMO (H2663-006) • Advantra Option 2 HMO-POS (H2663-002) • Gold Advantage Option 1 HMO (H2663-005) • GHP Employer Plan (H2663-802) • GHP Employer Plan (H2663-804)



Coordinating Medicare Prescription Drug Plans

(Medicare Advantage Plans continued.)

COMPANY NAME AND TELEPHONE	PLAN NAME
<p>HealthSpring, Inc. Enrollment: 1-888-886-1993, TTY: 1-866-206-5565 Customer Service: 1-888-588-4827, TTY: 1-866-206-5565</p>	<ul style="list-style-type: none"> • HealthSpring Healthy Advantage Preferred Plan HMO-POS (H1415-021)
<p>Health Alliance Medical Plans Enrollment and Customer Service: 1-800-965-4022, TTY: 1-866-883-8551</p>	<ul style="list-style-type: none"> • Health Alliance HMO 20 Rx HMO (H1463-003) • Health Alliance PPO 10 Rx PPO (H1417-002) • Health Alliance PPO 30 Rx PPO (H1417-004) • Employer Plan (H1463-802) • Employer Plan (H1417-802)
<p>Humana Enrollment and Customer Service: 1-888-445-8678, TTY: 711</p>	<ul style="list-style-type: none"> • Humana Gold Plus HMO (H1406-013) • Humana Gold Plus HMO-POS (H1406-022) • Humana Gold Plus HMO (H1468-007) • Humana Choice PPO (H1418-007) • Humana Choice PPO (H1418-002) • Humana Choice PPO (H5525-004) • Humana Choice PPO (H1418-016) • Humana Gold Choice PFFS (H2944-041) • Humana Gold Choice PFFS (H8145-009) • Humana Gold Choice Regional PPO (R5826-009)
<p>PersonalCare Insurance of Illinois, Inc. Enrollment and Customer Service: 1-866-784-4916, TTY: 711</p>	<ul style="list-style-type: none"> • Advantra Silver PPO (H7301-002)
<p>SecureHorizons by United Healthcare Enrollment: 1-800-577-5623, TTY: 1-888-685-8480 or 711 Customer Service: 1-800-643-4845, TTY: 1-888-685-8480 or 711</p>	<ul style="list-style-type: none"> • AARP MedicareComplete HMO (H2654-004) • AARP MedicareComplete Choice PPO (H5507-001) • AARP MedicareComplete Plan 1 HMO (H4456-010) • AARP MedicareComplete Plan 2 HMO (H4456-015) • AARP MedicareComplete Plus Plan 1 HMO-PPO (H2654-013) • AARP MedicareComplete Plus Plan HMO-PPO (H3887-003) • Evercare Plan DH HMO (H2654-024)
<p>WellCare Enrollment: 1-877-232-7119, TTY: 1-877-247-6272 Customer Service: 1-866-334-6876, TTY: 1-877-247-6272</p>	<ul style="list-style-type: none"> • WellCare Access HMO (H1416-007) • WellCare Value HMO-PPO (H1416-009), (H1416-018) • WellCare Rx HMO-PPO (H1416-019)

Line-by-line instructions for Form IL-1363

SECTION A: Tell us about yourself (claimant).

You may file your Form IL-1363 on the Internet, if you are not required to file either Schedules A or P, **or** send any attachment. Even first time filers may file on the Internet.

If you need **help** to file or you do not have a computer with Internet access, you should contact your local Area Agency on Aging or local senior center. For more information, see page 31.

1 Social Security number

Write your Social Security number exactly as it appears on your Social Security card. If you do not have your own Social Security number, you may apply for one at any Social Security Administration office. You must be assigned a Social Security number before you send us your Form IL-1363.

The collection of this information is authorized by the state enabling statute and the Medicare Prescription Drug, Improvement and Modernization Act of 2003. Your social security number is used (1) to identify records for program operations; (2) to verify the information supplied on your application in determining eligibility for benefits through computer matching systems with other federal and state governmental agencies; and (3) to comply with reporting requirements for audits, collections, and enforcement activity as required by law.

2 Name

Print your first name, middle initial, and last name.

3 Address

Print your street address and apartment number (if you have one), your city, state, and ZIP code. You must use the address **where you live**.

If the address on Line 3 is not the address where you lived during all of 2010, follow the instructions in Section E and report the property tax, rent or nursing home charge from each residence.

4 Phone

Write the area code and phone number where we can reach you during the day. It may be necessary to call you in order to complete the processing of your application.

5 Birth date

Write the month, day, and year of your birth. For example, June 30, 1939, should be written as:

06|30|1939
Month Day Year

If this is the first time you are applying,  **you must send us proof of your age — see page 24.**

If you are younger than age 65, you must be totally disabled to qualify and  **you must send us proof of your disability — see page 23.**

6 Marital status

Check **only one** of the marital status boxes on Line 7.

- 1 **Single, widow(er), or divorced**
- if you are single, or
 - if your spouse died before January 1, 2011, or
 - if you were divorced before January 1, 2011.
- 2 **Married and living together**
- if you were married and living with your spouse on December 31, 2010.
- 3 **Married, but not living together**
- if you were permanently separated from your spouse in 2010, or
 - if you or your spouse were living in a nursing, retirement, or shelter care home in 2010.

7 Tell us if you are male or female

Check the box that applies to you.

SECTION B: Tell us about your spouse (husband or wife).

Complete Section B **only** if you checked Marital status 2, "Married and living together" on Line 6. Otherwise, if you do not have a spouse, if your spouse died before January 1, 2011, or if you were not living in the same household as your spouse in 2010, go to Section C.

8 Spouse's Social Security number

Write your spouse's (husband's or wife's) Social Security number. Your spouse must have his or her own Social Security number. It cannot be the same as yours.

9 Spouse's name

Print your spouse's first name, middle initial, and last name.

10 Spouse's birth date

Write the month, day, and year of your spouse's birth.

If this is the **first time** your spouse is applying, you must send us proof of your spouse's age — see page 24.

SECTION C: Write only the claimant's and spouse's total income for 2010.

Include only your income and your spouse's income (if you were living together) for the year 2010. If your spouse died during 2010, you would file as single and claim only your income. Be sure to include both taxable and nontaxable amounts unless indicated otherwise in the instructions. **Do not** include any Qualified Additional Resident's income.

What is considered income?

Income is your 2010 adjusted gross income for federal income tax purposes, plus certain **items in bold** that may not have been included in this calculation. Unless indicated otherwise, the following items are considered income, even if a particular listing is not taxable by the IRS under federal law:

- **annuity benefits**
- Black Lung benefits
- business income
- capital gains
- **cash assistance from the Illinois Department of Human Services and other governmental cash public assistance**
- cash winnings from such sources as raffles, lotteries, or gambling
- Civil Service benefits
- damages awarded in a lawsuit, unless the suit is for a physical injury or sickness (for example, age discrimination or injury to reputation)
- **dividends**
- farm income
- **interest**
- interest on life insurance policies
- lump sum Social Security payments

- maintenance (or alimony) received
- miscellaneous sources, such as rummage sales, recycling aluminum, or babysitting (child care)
- monthly insurance benefits
- pension and IRA benefits (only the federally taxable portion)
- qualified long term care insurance contract payments (only the federally taxable portion)
- **Railroad Retirement benefits** (without subtracting any Medicare deductions)
- rental income
- Illinois Cares Rx rebate received in 2010 (only if you took an itemized deduction for health insurance on your 2009 federal income tax return)
- **Social Security income** (without subtracting any Medicare deductions)
- Supplemental Security Income (SSI) benefits
- state income tax refunds received in 2010 (only if you took an itemized deduction on your 2009 federal income tax return)
- all unemployment compensation
- veteran's benefits (only the federally taxable portion)
- wages, salaries, and tips from work
- **Workers' Compensation Act income**
- **Workers' Occupational Diseases Act income**

Note You may **not** subtract the following items on Line 22 of your Form IL-1363 even if you were allowed to take a deduction on your federal income tax return: amount of tax imposed by the Illinois Income Tax Act paid in 2010; an amount equal to any net operating loss **carryover** deduction or capital loss **carryover** deduction; or federal itemized deductions.

What is not considered income?

The following items are **not** considered income and you should **not** include them on your Form IL-1363:

- cash gifts
- child support payments
- Circuit Breaker grants
- damages awarded in a lawsuit for a physical personal injury or sickness
- Energy Assistance payments
- federal income tax refunds
- IRAs “rolled over” tax-free into other retirement accounts
- lump sums from inheritances
- lump sums from insurance policies
- \$250 rebate under Medicare Part D Patient Protection Affordable Care Act (Coverage Gap/ Doughnut Hole)
- money borrowed against a life insurance policy or from any financial institution
- reverse mortgage payments
- spousal impoverishment payments
- stipends from the Foster Parent and Foster Grandparent programs
- Title V of the Older Americans Act of 1965; Green Thumb or Experience Works; or VISTA or AmeriCorps income

11 Social Security, SSI benefits

Write the total amount of any retirement, disability, or survivor’s benefits (include all Medicare deductions) paid to you and your spouse in 2010 by the Social Security Administration.

You must also include any Supplemental Security Income (SSI) you received in 2010.

Do not include benefits to dependent children or reimbursements under Medicare/Medicaid for medical expenses.

It is **not** necessary to contact Social Security. To determine the total amount of your benefits, add the amount of each monthly check received during 2010. Add to this total \$1,156.80 (\$96.40 per month for Medicare Part B) and the amount deducted for Medicare Part D premiums, if any.

Note If your Social Security and Railroad Retirement benefits are paid to you on the same check, write the total amount on Line 11. Remember to include all Medicare deductions.

12 Railroad Retirement benefits

Write the total amount of any retirement, disability, or survivor’s benefits (include all Medicare deductions) you and your spouse received in

2010 under the Railroad Retirement Act.

If you included your Railroad Retirement benefits on Line 11, **do not** write on Line 12.

13 Civil Service benefits

Write the total amount of any retirement, disability, or survivor’s benefits you and your spouse received in 2010 under any Civil Service retirement plan.

14 Annuity benefits

Write the total amount received as an annuity by you and your spouse in 2010. This includes amounts from any annuity, endowment, life insurance contract, or similar contract or agreement. You must include both taxable and nontaxable amounts.

15 Other pensions

- a Write the total of the federally **nontaxable** portion received by you and your spouse in 2010 from any IRAs, IRAs converted to Roth IRAs, and pensions.
- b Write the total of the federally **taxable** portion received by you and your spouse in 2010 from any IRAs, IRAs converted to Roth IRAs, and pensions. Carefully check this line for errors before submitting your application.



You may need to attach proof of taxable and nontaxable benefits — see page 24.

16 Veteran’s benefits

- a Write the total of the federally **nontaxable** portion of any retirement pay or survivor’s benefits you and your spouse received in 2010 from the Veterans Administration.
- b Write only the federally **taxable** portion of any retirement pay or survivor’s benefits you and your spouse received in 2010 from the Veterans Administration. Carefully check this line for errors before submitting your application.



You may need to attach proof of taxable and nontaxable benefits — see page 24.

17 Human Services and other cash public assistance benefits

Write the total amount of Illinois Department of Human Services and all other governmental cash public assistance benefits you and your spouse received in 2010.

If the first two digits of your Human Services case number are the same as any of those in the following category list, you must include the total amount of these benefits on Line 17.

01 aged	04 } temporary assistance to
02 blind	06 } needy families (TANF)
03 disabled	07 } general assistance

It is not necessary to contact Human Services. To determine the total amount of your benefits, multiply by 12 the amount of cash benefits you received in any one month in 2010. Adjust your figures if you did not receive 12 equal payments during this period.

Food stamps and medical assistance you may have received are not considered income and should not be added to your total income.

Governmental cash public assistance benefits also may be distributed by units of local government such as municipalities, counties, etc.

If you received more than \$55 per month of cash assistance in the aged, blind, and disabled categories, your grant will be reduced — see page 8.

18 Wages, salaries, and tips from work

Write the total amount of wages, salaries, and tips you received in 2010 from working and the total amount your spouse received in 2010 from working. Add these amounts for both you and your spouse, and write the total on Line 18.

19 Interest and dividends received

Write the total amount of interest and dividends you and your spouse received in 2010 from all sources, including any government sources.

You must include both taxable and nontaxable amounts.

20 Net farm, business or rental income or (loss)

Write the total net income or loss from rental, farm, and business sources, as reportable for federal income tax purposes in 2010. Write a loss in parentheses. For example, a \$700 loss should be written as (700).

Note You **cannot** use a net operating loss (NOL) **carryover** in figuring income. If you are claiming a loss,



you must attach proof of loss of income — see page 24.

21 Net capital gain or (loss)

Write any net capital gain or loss you and your spouse received in 2010.

If you report a net capital loss, it **cannot** exceed \$3,000. If you are married, but not living with your spouse, and you are filing a federal income tax return in your name only, your net capital loss **cannot** exceed \$1,500. Write a loss in parentheses. For example, a \$700 loss should be written as (700).

Note You **cannot** use a net capital loss **carryover** in figuring income. If you are claiming a loss,



you must attach proof of loss of income — see page 24.

22 Other income, (loss) or (deductions)

Write any other income, loss or deductions not reported on Lines 11 through 21. Write a loss or deduction in parentheses. For example, a \$700 loss or deduction should be written as (700).

Note You **cannot** use a net operating loss (NOL) **carryover** in figuring income.

Income examples are listed on page 15.

Common deductions allowed for federal income tax purposes include:

- one-half of federal self-employment tax you paid.
- any insurance premiums you paid for a self-employed health insurance plan.
- any penalty you paid to a bank or savings institution for early withdrawal of savings.
- any maintenance (alimony) you paid.

See instructions for federal income tax return for other “adjustments to income” you may deduct. If you are claiming a loss or deduction,



you must attach proof of loss of income or deduction — see page 24.

23 Total income

Add Lines 11 through 22 and write the total. If you report either a loss on Lines 20, 21, and 22, or any deductions on Line 22, remember the loss or deductions are a decrease to your income.

Do not include amounts on Lines 15a and 16a in this total.

24 If you rented out any part of your home to someone else, complete Lines 24a and 24b.

Note You must also include the amount you received as rent on Line 20.

- a Write the number of rooms in your home.**
If you were a homeowner or renter and rented out part of your home to someone else in 2010, you must write the **total** number of rooms in your home.

b Write the number of rooms you rented to someone else.

If you were a homeowner or renter and rented out part of your home to someone else in 2010, you must write the number of rooms you rented to someone else.

Note If you rented out part of your home to someone else, we will figure your grant using a proportionately reduced amount for your rent or property tax.

SECTION D: Does your total income allow you to file this application?

25 Write household size

Add the number of persons you are reporting on Form IL-1363, Lines 2 and 9, **and** on Schedule B, Qualified Additional Residents, Line 9. To obtain a copy of Schedule B, see the back cover, "Where can you get help or more forms?"

Compare Line 23 to Box 25, to determine if you are eligible for the Form IL-1363 benefits.

- If you wrote "1" in Box 25, then Line 23 must be **less than \$27,610**.
- If you wrote "2" in Box 25, then Line 23 must be **less than \$36,635**.
- If you wrote "3" (or more) in Box 25, then Line 23 must be **less than \$45,657**.

If "yes," go to Section E. If "no," you still may be eligible for drug coverage. See "Qualifications" on page 7 and "Projecting your income".

Projecting your income

If you have experienced an event that has decreased your income to less than the income limits for 2010, **and** you have met the age and residency requirements, you may qualify for drug coverage. For example, a qualifying event might be the death of a spouse during 2011, a divorce, the onset of a disability, or your spouse entering the nursing home.

In order to qualify under these conditions, you must file Schedule P, Projected Income Schedule for Illinois Cares Rx Drug Coverage, with your Form IL-1363. To obtain a copy of Schedule P, see the back cover, "Where can you get help or more forms?"

Note You must include your spouse's income if married and living together on December 31, 2010. If your spouse died during 2010, you would file as single and claim only your income. Do not include the income of a Qualified Additional Resident.

SECTION E: For your Circuit Breaker Grant.

26 Property tax that was payable in 2010

If you were buying or owned the home in which you lived, write the amount of property tax you paid or that was payable in the year 2010. Include both installments.

If your taxes are included in your mortgage payments, your mortgage company can provide the property tax amount for you.

If your residence was a farm, you may claim only property tax for your home and the land on which it is located that was not assessed as farmland. Your chief county assessment office can help you figure this amount.

If you shared ownership in the home in which you lived with someone other than your spouse,

write only the amount of property tax you paid that represents your share of the home. For example, if you and someone other than your spouse each owned 50 percent of the home, write on Line 26 one-half of the property tax paid on the home in 2010.

If the other owner qualifies for a Circuit Breaker grant, he or she may apply on a separate Form IL-1363 for his or her share of the property tax paid on the home.

Note If your income on Line 23 is less than or close to the amount you paid in property tax, **you may need to attach proof of property tax you paid — see page 24.**



27 Mobile home tax you paid in 2010

If you owned a mobile home and lived in it, write the amount of taxes you paid or that was payable in the year 2010.

If you owned the land on which your mobile home was located, write on Line 26 the amount of property tax paid on the land on which your mobile home is located that was not assessed as farmland.

If you rented (or leased) the land on which your mobile home was located, write on Line 28 the amount of rent you paid on this land.

Note If your income on Line 23 is less than or close to the amount you paid in mobile home tax, property tax, and/or rent,



you may need to attach proof of property tax, mobile home tax, or rent you paid — see page 24.

28 Rent you paid in 2010

Mark “yes” or “no” to indicate whether your rent included food. Also, if you rented the residence in which you lived, write the total amount of rent you paid. Include only the amount of rent **you** paid. **Do not** include the amount paid by a “Section 8” program or any amount of rent that you did not pay.

Mortgage payments are not considered rent. If you are buying your home, see the instructions for Line 26.

If you share a rented residence with someone other than your spouse or Qualified Additional Resident, write only the amount that represents your portion of the rent. If this other person qualifies, he or she may apply on a separate Form IL-1363 for his or her part of the rent paid on the residence. For example, if two sisters live together and share equally the yearly rent of \$4,800, each sister may apply on separate Forms IL-1363. Each sister may use \$2,400 as her share of the total rent.

Note If your income is less than or close to the amount you paid in rent,



you may need to attach proof of the rent you paid — see page 24.

28a To whom did you pay rent in 2010?

Write the name, address, and telephone number of your landlord.



If you had more than one landlord, attach a sheet with the information requested on Lines 28, 28a, and 28b for each one.

28b How many months did you rent here in 2010?

Write the number of months during which you rented from this landlord.

Note If you now live at a residence that is **not** subject to property tax (such as public housing), but during part or all of 2010 lived at a residence that **was** subject to property tax (such as private housing),



you must attach a copy of your property tax bill, rental agreement, lease, notarized statement from your landlord or canceled checks to document the rent you paid to a private landlord. **Also**, send us a letter stating the dates you lived at each residence. See page 24.

29 Nursing, retirement, or shelter care home charges you paid in 2010

Complete Line 29 only if you consider the nursing, retirement, or shelter care home as your principal or permanent residence. Write the total amount in charges you paid in 2010.

Do not include amounts paid to the home by the Illinois Department of Human Services, any medical assistance programs, or your insurance company.

29a To whom did you pay nursing, retirement, or shelter care home charges in 2010?

Write the name, address, and telephone number of the nursing, retirement, or shelter care home to whom you paid these charges.



If you lived in more than one nursing, retirement, or shelter care home, attach a sheet with the information requested on Lines 29, 29a, and 29b for each one.

29b How many months did you live here in 2010?

Write the number of months during which you lived in this home.

SECTION F: For your Illinois Cares Rx benefits or monthly rebate.

You **must** complete the following information only if you want help paying for prescription drugs or the monthly rebate.

30 Are you a U.S. citizen or qualified noncitizen?

Complete Line 30 **only** if you are 65 years of age or older (or if you will become 65 years of age during 2011) **and** you want to apply for Illinois Cares Rx prescription drug benefits.

Check the **first** box if you are a U.S. citizen.

Check the **second** box if you are a qualified noncitizen.



You may need to send us proof of your citizenship status — see page 23.

Note If you **do not** check any box on Line 30 you may still get some drug coverage, a grant, and a License Plate discount.

31 Illinois Cares Rx Benefits.

You can choose help paying for prescriptions.

31a Do you have Medicare?

Mark **“yes”** if you are currently eligible for Medicare Part A and/or Part B. If you are **not** eligible for Medicare, mark **“no”** and go to Line 32.

31b Do you have HIV/AIDS?

Mark the appropriate circle. If you have Medicare and have HIV/AIDS, you will qualify for extra help paying for your

HIV/AIDS medications if they are listed on the ADAP formulary and your Part D plan’s formulary. The answer will be kept confidential. If you do not have HIV/AIDS, this question does not pertain to you and it will not affect the processing of your application. The Website for the ADAP Formulary is www.idph.state.il.us/health/aids/adap.htm

32 Monthly Rebate.

You can choose to receive a \$25 monthly rebate **instead of** help paying for prescriptions.

32a Do you have private insurance that pays for your prescriptions; or do you have Veterans Administration (VA) benefits; or are you enrolled in a Medicare Part D plan that does not coordinate with Illinois Cares Rx? (See Coordinating Plans on pages 12-13)

Mark the appropriate circle. If you mark **“no,”** go to Section G.

32b Do you want a \$25 monthly rebate instead of help paying for prescriptions?

Mark the appropriate circle.

Note **Do not** mark **“yes”** if you are enrolled in a Coordinating Plan. If you are enrolled in one of these plans, Illinois Cares Rx will help pay for your prescriptions.

SECTION G: For your spouse’s Illinois Cares Rx benefits or monthly rebate.

If you are married and living with your spouse, you **must** complete the following information about your spouse, if your spouse wants help paying for prescription drugs.



If your spouse is totally disabled and younger than 65 years of age, you must send us proof of your spouse’s disability — see page 23.

33 Is your spouse a U.S. citizen or qualified noncitizen?

Follow instructions in Section F, Line 30 for your spouse.

34 Illinois Cares Rx Benefits.

Your spouse can choose help paying for prescriptions.

34a Follow instructions in Section F, Line 31a for your spouse.

34b Follow instructions in Section F, Line 31b for your spouse.

(Continued on page 21)

SECTION G: (continued)

35 Monthly Rebate.

Your spouse can choose to receive a \$25 monthly rebate **instead** of help paying for prescriptions.

35a Follow instructions in Section F, Line 32a for your spouse.

35b Follow instructions in Section F, Line 32b for your spouse.

SECTION H: Additional information required for Illinois Cares Rx benefits or monthly rebate.

Note Failure to complete this section will delay the processing of your application.

Complete the following information only if you or your spouse are eligible for Medicare Part A and/or Part B for hospital or doctor expenses.

36 If you are **married and living with your spouse**, do you have savings, investments or real estate worth more than \$25,010? If you are not married or you do not live with your spouse, is the value more than \$12,510? **Do NOT count the home you live in, vehicles, personal possessions, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.**

yes no

If you marked **NO**, you **must** complete Schedule C

Note The asset information provided in Section H will only be used for the “Extra Help” program available through the Social Security Administration. Your assets do not affect your eligibility for Form IL-1363 benefits.

SECTION I: For the People with Disabilities Ride Free Transit Card

37 Do you want to apply for the People with Disabilities Ride Free Transit card?

Check the box on Line 37 if you want to apply for the Transit card.

38 Does your spouse want to apply for the People with Disabilities Ride Free Transit card?

Check the box on Line 38 if your spouse wants to apply for the Transit card.



**People with
Disabilities
Ride Free**

Under the People with Disabilities Ride Free program, individuals who have a qualifying disability and meet the income eligibility requirements of the Circuit Breaker program are eligible for free rides on all fixed-route regularly scheduled buses, trains and public transit systems. Illinois fixed-route public transit phone numbers can be found at www.illinois.gov/transit or by calling **1-800-624-2459**.

SECTION J: Sign below.



Attach proof of authority if someone else signs for you or your spouse.

Signature statement

Under penalties of perjury, I state that I have examined this form and, to the best of my knowledge, it is true, correct, and complete. I give the state of Illinois permission to get records from anyone concerning information on this form. As permitted by law, and subject to revocation, I authorize disclosure of the following information to, by, and between the Illinois Department on Aging and the Illinois Department of Healthcare and Family Services for the Circuit Breaker/Illinois Cares Rx Programs: (1) citizenship, identification, and HIV/AIDS status information maintained by the Illinois Department of Public Health; (2) tax return information maintained by the Illinois Department of Revenue and the Internal Revenue Service; (3) citizenship and identification information maintained by the Illinois Secretary of State and the United States Citizenship and Immigration Services (USCIS); and (4) identification information for ride programs offered by mass transit authorities, for the limited purposes of confirming my eligibility for applicable benefits and related outreach enrollment efforts through the end of the appropriate audit period. If resource availability permits, I also authorize the state of Illinois to apply on my behalf for any federal drug benefits I may be eligible to receive under the Medicare program. I assign to the state of Illinois my right to any benefits, including reimbursement, under any private plan of assistance, public assistance program, insurance plan, or from any liable third party, for prescription drugs that I receive through the Illinois Cares Rx program. I also agree that if I receive any such payments or other payments or benefits under the programs on this form in error, or that I was not entitled to, I will repay them to the state of Illinois. I authorize release of medical and pharmaceutical records for audit and verification purposes, and exchange of health care information between any drug utilization review service authorized by the state of Illinois and any of my physicians and pharmacists to the extent necessary for the operation of a drug utilization review service.

39 Your (the claimant's) signature

You must sign and date the application on Line 39. If you are only able to make a mark, another person must sign as a witness. If you are unable to sign, your legal representative may sign for you.



You may need to send us proof of authorized representation for signature — see Page 24.

Applications without a valid signature or mark will not be approved.

Note If the claimant is not yet age 18, the claimant's parent or guardian must sign on Line 39, indicating the relationship to the claimant (such as "mother," "father," or "guardian").

40 Spouse's signature

If you are married and living with your spouse,

your spouse must sign and date Form IL-1363 on Line 40. If your spouse is only able to make a mark, another person must sign as a witness. If your spouse is unable to sign, your spouse's legal representative may sign.



You may need to send us proof of authorized representation for signature — see Page 24.

41 Preparer's name

If someone other than you or your spouse, such as a son, daughter, or legal representative, prepares this form for you, that person should print or type his or her name and telephone number on Line 41.

Note Preparers are expected to act with diligence and undertake reasonable verification efforts to obtain true, correct and complete information.

Get your benefits fast! File at www.cbrx.il.gov

You may file your Form IL-1363 on the Internet if you are not required to file either **Schedules A or P** or send any attachment. First-time filers may file on the Internet.

If you need help to file or you do not have a computer with Internet access, you should contact your local Area Agency on Aging, Senior Health Assistance Program, or local senior center. For contact information, see page 31.

Postmark deadline for filing is December 31, 2011.





You may need to attach ...

Please write your name and Social Security number on each attachment.
Failure to complete the following information will delay the processing of your application.



Proof of your disability

If you are 16 years of age or older and totally disabled, but younger than 65 years of age before January 1, 2011, and you are the claimant, spouse or Qualified Additional Resident who is applying for Illinois Cares Rx prescription drug coverage or a \$25 monthly rebate, you **must** attach a copy of one of the following examples as proof of disability:

If you received Social Security disability benefits (and you did not file an approved Form IL-1363 last year), you must send us one of the following:

- a copy of Form SSA-1099 showing a Medicare deduction
- a copy of your statement showing SSI benefits
- a copy of your statement showing a Medicare deduction

If you received Veterans Administration disability benefits, you must send us one of the following:

- a copy of your pension statement
- a copy of your statement showing compensation rated at 100 percent

If you received Railroad Retirement or Civil Service disability benefits, you must send us:

- a copy of your pension statement from the Railroad Retirement Board or Civil Service agency stating that you were totally disabled or you had a deduction for Medicare.

If you had a Class 2 disability card from the Illinois Secretary of State's office, you must send us:

- a copy of your Class 2 disability card as proof of your disability.

If you **did not** receive any of the above items, you must send us:

- a completed Schedule A, Physician's Statement. (Use a separate Schedule A for each person.) See pages 25-26.

Note If you become 65 years old during 2011, we will prorate your grant and your drug coverage will become effective on or after your birthday unless you send us proof of your disability.



Proof of citizenship status

If you are a qualified noncitizen, you must submit one of the following documents:

- Alien Registration Receipt Card (I-151)
- Permanent Resident Card (I-551)
- Memorandum of Creation of Record of Lawful Permanent Residence (I-181)
- Arrival-Departure Record (I-94)
- Other Department of Homeland Security (U.S. Citizenship and Immigration Services) documents
- U.S. military discharge papers or current orders (DD Form 214, Report of Separation)

Note Failure to submit required proof may affect your Illinois Cares Rx prescription drug benefits.

Qualified noncitizens must be age 65 or older and one of the following:

1. a lawful permanent resident who has lived in the U.S. for at least five years
2. a refugee, an asylee, or a parolee
3. a U.S. veteran or the spouse of a U.S. veteran
4. a national of Cuba or Haiti admitted to the U.S. on or after April 21, 1980
5. an Amerasian from Vietnam admitted through the Orderly Departure Program beginning on March 20, 1988
6. identified by the federal Office of Refugee Resettlement as a victim of trafficking
7. a member of Hmong or Highland Laotian tribe during the Vietnam era between August 5, 1968, and May 7, 1975 (this includes the person's spouse, widow, or widower who has not remarried)
8. an American Indian born in Canada to whom Section 289 of the Immigration and Nationality Act (INA) applies or a member of an Indian tribe defined in Section 4e of the Indian Self-Determination and Education Assistance Act
9. a victim of domestic abuse; or
10. your deportation or removal is being withheld under Section 243(h) or Section 241(b)(3) of the INA.



You may need to attach ...

Please write your name and Social Security number on each attachment.
Processing will be delayed if we need to request additional information from you.



Proof of age

If you are the claimant or spouse and you are applying for the **first time**, you must attach a **copy of one** of the following examples as proof of age:

- baptismal record
- birth certificate
- driver's license
- ID card from the Illinois Secretary of State
- insurance policy

Note If you have not filed an approved Form IL-1363 since 2007, you are considered a first-time applicant.



Proof of death

If you are a widow or widower who was 63 or 64 years of age before the death of your spouse (if your spouse was receiving or was eligible to receive Form IL-1363 benefits **and** you do not qualify as disabled), you must attach a **copy** of your spouse's death certificate if your spouse was deceased in 2010 **and** proof of your age.



Proof of taxable and nontaxable benefits for Lines 15 and 16

If you received pensions and/or veteran's benefits that are **nontaxable** and you want to help prevent delays in receiving your Circuit Breaker grant or Illinois Cares Rx drug coverage, you must send us a copy of each of your annual statements showing both taxable **and** nontaxable benefits.



Proof of loss of income

If you are claiming a loss of income on Lines 20, 21, or 22, you must attach a copy of your federal income tax return and supporting schedules as proof of any loss you report. If you did not file a federal income tax return, you must send us a detailed explanation of the loss and how you figured it.



Proof of authorized representation for signature

If someone must sign for you or your spouse, you must attach proof that the person signing for you or your spouse is your legal guardian or has power of attorney to act for you or your spouse.



Proof of deduction

If you are claiming a deduction on Line 22, you must attach a copy of your federal income tax return and supporting schedules as proof of any deduction you report. If you did not file a federal income tax return, you must send us proof of the deduction, such as a statement from your bank showing a penalty for early withdrawal of savings, court documents showing maintenance (alimony) paid, etc.



Proof of rent, property tax, or mobile home tax you paid

If your income on Line 23 is less than or close to the amount you paid in rent, property tax, or mobile home tax **and** you want to help prevent delays in receiving your Circuit Breaker grant or Illinois Cares Rx drug coverage, send us the following:

If you are a renter — attach a copy of your rental or lease agreement, a notarized statement from your landlord, or canceled checks documenting the rent you paid in 2010. **We do not accept rent receipts.** List only the amount **you** paid on Line 28.

If you rented or leased the land on which your mobile home is located — attach a copy of your rental or lease agreement, a notarized statement from the land owner, or canceled checks documenting the amount **you** paid in 2010. **We do not accept rent receipts.**

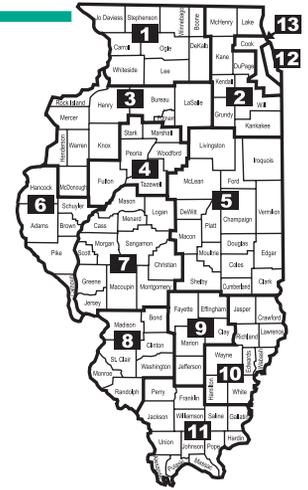
If you are buying or own your home — attach a copy of your property tax bill or mobile home tax bill, receipts from your county government, or canceled checks documenting the property tax or mobile home tax **you** paid in 2010.

In addition — attach any information to explain how you are able to pay high rent, property tax, or mobile home tax on a limited income, such as help from family or friends, rent subsidy, receipt of reverse mortgage payments, Social Security, SSI or child support.

You should call first to schedule an appointment at a SHAP site.

A Senior Health Assistance Program (SHAP) counselor will answer questions and complete your Form IL-1363. For the location nearest you, you may contact:

- Senior Helpline at 1-800-252-8966 (toll free), 1-888-206-1327 TTY or
- Area Agency on Aging listed below or
- www.state.il.us/aging/1directory/SHAP.pdf



1 Northwestern Illinois Area Agency on Aging

Referrals for Boone, Carroll, DeKalb, JoDaviess, Lee, Ogle, Stephenson, Whiteside and Winnebago Counties

2576 Charles Street
Rockford, Illinois 61108-1652
1-800-542-8402 (within area only)
or **815-226-4901**

2 Northeastern Illinois Area Agency on Aging

Referrals for DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry and Will Counties

Kankakee Community College
River Road West Campus, Bldg. 5
Kankakee, Illinois 60901
1-800-528-2000 or **815-939-0727**

3 Western Illinois Area Agency on Aging

Referrals for Bureau, Henderson, Henry, Knox, LaSalle, McDonough, Mercer, Putnam, Rock Island and Warren Counties

729 34th Avenue
Rock Island, Illinois 61201-5950
1-800-322-1051 or **309-793-6800**

4 Central Illinois Agency on Aging, Inc.

Referrals for Fulton, Marshall, Peoria, Stark, Tazewell and Woodford Counties

700 Hamilton Boulevard
Peoria, Illinois 61603-3617
1-877-777-2422 or **309-674-2071**

5 East Central Illinois Area Agency on Aging, Inc.

Referrals for Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, Macon, McLean, Moultrie, Piatt, Shelby and Vermilion Counties

1003 Maple Hill Road
Bloomington, Illinois 61704-9327
1-800-888-4456 (within area only)
or **309-829-2065**

6 West Central Illinois Area Agency on Aging

Referrals for Adams, Brown, Calhoun, Hancock, Pike and Schuyler Counties

639 York Street, Room 204
Quincy, Illinois 62301
1-800-252-9027 or **217-223-7904**

7 Area Agency on Aging for Lincolnland, Inc.

Referrals for Cass, Christian, Greene, Jersey, Logan, Macoupin, Mason, Menard, Montgomery, Morgan, Sangamon and Scott Counties

3100 Montvale Drive
Springfield, Illinois 62704-4278
1-800-252-2918 (217, 309, and 618 area codes only) or **217-787-9234**

8 Area Agency on Aging of Southwestern Illinois

Referrals for Bond, Clinton, Madison, Monroe, Randolph, St. Clair and Washington Counties

2365 Country Road
Belleville, Illinois 62221-2571
1-800-326-3221 or **618-222-2561**

9 Midland Area Agency on Aging

Referrals for Clay, Effingham, Fayette, Jefferson and Marion Counties

434 South Poplar
Centralia, Illinois 62801-1420
1-877-532-1853 or **618-532-1853**

10 Southeastern Illinois Area Agency on Aging, Inc.

Referrals for Crawford, Edwards, Hamilton, Jasper, Lawrence, Richland, Wabash, Wayne and White Counties

516 Market Street
Mt Carmel, Illinois 62863-1558
1-800-635-8544 (618 area code only) or **618-262-2306**

11 Egyptian Area Agency on Aging, Inc.

Referrals for Alexander, Franklin, Gallatin, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Saline, Union and Williamson Counties

200 East Plaza Drive
Carterville, Illinois 62918-1982
1-888-895-3306 (Southern Illinois only) or **618-985-8311**

12 Senior Services Area Agency on Aging, Chicago Department of Family and Support Services (60 and over)

Referrals for City of Chicago only
City Hall
121 N. LaSalle Street, Rm. 100
Chicago, Illinois 60622
312-744-4016, 312-744-6777 (TTY)

Mayor's Office for People with Disabilities (under 60)

City Hall
121 N. LaSalle Street, Rm. 104
Chicago, Illinois 60602
312-744-7050, 314-744-7833 (TTY)

Field Office
2102 West Ogden Avenue
Chicago, Illinois 60612
312-744-6673

13 AgeOptions, Inc.

Referrals for Suburban Cook County
1048 Lake Street, Suite 300
Oak Park, Illinois 60301
1-800-699-9043 (Suburban Cook County only) or **708-383-0258**

Where can you get help or more forms?



Visit us at www.cbrx.il.gov



Call us toll-free (24-hour automated information) at **1-800-624-2459**.

Note → Have your **Social Security number** ready when you call.



Visit a local office (senior center, Senior Health Assistance Program or Area Agency on Aging). To find an office near you, **see page 31** or call the Senior HelpLine toll-free at **1-800-252-8966** or **1-888-206-1327 (TTY)**.

Note → **Call ahead before visiting** in person to make sure you have the necessary information.



Write us at
Illinois Department on Aging
P.O. Box 19003
Springfield, IL 62794-9003
or e-mail us at aging.ilsenior@illinois.gov.



License plate discount —

For further information, call toll-free **1-800-252-8980** or visit www.cyberdriveillinois.com/services and click on the “SERVICES FOR SENIORS” link.

Another program to contact

Illinois Rx Buying Club

Call toll-free **1-866-215-3462** or **1-866-215-3479 (TTY)** or visit www.IllinoisRxBuyingClub.com

Confidentiality and privacy information

The information you disclose on Form IL-1363 is protected information under federal privacy and state confidentiality laws. You can find the Illinois Cares Rx Program Privacy Notice about health information at www.cbrx.il.gov and click on the “Health Insurance Portability and Accountability Act” link.

If you want someone else to contact us about your Form IL-1363 or prescription drug benefits, you must send us a copy of documentation to show that the person is your legal guardian or has the appropriate power of attorney to act for you on such issues.

If you do not have this type of documentation and you want someone else to contact us about your Illinois Cares Rx application or benefits, you must call us or send us a completed Form ADAD-PN3, Authorization for Use or Disclosure of Medical Information.

To get Form ADAD-PN3, call toll-free (8:30 a.m. to 5 p.m. weekdays) at **1-800-624-2459** or **1-888-206-1327 (TTY)** or visit www.cbrx.il.gov

Note → **As a result of Public Act 096-0491, a fee cannot be charged to assist an individual to complete an application form for Circuit Breaker/Illinois Cares Rx.**