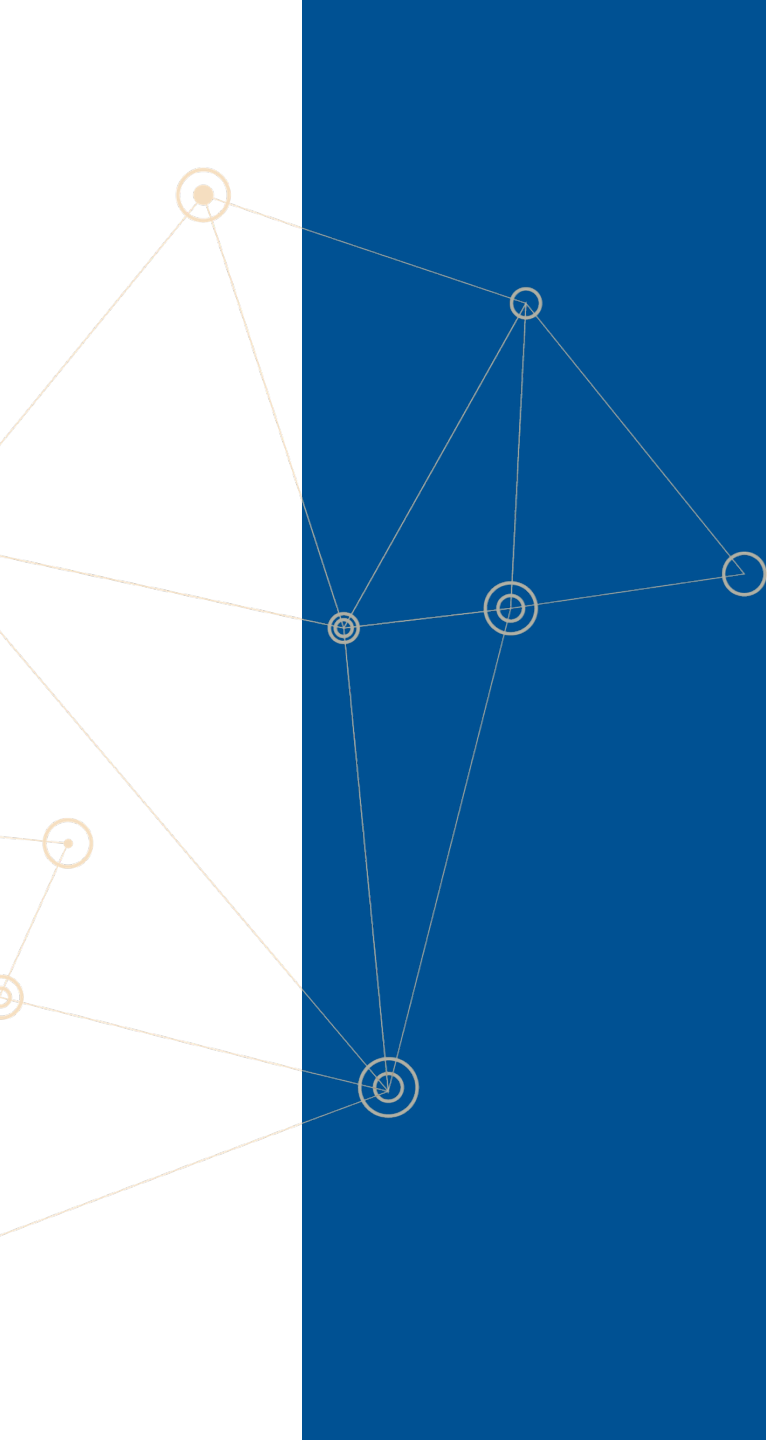




Mastering the “Benefit Access Application”

Using the ‘Benefit Access Application’
to get IL seniors discounted License
Plate Stickers and free RTA cards

Housekeeping

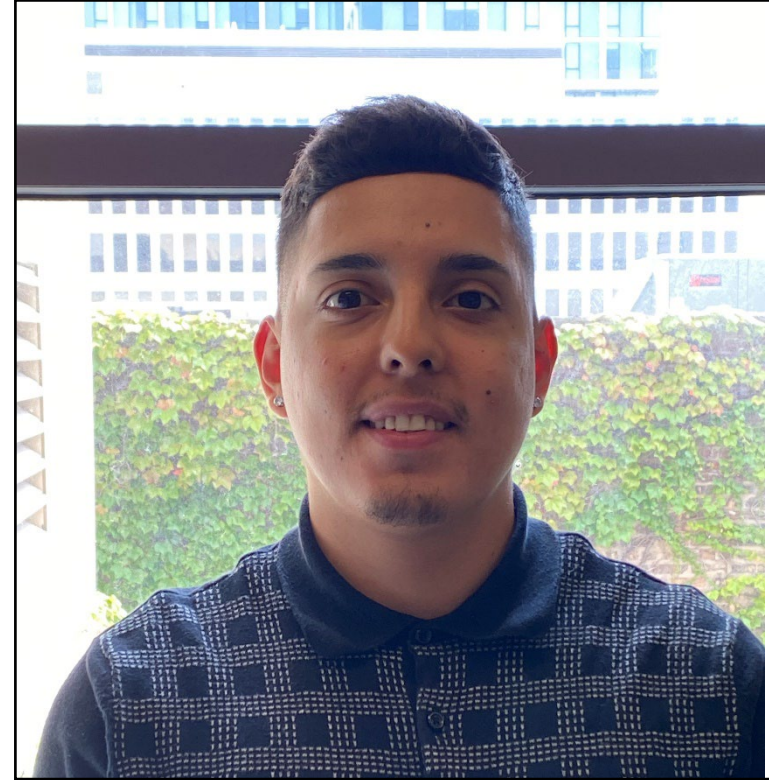
- Please make sure to stay on mute if you are not speaking
- We are occasionally going to have some open-ended questions in this training and would love for you to participate. Please type your answers in the chat or raise your hand!
- Please be prepared for a training exercise in the middle of the training. A pen or paper may be handy for this.
- Any questions that arise can be asked during one of our 4 designated question breaks.



BEC Staff



Kelsey Gordon,
Community Engagement Benefit Access Specialist



Alex Alvarez,
Benefits Specialist and Information and
Assistance Specialist



A bit about this presentation

- It is a deep dive
- We will begin with the basics and then progress into details
- Focus is placed on how troubleshoot errors and ensure clients are approved
- Slides are intended to be printed off and referenced in the future
- Toolkit contain reference sheet and sample forms



A bit about this presentation

- This presentation is written from the perspective of a benefit counselor in the field
- This Information comes from:
 - Our own personal experience at AO as application assisters
 - Actual case work- we've included a variety of redacted images from actual case documents
 - Conversations with caseworkers and managers at IDOA
 - Conversations with clients about their experience
 - Research from the IDOA website



We want to know if you have a different experience from what you see on the slides!

This training is a living document, it can only be made better through collaboration. Let us know if something on here contradicts your experience

If we do have any edits, we will announce them on our forum at <https://forum.ageoptions.org/>

- Email: Kelsey.Gordon@ageoptions.org



Overview/ Outline

This training will review:

1. What is the BAA?

- Benefits and Eligibility

2. How to complete the application

- Completing the initial BAA application form

3. Getting the person approved

- Identifying and Submitting Documentation

4. Helping applicants access the benefit

- Troubleshooting common issues
- RTA follow up application



Part One- What is the Benefit Access Application?



What is the Benefit Access Application?

The Benefit Access Application (BAA) is a type of application offered through the **Illinois Department of Aging** that can be used to get **two** transportation benefits for Illinois residents:

1. License Plate Sticker Discounts
2. RTA Ride Free cards

Some clients call this benefit the “circuit breaker”.





License Plate Sticker Discount



- License plate stickers only cost \$10.00 instead of \$151.00
- Applicant is approved for two years, can receive a maximum of two stickers
- Can only be used for 1 car per household
- Applicant's name must be on the car title
- This is **not** an application for a Handicap Placard





RTA Free Ride Pass



- Free RTA pass
- Applies to Metra, CTA, RTA, and PACE **Fixed** routes (the big blue PACE busses)
- **Does not include PACE Paratransit**, a service where small white shuttle busses will pick seniors up at their homes
- The Benefit Access Application is the first of a two-step process that someone must complete to get the Free Ride Card



Benefit Access Application (BAA) Eligibility Requirements

- Must be 65 or older/ an individual with a disability. Clients can get approved soon as their 65th birthday.
- Must live in IL
- Must have a Social Security Number



Benefit Access Application (BAA) Eligibility Requirements

Income Limits:

\$33,562 gross from the *past tax year*- individual

\$44,533 gross from the *past tax year* –couple

\$55,500 gross from the *past tax year*– 3-4 person household (if they have **qualified additional residents**)

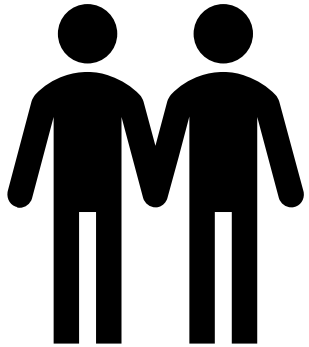


Qualified Additional Residents

- If the applicant lives with someone AND they financially support them they can opt to add them on the application to increase the income limit
- You can list up to two Qualified Additional Residents (QAR) on an application.
- The income limit bumps up to \$55,000 a year if there is at least one Qualified Additional Resident on the application
- Qualified Residents cannot get their own benefits



Income Eligibility and Tax Years



The IRS and the BAA are “friends”. They think about income in the same way.

- The BAA goes by the ‘tax year’ when looking at **income and date of disability**
- During tax season, the IDOA will want to know about income and disability status from **2 years back**
- During the rest of the year, they need income and disability status from **1 year back**



BAA 2024 Tax Year Calendar

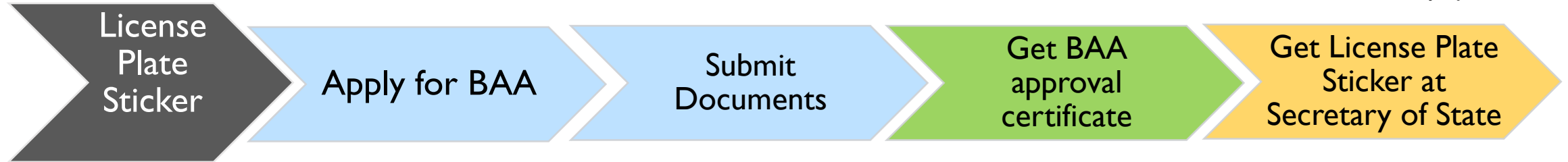
Tax Day

January 2024	February 2024	March 2024	April 2024	April 2024	May 2024	June 2024
2022 tax year	2022 tax year	2022 tax year	2022 tax year	2023 tax year	2023 tax year	2023 tax year

July 2024	August 2024	September 2024	October 2024	November 2024	December 2024
2023 tax year	2023 tax year	2023 tax year	2023 tax year	2023 tax year	2023 tax year



The BAA “Roadmap” At AO



New Law!

Bill Number: SB 1892

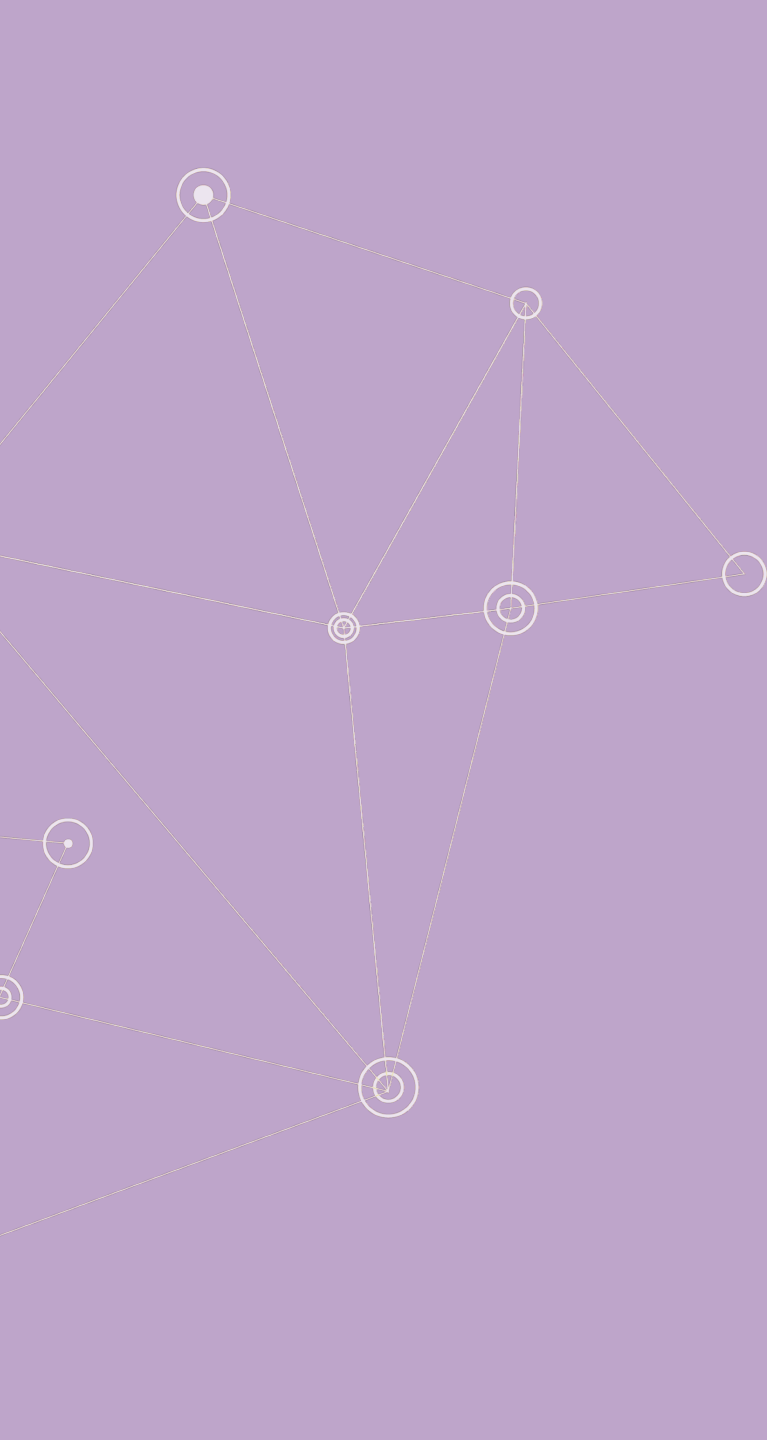
Starting January 1, 2024 senior citizens and disabled individuals will be automatically renewed for free fixed route public transportation services.

- (<https://www.illinois.gov/news/press-release.26675.html>)



Questions?





Part Two- How to Complete the Application



Best Practices: Client Communication

Avoid using jargony phrases and acronyms.

- For example, ask “Do you take care of anyone at home?” instead of “ Do you live with a Qualified Additional Resident?”

Get permission to gather personal information

- Let clients know in advance that we need their Social Security Number
- Don't pressure a client to give information they don't want
- You can always teach them how to apply



Best Practices: Client Communication

Some clients may have trouble understanding some of the questions on the application. If this happens, try rephrasing.

What are some different ways you can think of to ask someone about their income?*

- **“What was your annual income last year?”**
- **“Do you get Social Security?” “Do you get a Pension?” “How much is it?”**
- **“How much money do you get every month?” “Where do you get your money from?”**



Completing the initial BAA application form

If you think the client is eligible,
Go to
<https://ilaging.illinois.gov/>

Click this link

The screenshot shows the homepage of the Illinois Department on Aging (IDoA) website. The URL in the browser is ilaging.illinois.gov. The page features a maroon header with the IDoA logo and a search icon. Below the header, there are several service tiles. The 'REPORT ABUSE' tile includes a phone icon, the text 'REPORT ABUSE', the phone number '1-866-800-1409', and '711 (TRS)'. The 'DISCOUNT' tile features an Illinois license plate graphic with the word 'DISCOUNT' in large red letters and 'LAND OF LINCOLN' at the bottom. The 'Benefit Access Program' link is circled in brown. The 'Community Care Program Adult Day Services' link is also visible. At the bottom, there are tiles for 'COVID-19 What You Need to Know' and 'COVID-19 VACCINE'.

ilaging.illinois.gov/benefitsaccess.html

iCarol - Sign On Gabe.illinois.gov logi... Research Boards | Trello All Client Tracking... Welcome to the Be... ADP Payroll Service... SharePoint Illinois Department...

IDA
Illinois Department on Aging

APPLICATION MAY TAKE UP TO EIGHT WEEKS DEPENDING UPON REQUESTED DOCUMENTATION. YOU MAY CHECK APPLICATION STATUS 48 HOURS FOLLOWING SUBMISSION.

Once your application is approved you may print a certificate of eligibility to take to your local transit authority or Secretary of State's Office. Please wait 10 business days from the date of your approval for your license plate discount to be available. If you requested the ride free benefit, please contact your local public transit system for further information. Your local transit system may have additional requirements in order to obtain the free ride. You can check the Website at anytime to determine your application status.

How do I find out if my application has been approved?

 [CHECK THE WEBSITE FOR THE STATUS OF YOUR APPLICATION. >](#)

Apply Online

 [FILE YOUR APPLICATION ON THE INTERNET. >](#)

Click either of these links, They both go to the same site



You will then be led to this Log in Screen

Tax Year
referenced
here

****Applications submitted on January 1, 2023 through April 18, 2023 must use 2021 income to file.****

****Applications submitted on April 19, 2023 or after must use 2022 income to file.****

*****Please be aware that ~~ANY~~ application that has had no activity for 90 days will be removed from the system and you will be required to file a new application.*****

Only documents scanned to the application will be accepted - Documents faxed to the Department on Aging will no longer be accepted.

*****If your application was "denied" using your 2021 income, you may re-apply online using your 2022 income on or after April 19, 2023.*****

To start a **new** application, or to **search** for an existing application, enter your identification information:

Social Security Number: * (999999999)

Birth Date: / / * (mm/dd/yyyy)

First: * Middle: Last: * Suffix: (SR, JR, I, II, III)

Search/Start Application

***Make sure to type in name as listed on license**

Fill out all
this
information
to "Log in"
to the
application



If you type the information in wrong,
this screen *sometimes* pops up.

Know it is possible
type in the wrong
info without the
system catching it

on Aging will no longer be accepted.*

*****If your application was "denied" using your 2021 income, you may re-apply online using your 2022 income on or after April 19, 2023.*****

To start a **new** application, or to **search** for an existing application, enter your identification information:

Social Security Number * (999999999)

Birth Date * (mm/dd/yyyy)

First: * Middle: Last: * Suffix: (SR, JR, I, II, III)

[Search/Start Application](#)

Please correct the following errors:



First name does not match our records.



If there is an application renewal, you will see this screen

A person can file to renew their benefit 90 days before the benefit expires.

If they can renew, you will see a screen like this right after you log in.

Click the “Renew” button to access the application

If approved, the renewal will start the day after the benefit expires

income on or after April 12, 2023.

To start a **new** application, or to **search** for an existing application, enter your identification information:

Social Security Number: * (999999999)

Birth Date: / / * (mm/dd/yyyy)

First: *  Middle: Last: *  Suffix: (SR, JR, I, II, III)

[Search/Start Application](#)

It is time to renew. Please click 'Renew' button to start the renewal process.

Action	Name	Effective - Term Date	Status	Print	Renew
View	Moss, Opal	11/05/2021 - 11/05/2023	Eligible	CERTIFICATE	Renew

[Click here](#) ←

Illinois Department on Aging ♦ One Natural Resources Way, Suite 100 ♦ Springfield, IL 62702-1271

Benefit Access: 1-800-252-8966 1-888-206-1327 (TTY)
Senior HelpLine: (8:30 a.m. - 5:00 p.m., Monday through Friday) 1-800-252-8966 1-888-206-1327 (TTY)
Adult Protective Services Hotline: 1-866-800-1409

[Disclaimer](#) | [Privacy](#) | [Contact Us](#)

Version: 2.0.8133.18595®D



PRE-QUALIFICATION

Please answer each question to verify if you qualify for Benefit Access Application benefits:

1. Are you age 65 or older during the current calendar year*? ☐ Yes ☐ No
2. Were you age 16 to 64 and totally disabled before January 1 of the current calendar year*? ☐ Yes ☐ No
3. Are you a resident of the State of Illinois*? ☐ Yes ☐ No

[<< Previous](#)[Continue](#)[Exit](#)

Quick Links Across the Top of the Application



You can click on any of these to go to various sections of the application



Click which benefit you'd like to apply for here. You can also have the client apply for both benefits.

Home

Help

CLAIMANT INFORMATION

Please check the benefits you are applying for:

- ☐ License Plate Discount ☐ Ride Free Transit Card

Please re-enter the following information for verification purposes:

Social Security Number: * (999999999)

Verify Social Security Number: *

Birth Date: / / * (mm/dd/yyyy)

Verify Birth Date: / / *

Optional Email address:

Verify Email address:

The email address is only one more source of verification for the IDOA when they are talking with a client. The IDOA does not email any documentation out to the client.



BEST PRACTICE!
Ask the client if they have a middle name or initial on their ID. Listing their middle name or initial can prevent the IDOA from requesting a copy of the applicant's ID.

Couples who are married but separated will likely need to prove they do not live together.

You may need to show proof of address for each person.

Last Name: *

Verify Last Name:

First Name: * Middle: Suffix: (SR, JR, I, II, III)

Address (P.O. Boxes are not allowed):

Street: *

Line 2:

City: * State: * Zip: *

Phone Number (skip if you do not have a phone):

Phone: - -

Other:

Marital Status: *As of 12/31 of previous year

☐ Single, widow(er), or divorced

☐ Married/Civil Union and living together

☐ Married/Civil Union but not living together

Gender*: ☐ Male ☐ Female



Gender*:

☐ Male ☐ Female

"Person with a disability" means a person unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months. [320 ILCS 25/3.14]

1. Did you receive disability benefits from Social Security last year?* ☐ Yes ☐ No
2. Did you receive disability benefits from Railroad Retirement or Civil Service last year?* ☐ Yes ☐ No
3. Did you receive 100% disability benefits from the Veteran's Administration last year?* ☐ Yes ☐ No
4. Did you have a class 2 disability card from the Illinois Secretary of State's office last year?* ☐ Yes ☐ No

[Print Attachment A Form](#)

<< Previous

Next >>

Save and Exit

Cancel and Exit



Illinois Department
on Aging **Benefit Access Application**

BAA181360044911 (Application not submitted)

5

[Search Home](#) [Internal Home](#) [Comments Home](#) [Status History](#) [Audit History](#) [Invalid SSN](#) [Verify Home](#) [SSA Home](#) [Exit](#) [Help](#)

1 Claimant 2 **Spouse** 3 QAR 4 Income 5 Submit 6 Errors 7 Attachments

SPOUSE INFORMATION

Please enter the following information for your spouse:

Do you want to apply for a spouse Ride Free Transit Card?: ☐ Yes ☒ No

Social Security Number: * (999999999)

Birth Date: / / * (mm/dd/yyyy)

Last Name: *

Verify Last Name:

First Name: * Middle: Suffix: (SR, JR, I, II, III, IV, V)

Gender*: ☐ Male ☐ Female

[<< Previous](#) [Next >>](#) [Save and Exit](#) [Cancel and Exit](#)

Name must match with driver's license or state ID. Don't forget to include middle names and initials for spouses too!



Illinois Department
on Aging **Benefit Access Application**

Welcome, rdi2on126! Environment: TEST

Search Home	Internal Home	Comments Home	Status History	Audit History	Invalid SSN	Verify Home	SSA Home	Exit	Help
1 Claimant	2 Spouse	▶ 3 QAR	4 Income	5 Submit	6 Errors	7 Attachments			

(QAR) QUALIFIED ADDITIONAL RESIDENT

A Qualified Additional Resident is a person (other than your spouse) that resides in your home, did not file a separate application and that you provide at least 50% of their financial support. A Qualified Additional Resident (QAR) is not eligible to receive benefits.

How many Qualified Additional Residents do you wish to claim?*: ☒ None (Zero) ☐ One ☐ Two

<< Previous Next >> Save and Exit Cancel and Exit



Qualified Additional Resident

- You will need to list the name, birthday, and Social Security Number for every Qualified Additional Resident that is listed on the application



INCOME INFORMATION

Tax year referenced again here



****Applications submitted on January 1, 2023 through April 18, 2023 must use 2021 income to file.****

****Applications submitted on April 19, 2023 or after must use 2022 income to file.****

Please list yearly totals (rounded to the nearest dollar) of all income received last year:

Note: You must include your spouse's/civil union partner's income (if married and living together).

- | | |
|--|--|
| ☐ Claimant Total Social Security, SSI, Railroad Retirement -- include Medicare deductions -- for last year. | Amount: <input type="text" value="0"/> |
| ☐ Spouse Total Social Security, SSI, Railroad Retirement -- include Medicare deductions -- for last year. | Amount: <input type="text" value="0"/> |
| ☐ Taxable Social Security Income for last year. | Amount: <input type="text" value="0"/> |

Other Income

- | | |
|--|--|
| ☐ 1. Wages Salaries & Tips | Amount: <input type="text" value="0"/> |
| ☐ 2. Wages Salaries & Tips - Spouse (if applicable) | Amount: <input type="text" value="0"/> |



Other Income

- | | |
|---|--|
| ☐ 1. Wages Salaries & Tips | Amount: <input type="text" value="0"/> |
| ☐ 2. Wages Salaries & Tips - Spouse (if applicable) | Amount: <input type="text" value="0"/> |
| ☐ 3. Annuity Benefits (Taxable and Non-Taxable) | Amount: <input type="text" value="0"/> |
| ☐ 4. Veteran's Benefits (Taxable only) | Amount: <input type="text" value="0"/> |
| ☐ 5. Human Service/Cash Public Assistance | Amount: <input type="text" value="0"/> |
| ☐ 6. Civil Service Income | Amount: <input type="text" value="0"/> |
| ☐ 7. Unemployment Income | Amount: <input type="text" value="0"/> |
| ☐ 8. Interest (Taxable and Non-Taxable) | Amount: <input type="text" value="0"/> |
| ☐ 9. Ordinary Dividends | Amount: <input type="text" value="0"/> |
| ☐ 10. Farm, Business or Rental Income | Amount: <input type="text" value="0"/> |
| ☐ 11. Farm, Business or Rental Loss | Amount: (<input type="text" value="0"/>) |
| ☐ 12. Pension Benefits (Taxable only) | Amount: <input type="text" value="0"/> |
| ☐ 13. Other Income (Taxable only) | Amount: <input type="text" value="0"/> |
| ☐ 14. Capital Gains (no carryover allowed) (Submit Schedule D) | Amount: <input type="text" value="0"/> |
| ☐ 15. Capital Loss (no carryover allowed) (Submit Schedule D) | Amount: (<input type="text" value="0"/>) |
| ☐ 16. Other Losses or Deductions - Submit US1040 | Amount: (<input type="text" value="0"/>) |



Listing Income

Best Practice Tips:

- List gross income before deductions
- List annual amounts from the correct tax year
- Pull what you can from tax forms
- Be as accurate as possible
- Estimate if necessary



Estimating Income

We have a key question we always ask to help a person estimate their **gross Social Security income**.

Anyone want to take a stab at what it is?



Ask if Medicare Part B Premiums are deducted from their Social Security check

Most people receiving Social Security Retirement currently pay \$164.90 a month for Medicare part B

Make sure to add that to the monthly amount when estimating their income so you can get the gross income amount

Keep this letter with your important financial records.

How Much You Will Get	
Your monthly benefit before deductions	\$1,900.90
Deductions:	
Medicare Medical Insurance (If you did not have Medicare as of November 17, 2022 or if someone else pays your premium, we show \$0.00)	-\$164.90
Medicare Prescription Drug Plan (We will notify you if the amount changes in 2023. If you did not elect withholding as of November 1, 2022, we show \$0.00)	-\$0.00
U.S. Federal tax withholding	-\$0.00
Voluntary Federal tax withholding (If you did not elect voluntary tax withholding as of November 17, 2022, we show \$0.00)	-\$0.00
After we take any other deductions, you will receive the payment you are due for December 2022 on or about January 18, 2023.	\$1,736.00

The information above shows your monthly benefit amount before and after deductions. Please remember, we will pay you in the month following the month for which it is due.

If you still get a paper check, you must visit the Department of the Treasury's website at www.gst.finet.com



Was this application filled out by a Preparer who is not the Claimant? ☒ Yes ☐ No

Preparer Name:

First Name: * Middle: Last: * Suffix: (Sr, Jr, I, II, III)

Address (P.O. Boxes are not allowed):

Street: *

Line 2:

City: * State: * Zip: *

Daytime Phone:

Phone: - -

Optional:

Company Name:

Email Address:

SHAP Code:



following information to, by, and between the Illinois Department on Aging and the Illinois Department of Employment Security, Illinois Department of Human Services, Illinois Department of Healthcare and Family Services, and the Social Security Administration for verification of income and cash public assistance for the limited purposes of confirming my eligibility for reduced fares offered by mass transit authorities and the license plate discount by the Illinois Secretary of State, and related outreach enrollment efforts through the end of the appropriate audit period, including, but not limited to (1) birth and death 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, and identification information maintained by the Illinois Secretary of State.

I understand that if I provide false or inaccurate information relating to my eligibility for benefits under this program, the Illinois Department on Aging reserves the right to cancel my eligibility and will notify my local transit authority and Illinois Secretary of State's office.

☐ Accept

[<< Previous](#) [Next >>](#) [Save and Exit](#) [Print Application Summary](#) [Cancel and Exit](#) [Submit](#) [Print Certificate](#)



Confirmation Page

BAA number can be used to help an IDOA case worker track the application

The screen will say 'Application Errors', even if nothing has gone wrong. All this is usually telling you is that they are verifying the income you listed with Social Security.

Illinois Department on Aging **Benefit Access Application**

BAA231560079937 (In process with SSA - Validation Request Sent) Welcome, Rosa M Kelly!

Rosa Kelly (XXX-XX-4565) / Birth Date - 03/10/1948

1 Claimant 2 Spouse 3 QAR 4 Income 5 Submit 6 Errors 7 Attachments

Home Help

THANK YOU FOR USING THE ILLINOIS DEPARTMENT ON AGING - BENEFIT ACCESS APPLICATION WEBSITE!

Your application has been submitted and your confirmation number is **BAA231560079937**

Your application requires income validation from the Social Security Administration. Please check back in 48 hours.

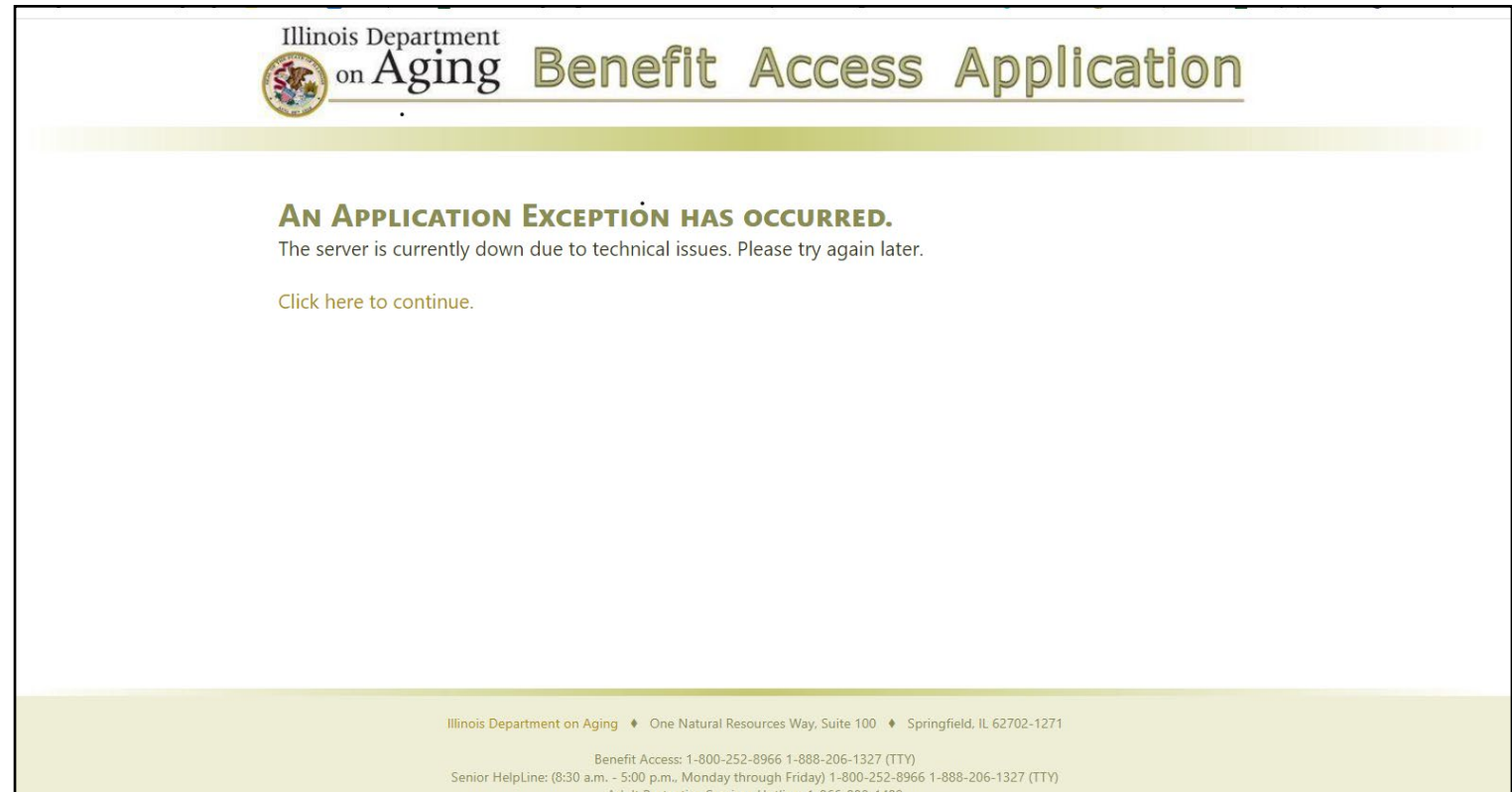
APPLICATION ERRORS

Error Date	Error Description
6/5/2023	Requesting Claimant Social Security Administration SSA file. Please check back in 48 hours to see if any attachments are required.

Click here for **Transit Information** help.

Website Timing Out

We find that this screen sometimes pops up after we click 'submit'. However, in our experience the application seems to always go through without issue. Log back in to confirm the application was submitted, but it is usually not cause for concern.

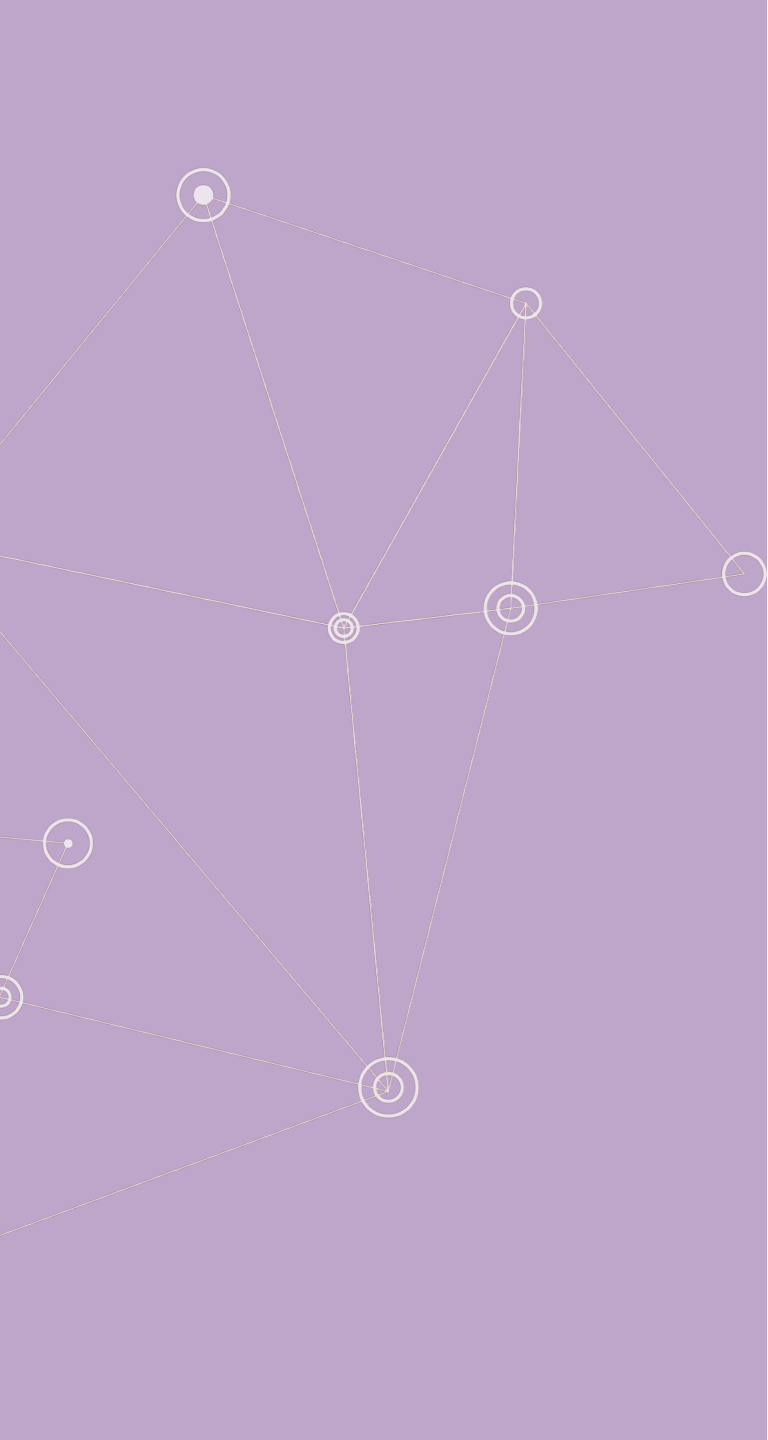


Questions?



Let's take a quick break! We will resume in 5 minutes





Part Three: Getting the Person Approved



Automatic Approvals

- Automatic approvals are most common for renewals and cases where the client is only receiving Social Security.
- The more accurate you can make the application, the more likely it is that the client will get approved automatically.



Submitting Documents

- Check and see if you need to submit documents after 2-3 days
- IDOA will follow up requesting verification documents if necessary



How to submit documents



Step One: Have the Client Sign a Consent Form

- If we are going to be collecting and storing copies of their personal documents, we want to have them sign a consent.
- A copy of our consent was emailed with the training documents



Best Practice! Make Documentation Submission as Accessible as Possible

- This is especially important for clients who are homebound or who have limited access to transportation
- At AO, we allow clients to send documents by text, fax, paper mail, or in person.
- Delete all texted images and after they are received and downloaded



Best Practice! Technology Suggestions

- If you don't already have the ability to send text messages through work, create a **google voice number** for free.

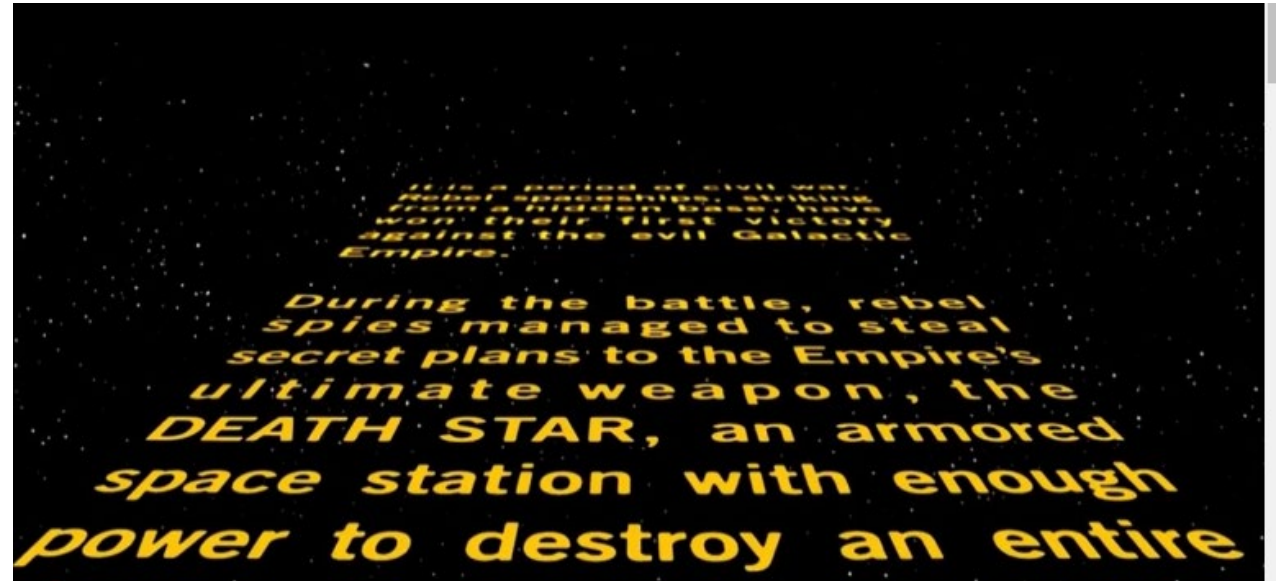
If Possible:

- Send paper mail off with pre-stamped return envelopes
- Invest in e-signing technology like Hello Sign or DocuSign.



Best Practice! Photos of Documents

- If you have clients text photos, coach them on how to take the photo.
- All photos must be:
 - Well lit
 - Focused
 - Displaying the entire document
 - No “Star Wars” angles



Best Practice: Encourage Clients to Utilize Libraries

- Most libraries have free scanning and faxing services
- If they charge, the service is usually cheaper
- Librarians **can not** work with personal documents
- Librarians can teach clients how to use technology



To start a **new** application, or to **search** for an existing application, enter your identification information:

Social Security Number: [REDACTED] * (999999999)

Birth Date: [REDACTED] * (mm/dd/yyyy)

First: [REDACTED] * Middle: [REDACTED] Last: [REDACTED] * Suffix: [REDACTED] (SR, JR, I, II, III)

Search/Start Application

Action	Name	Effective - Term Date	Status	Print
View	[REDACTED]	Document(s) Required	Waiting on Attachment(s)	

Click here

This indicates the IDOA needs some documents

Illinois Department on Aging ♦ One Natural Resources Way, Suite 100 Springfield, IL 62702-1271

Benefit Access: 1-800-252-8966 1-888-206-1327 (TTY)
Senior HelpLine: (8:30 a.m. - 5:00 p.m., Monday through Friday) 1-800-252-8966 1-888-206-1327 (TTY)
Adult Protective Services Hotline: 1-866-800-1409

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Department
on Aging

Benefit Access Application

[Redacted] Document(s) required - Waiting on Attachment(s)

Welcome, [Redacted]

[Redacted] / Birth Date: [Redacted]

- 1 Claimant
- 2 Spouse
- 3 QAR
- 4 Income
- 5 Submit
- 6 Errors
- 7 Attachments
- Home
- Help

CLAIMANT INFORMATION

Please check the benefits you are applying for:

- ☒ License Plate Discount
- ☒ Ride Free Transit Card

Please re-enter the following information for verification purposes:

Social Security Number: [Redacted] (999999999) Birth Date: [Redacted] (mm/dd/yyyy)

First Name: [Redacted] * Middle: [Redacted] Last: [Redacted] * Suffix: [Redacted] (SR, JR, I, II, III, IV, V)



Click "Attachments"



Adding Attachments

Sl. No	Attachment	Required	Rejected	Upload Date	Requirement Date	Date Proof Verified	Action
1	SSA Form 1099	Yes	No		5/22/2023		Add Attachment
2	Claimant Age	Yes	No		5/19/2023	5/19/2023	View Attachment
3	Claimant SSN	Yes	No		5/19/2023	5/19/2023	View Attachment
4	Claimant Name	Yes	No		5/19/2023	5/19/2023	View Attachment
5	Claimant Address	Yes	No		5/19/2023	5/19/2023	View Attachment

Click "Add Attachment"



Scroll to the bottom of the screen...

6	US 1040	Yes	Yes	6/5/2023	6/1/2023		View Attachment
7	Claimant Disability	Yes	No		6/1/2023	6/2/2023	View Attachment
8	Proof of Income	No	No	6/23/2023			View Attachment

Application Number: BAA231520078324

Proof Information:

Attachment Type:

View File:

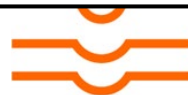
[Save](#) [Cancel](#)

[<< Previous](#) [Exit](#)

For help filing your attachments, please contact your local Senior Health Assistance Program (SHAP) site.

For a location near you, you may contact the Senior HelpLine at:

Click here



Select the proof you are providing

3	Claimant SSN	Yes	No		6/2/2023	6/2/2023	View Attachment
4	Claimant Name	Yes	No		6/2/2023	6/2/2023	View Attachment
5	Claimant Address	Select... Birth Certificate Drivers License Form IL-1040 Form US-1040 Form W2 Proof Of Address Proof of Date of Death Proof of Disability Proof of Income			6/2/2023	6/2/2023	View Attachment
6	US 1040				6/2/2023		View Attachment
7	Claimant Disability				6/2/2023	6/2/2023	View Attachment
8	Proof of Income						View Attachment

Application Number:

Proof Information:

Attachment Type:

View File:

You will get prompted to upload the requested document once you select the document type

Save

Cancel

Proof of Identification and IL Residency (Occasionally Requested)

- **Name** –They only ask for this if the name in the application does match up with their records for some reason. **Submit ID**
- **Date of Birth/Age**- They may ask for proof of age if you mistakenly typed in the wrong birthday. **Submit ID.**
- **Social Security Number**- They only will ask for a copy someone's **social security card** if you mistakenly typed in the wrong SSN
- **Address**- They may ask for this if the client moved from out of state. **Submit ID, formal lease, mortgage, or utility statement.**



Proof of Income (Often Requested)

Note:

IDOA case workers have access to SSA and IRS systems that show them the applicant's income. They usually seem to be requesting these documents so they can verify that the information they in the system is correct.

- **US 1040's**- This is the most common document we find we need to submit. If the client does not file taxes, they can also submit these instead:
- **Social Security 1099's**- these are sent out to Social Security recipients every January
- **Non-Filing Tax Forms**
- **Pension 1099s**- they will **always** need a copy in addition to the 1040 if the client has a pension



1040 Tax forms

- This is the form we file every year to get our tax return
- Most of the time you just need to submit the first page, BUT there are some exceptions.
- So lets dig into exactly how they read these tax forms...

Form 1040-SR U.S. Tax Return for Seniors 2022 QMB No. 1545-0074 IRB Use Only—Do not write or staple in this space.

Filing Status ☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS)
☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent.

Your first name and middle initial _____ Last name _____ Your social security number _____
 If joint return, spouse's first name and middle initial _____ Last name _____ Spouse's social security number _____

Home address (number and street). If you have a P.O. box, see instructions. _____ Apt. no. _____
 City, town, or post office. If you have a foreign address, also complete spaces below. _____ State _____ ZIP code _____
 Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services), or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☐ No

Standard Deduction ☐ Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness { You: ☐ Were born before January 2, 1958 ☐ Are blind
 Spouse: ☐ Was born before January 2, 1958 ☐ Is blind

Dependents (see instructions) (1) First name Last name (2) Social security number (3) Relationship to you (4) Check the box if qualifies for (see instructions):
 Child tax credit Credit for other dependents

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.

1a Total amount from Form(s) W-2, box 1 (see instructions) **1a** _____
 b Household employee wages not reported on Form(s) W-2 **1b** _____
 c Tip income not reported on line 1a (see instructions) **1c** _____
 d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) **1d** _____
 e Taxable dependent care benefits from Form 2441, line 26 **1e** _____
 f Employer-provided adoption benefits from Form 8839, line 29 **1f** _____
 g Wages from Form 8919, line 6 **1g** _____
 h Other earned income (see instructions) **1h** _____
 i Nontaxable combat pay election (see instructions) **1i** _____
 z Add lines 1a through 1h **1z** _____

2a Tax-exempt interest **2a** _____ b Taxable interest **2b** _____
 3a Qualified dividends **3a** _____ b Ordinary dividends **3b** _____
 4a IRA distributions **4a** _____ b Taxable amount **4b** _____
 5a Pensions and annuities **5a** _____ b Taxable amount **5b** _____
 6a Social security benefits **6a** _____ b Taxable amount **6b** _____

c If you elect to use the lump-sum election method, check here (see instructions) ☐ _____
 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ **7** _____

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 71930F Form 1040-SR (2022)



How to Read a 1040 tax form

and check
here ☐

Income

Attach Form(s)
W-2 here. Also
attach Forms
W-2G and
1099-R if tax
was withheld.

If you did not
get a Form
W-2, see
instructions.

Attach Sch. B
if required.

Standard Deduction for—

- Single or Married filing separately, \$12,950
- Married filing jointly or Qualifying surviving spouse, \$25,900
- Head of household, \$19,400
- If you checked any box under **Standard Deduction**, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	
b	Household employee wages not reported on Form(s) W-2	
c	Tip income not reported on line 1a (see instructions)	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	
e	Taxable dependent care benefits from Form 2441, line 26	
f	Employer-provided adoption benefits from Form 8839, line 29	
g	Wages from Form 8919, line 6	
h	Other earned income (see instructions)	
i	Nontaxable combat pay election (see instructions)	
z	Add lines 1a through 1h	
2a	Tax-exempt interest	2a
3a	Qualified dividends	3a
4a	IRA distributions	4a
5a	Pensions and annuities	5a
6a	Social security benefits	6a
c	If you elect to use the lump-sum election method, check here (see instructions)	☐
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	☐
8	Other income from Schedule 1, line 10	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	
10	Adjustments to income from Schedule 1, line 26	
11	Subtract line 10 from line 9. This is your adjusted gross income	
12	Standard deduction or itemized deductions (from Schedule A)	
13	Qualified business income deduction from Form 8995 or Form 8995-A	
14	Add lines 12 and 13	
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	

You do not need to submit
schedule D if this box is
checked

If there is
something on line 7
(capital gains), you
usually need to
submit a copy of
schedule D ★

If there is
something on line
8 (other income),
submit a copy of
schedule 1

What is Schedule D? (Line 7)

2 pages long

Says “Capital Gains and Losses” on top

Says “Schedule D” on the upper left hand corner

Make sure to submit both pages!

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/ScheduleD for instructions and the latest information.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074
2022
Attachment
Sequence No. 12

Name(s) shown on return _____ Your social security number _____

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☐ No
If “Yes,” attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.
This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5



What is Schedule I? (Line 8)

2 Pages long

It says “Schedule I” in the upper left hand corner

Says “Additional Income” on the upper left hand corner

Make sure to submit both pages!

SCHEDULE 1 (Form 1040)		Additional Income and Adjustments to Income		OMB No. 1545-0074	
Department of the Treasury Internal Revenue Service		Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.		2022 Attachment Sequence No. 01	
Name(s) shown on Form 1040, 1040-SR, or 1040-NR				Your social security number	
Part I Additional Income					
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	()		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	()		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental				



How to Read a 1040 Cont..

When calculating income, IDOA will add all this together:

- The higher \$ of either 2a or 2b
- The higher \$ of either 3a or 3b
- Line 4b,
- Line 5*
- Line 6a, 7, 8, and 9
- For Line 5 (pensions & annuities combined):
- They need 100% of the annuity, and the taxable portion of the pension
- This is why the IDOA needs copies the pension 1099s, even if the pension income is listed on the client's 1040

and check here ☐		☐		☐		☐	
Income		1a		Total amount from Form(s) W-2, box 1 (see instructions)		1a	
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.		b		Household employee wages not reported on Form(s) W-2		1b	
If you did not get a Form W-2, see instructions.		c		Tip income not reported on line 1a (see instructions)		1c	
		d		Medicaid waiver payments not reported on Form(s) W-2 (see instructions)		1d	
		e		Taxable dependent care benefits from Form 2441, line 26		1e	
		f		Employer-provided adoption benefits from Form 8839, line 29		1f	
		g		Wages from Form 8919, line 6		1g	
		h		Other earned income (see instructions)		1h	
		i		Nontaxable combat pay election (see instructions)		1i	
		z		Add lines 1a through 1h		1z	
Attach Sch. B if required.		2a		Tax-exempt interest		2a	
		3a		Qualified dividends		3a	
		4a		IRA distributions		4a	
Standard Deduction for—		5a		Pensions and annuities		5a	
• Single or Married filing separately, \$12,950		6a		Social security benefits		6a	
• Married filing jointly or Qualifying surviving spouse, \$25,900		c		If you elect to use the lump-sum election method, check here (see instructions)		☐	
• Head of household, \$19,400		7		Capital gain or (loss). Attach Schedule D if required. If not required, check here		☐	
• If you checked any box under Standard Deduction, see instructions.		8		Other income from Schedule 1, line 10		8	
		9		Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	
		10		Adjustments to income from Schedule 1, line 26		10	
		11		Subtract line 10 from line 9. This is your adjusted gross income		11	
		12		Standard deduction or itemized deductions (from Schedule A)		12	
		13		Qualified business income deduction from Form 8995 or Form 8995-A		13	
		14		Add lines 12 and 13		14	
		15		Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income		15	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (2022)

1040 Tax form- Case Example

If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

Standard Deduction for-

- Single or Married filing separately, \$12,950
- Married filing jointly or Qualifying surviving spouse, \$25,900
- Head of household, \$19,400
- If you checked any box under *Standard Deduction*, see instructions.

g Wages from Form 8919, line 6		1g	
h Other earned income (see instructions)		1h	0
i Nontaxable combat pay election (see instructions)		1i	
z Add lines 1a through 1h		1z	0
2a Tax-exempt interest	2a 0	b Taxable interest	2b 0
3a Qualified dividends	3a 0	b Ordinary dividends	3b 0
4a IRA distributions	4a 800	b Taxable amount	4b 0
5a Pensions and annuities	5a 29,812	b Taxable amount	5b 29,457
6a Social security benefits	6a 45,529	b Taxable amount	6b 12,989
c If you elect to use the lump-sum election method, check here (see instructions)			
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here		7	0
8 Other income from Schedule 1, line 10		8	0
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	42,446
10 Adjustments to income from Schedule 1, line 26		10	0
11 Subtract line 10 from line 9. This is your adjusted gross income		11	42,446
12 Standard deduction or itemized deductions (from Schedule A)		12	27,300
13 Qualified business income deduction from Form 8995 or Form 8995-A		13	0
14 Add lines 12 and 13		14	27,300
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income		15	15,146

KIA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)



Rule of Thumb

- If you see a lot of lines filled out on the first 1040, just submit all the pages of the person's tax form
- If the client had a tax preparer, they can also submit the BAA



Best Practice: Pictures of documents must be clearly display the entire page

Clients can be known to send copies of questionable quality

Reviewing copies carefully and being particular about their quality will save you a ton of time and energy in the long run

The image shows a US Form 1040 tax return. A large red 'X' is superimposed over the form, indicating it was rejected. A black circle highlights the bottom right corner of the form, which is cut off. An arrow points from a text box on the right to this circle. The form includes sections for personal information, income, deductions, and tax calculations. The bottom right corner, which is circled, contains the form number 'Form 1040' and some numerical data.

This document got rejected because this corner got cut off, preventing the case manager from accessing the info they needed

What if the client didn't file taxes?

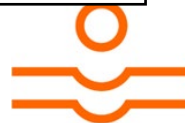
- The IDOA is generally going to presume that the applicant files taxes. If the applicant did file taxes, they **always** have to submit a 1040.
- However, we find the IDOA often asks for 1040's for cases when the client didn't file taxes.
- If they don't have a 1040, this is what you can submit instead:



Social Security 1099s

- This document speaks to the client's **annual income**
- These are mailed to Social Security recipients every January. There is often a pink strip on top of the form.
- Client can request a copy from Social Security online, over the phone, or in person with SSA
- If the applicant didn't file taxes, they can also opt to submit a non-filing tax form **in place of this 1099**

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT		
2020 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. • SEE THE REVERSE FOR MORE INFORMATION.		
Box 1. Name		Box 2. Beneficiary's Social Security Number
Box 3. Benefits Paid in 2020	Box 4. Benefits Repaid to SSA in 2020	Box 5. Net Benefits for 2020 (Box 3 minus Box 4)
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
		Box 6. Voluntary Federal Income Tax Withheld
		Box 7. Address
		Box 8. Claim Number (Use this number if you need to contact SSA.)



Non-Filing Tax Forms

- Have them submit this form if they **didn't file taxes** and they can't find their Social Security 1099.
- This form can not replace a pension 1099.



JB Pritzker, Governor
Paula A. Basta, M.Div., Director

One Natural Resources Way, Suite 100, Springfield, Illinois 62702-1271
Phone: 800-252-8966 • 888-206-1327 (TTY) • Fax: 217-785-4477

Date: _____

To Illinois Department on Aging, Benefits Access Program:

This letter is in support of my Illinois Benefit Access Application, and the request for a copy of my most recent income tax filing.

Based on my income and the filing requirements, I was not required to file tax returns for the most recent filing year; therefore, I did not file federal or state tax returns.

Under penalties as provided by law pursuant to 735 ILCS 5/1-109, I certify that the information in this letter is true and correct.

Signature: _____

Printed Name: _____

Address: _____

Date of Birth: _____

Form Created February 2020

Respect for yesterday. Support for today. Planning for tomorrow.
www.illinois.gov/aging

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with appropriate State and Federal statutes. If you feel you have been discriminated against, call the Senior Helpline at 1-800-252-8966; 1-888-206-1327 (TTY)



Where to get a copy of the Non-Filing Statement

Click this link right here on the application log in screen



Printable Documents

[Print Attachment A Form](#)

[Non Filing Statement](#)

NOTES:

1. If you are eligible to file a **RENEWAL** application (*up to 90 days before your current application expires*) a **RENEW** option will appear after you enter your Social Security number, Date of Birth and Name.
2. The Benefit Access Application does not accept special characters in names (à, ò, ñ, etc). This includes hyphens, if you have a hyphenated last name please use a space instead.

****Applications submitted on January 1, 2023 through April 18, 2023 must use 2021 income to file.****

****Applications submitted on April 19, 2023 or after must use 2022 income to file.****

*****Please be aware that ANY application that has had no activity for 90 days will be removed from the system and you will be required to file a new application.*****

Only documents scanned to the application will be accepted - Documents faxed to the Department on Aging will no longer be accepted.

*****If your application was "denied" using your 2021 income, you may re-apply online using your 2022 income on or after April 19, 2023.*****

To start a **new** application, or to **search** for an existing application, enter your identification information:

Social Security Number: * (999999999)

Birth Date: / / * (mm/dd/yyyy)

First: * Middle: Last: * Suffix: (SR, JR, I, II, III)

documents/IL1363A.pdf

[Search/Start Application](#)

1099R Pension Statement

IDOA will count the gross distribution

Many seniors who have these do not file taxes

☐ VOID ☐ CORRECTED		OMB No. 1545-0119 2022 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Gross distribution \$	Copy 1 For State, City, or Local Tax Department		
		2a Taxable amount \$			
		2b Taxable amount not determined ☐	Total distribution ☐		
PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$		
RECIPIENT'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s)	IRA/ SEP/ SIMPLE ☐	8 Other \$ %	
		9a Your percentage of total distribution %	9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld \$	15 State/Payer's state no.	16 State distribution \$
Account number (see instructions)		13 Date of payment	17 Local tax withheld \$	18 Name of locality	19 Local distribution \$

Form **1099-R** www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service



Questions?



Activity!

- We are going to try applying all this knowledge with a fictional practice client.
- Case information will get posted in the chat as we go, but it may be helpful to have a pen and paper ready to take notes
- We're going to try and have folks participate popcorn style, feel free to unmute your answer. Please be mindful to re-mute yourself after you answer a question



For Your Reference: Income Requirements

Income Requirements are listed on your cheat sheet

Income limits are in the chat as well

Income Limits:

\$33,562 from the *past tax year*- individual

\$44,533 from the *past tax year* –couple

\$55,500 from the *past tax year*– 3-4 person household (if they have **qualified additional residents**)



Apply the Knowledge



This is Shirley. She walks into the office with these two kiddos and asks if we can help her get some transportation benefits.

What can the BAA offer her?

What should we do next?



Step One: Complete an Intake with Shirley

- Anyone remember the intake questions we reviewed earlier in the presentation? What should we ask her?
- Age
- Marital Status
- Qualified Additional Residents
- Comfortable Sharing Her Social
- Income from appropriate tax year



Intake Info

- **Age:** 75 years old.
- *Shirley is over 65, so she meets the age requirements*
- **Marital Status:** Widowed
- *If Shirley had a spouse, we would need to list them on the application*
- **Qualified Additional Residents:** Shirley lives with her daughter and grandkids but does not financially support them
- *Family members other than a spouse are only listed if the applicant financially supports them. We do not need to get the family members' information.*
- **Comfortable Sharing Social Security Number:** Yes
- *If Shirley didn't want to share her information we could offer to teach her how to apply on her own*



Intake Info Continued

- **If Shirley applies today, what year do we need her income from?**
- *It is not tax season, so we need her income from last year.*
- **If Shirley applied in February of this year, what year would we need her income from?**
- *You would need to list income from two years back during tax season.*
- **Shirley doesn't know what she earned last year, but she tells us she currently gets around \$1700.00 a month.**
- *We now need to try and estimate Shirley's gross income from the correct tax year as best we can.*



What can we ask Shirley to help her estimate her 2022 income?

- What is the source of the income?
- *It comes from Social Security and a Pension*
- Did she have any other taxable income last year?
- *No*



Shirley's income

- Shirley tells us she currently gets around \$1500.00 a month from Social Security and around \$200.00 a month from the pension
- There is one last thing we should ask to try and estimate her 2022 gross income. Anyone remember what it was?



Ask Shirley if a payment Medicare Part B is taken out of her check!

- Shirley tells us that a Medicare Part B payment is taken out of her check each month

Social Security Income

\$1500.00
+\$ 165.90
=\$1665.90
X 12
=\$19,990.80/ year

Pension Income

\$200.00
X 12
=\$2400.00

Total Est. Annual Income
=\$22,390.80



Does Shirley qualify for the BAA benefit based off what we know?

Yes! Why?

- *Shirley is over 65, lives in Illinois, and has a social security number*
- *Based off what Shirley told us, her income is under \$33,562.00 a year. This is the income limit for a single individual.*
- *Shirley is not married and doesn't financially support anyone she lives with, so she should apply on her own*



Next Step: Help Shirley Complete the Online Application

- Complete the application online
- Let her know that you'll check the status in a few days
- 2-3 days later, check on the status of her application to see if she needs to submit documents



A few days after you submit Shirley's application, you log back in and see this screen.

Sl. No	Attachment	Required	Rejected	Upload Date	Requirement Date	Date Proof Verified	Action
1	US 1040	Yes	No		6/6/2023		Add Attachment
2	Claimant Age	Yes	No		6/2/2023	6/2/2023	View Attachment
3	Claimant SSN	Yes	No		6/2/2023	6/2/2023	View Attachment
4	Claimant Name	Yes	No		6/2/2023	6/2/2023	View Attachment
5	Claimant Address	Yes	No		6/2/2023	6/2/2023	View Attachment

• Q: What document is the IDOA requesting here?

• **A: Shirley's US 1040 tax form**



The IDOA is almost certainly going to want at least one other document that they aren't requesting at this time

- Anyone know what it is?
- **Shirley will need to provide a copy of her pension 1099R. The IDOA will always want this regardless of if she has a 1040 or not.**



We call Shirley and tell her we need a copy of her 1040 and her 1099 R...

“But I don’t have a 1040! I don’t file Taxes!” She exclaims.

What can we have her submit instead?



We have Shirley Submit...

- Her pension 1099R
- Her SSA 1099



Shirley calls you back and tells you she can't find her Social Security 1099 anywhere. What do you do now?

- Have Shirley sign a non-filing tax form!
- She can also get a second copy of her Social Security 1099 from the Social Security Office, her MySSA.gov account, or by calling Social Security and asking them to send her a new one



Providing Proof of Disability



Qualifying as Disabled

Applicants under 65 years old with a disability can also qualify for the BAA

Must be at least 16 years old

Must be considered disabled according to either:

- Social Security Administration
- Veterans Administration- must have 100% disability rating
- Civil Service
- or Railroad Retirement

OR HAVE:

- A Class 2 disability card from the Illinois Secretary of State's office, or
- A completed [Attachment A Physician's Statement](#)



Proving Disability

The most common way of proving disability is by providing the IDOA with a copy of a formal document that shows the applicant was **disabled during the correct tax year**.

Clients should look for formal documents from the Social Security Administration, Railroad Retirement, the VA, or the Civil Service with two pieces of information:

1. The phrase “**Disability**” or “**Disabled**”
AND
2. Their disability start date, which show they were disabled during the correct tax year



Social Security Documents that count as proof

- Most disabled clients that contact you will be receiving Social Security Disability benefits.
- However, not every document from Social Security counts as proof of disability
- The IDOA will be looking for a Social Security document that lists the start date of the person's disability, so they can know if the applicant was disabled during the appropriate tax year



Social Security Documents with Disability Start Dates

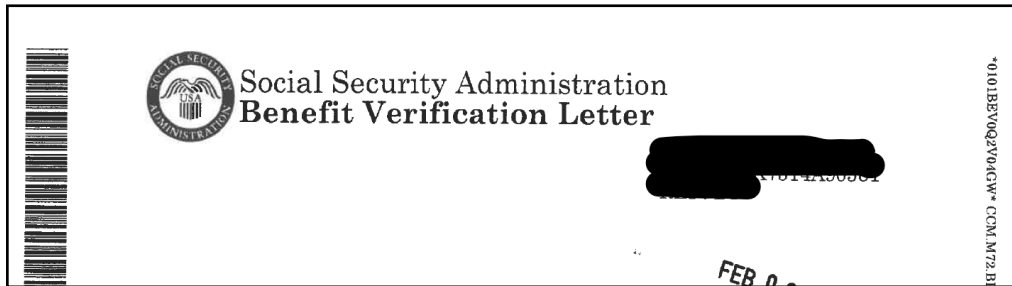
- These are the two SSA documents we know of that list the start date of the person's disability
- A Social Security **Notice of Award**
- A Social Security **Benefit Verification Letter**
- These documents look very similar to other Social Security notices and are easy for clients to confuse with other paperwork



SSA-Benefit Verification Letter

A client can request a copy of this online, over the phone, or in person through the Social Security Administration

The top part of the notice looks like this



This is the line the folks at the IDOA are looking for



You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments

Beginning December 2022, the current Supplemental Security Income payment is \$914.00.

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due.

(For example, Supplemental Security Income Payments for March are paid in March.)

We found that you became disabled under our rules on February 15, 2011.

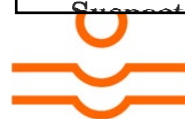
Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as a disabled individual.

Date of Birth Information

The date of birth shown on our records is April 25, 1962.

Support Social Security Payments



SSA- Notice of Award

The Notice of Award is a document sent out to people after they have been approved for Social Security Disability Benefits. The date the applicant became disabled is listed front and center.



Social Security Administration
Retirement, Survivors and Disability Insurance
Notice of Award

[REDACTED]

0407M3MCS4P1 T101 P

You are entitled to monthly disability benefits beginning February 2020.

The Date You Became Disabled

We found that you became disabled under our rules on September 1, 2019.

To qualify for disability benefits, you must be disabled for five full calendar months in a row. The first month you are entitled to benefits is February 2020.

What We Will Pay And When

We pay Social Security benefits for a given month in the next month. For example, Social Security benefits for March are paid in April.

- You will receive \$15,148.00 around April 12, 2021.
- This is the money you are due for February 2020 through March 2021.

Last Resort Approach

If all else fails, you can always try submitting some sort of Social Security Award Letter in the client's name and see what happens. You may be able to convince the IDOA to accept that anyways.

It is always better to submit something, instead of nothing at all

Be transparent when you do this. If you are not certain that a document will be accepted, communicate that to your client. Explain why you aren't sure if it will work.

This is especially important to building trust and a positive reputation with clientele.



Last Resort Approach

I typically have the most success with

- Old Social Security Notices
- Social Security notices that the client received before they turned 62
- ***Why? Because it is impossible to receive Social Security benefits before you are 62 if you are not disabled***
- If I am dealing with an especially high needs client, I may also try and call a manager and explain the situation and see if there is anything we can do



Case Example

This is an actual case document I submitted for a 62 year old client in December 2022. The document doesn't include the person's disability start date, or the word "disability", but to my surprise, the IDOA accepted it as proof.

Take a moment to look at this document. What do you see that indicates that this is proof of disability?



Social Security Administration

Date: September 16, 2011

Claim Number: [REDACTED]

[REDACTED] MB 0.382 T01000019

[REDACTED]

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2008, the full monthly Social Security benefit before any deductions is \$ 1194.50.

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$ 1194.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Date of Birth Information

The date of birth shown on our records is October 2, 1960.

Other Important Information

PREPARED BY DETROIT TSC 719.

There was no cost of living adjustment in Social Security benefits in December 2010. The benefit amount shown is current as of the date on this letter.

Medicare Information

You are entitled to hospital insurance under Medicare beginning November 2006.

Case Example

- The client was born on 10/2/1960 and was 62 at the time they applied for the BAA benefit.
- The notice was dated from 9/16/2011
- There is a note stating the client's benefit was \$1194.50 a month starting 12/2008
- The client has been getting Medicare since 2006
- All this information indicates this client has been getting Social Security benefits for over 10 years
- **It is impossible for a person to get Social Security benefits before 62 if the person is not disabled**
- An IDOA case worker sent this image to their manager and it was accepted



Social Security Administration

Date: September 16, 2011
Claim Number: [REDACTED]

[REDACTED] MB 0.382 T01000019

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

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Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Date of Birth Information

The date of birth shown on our records is October 2, 1960.

Other Important Information

PREPARED BY DETROIT TSC 719.

There was no cost of living adjustment in Social Security benefits in December 2010. The benefit amount shown is current as of the date on this letter.

Medicare Information

You are entitled to hospital insurance under Medicare beginning November 2006.

Other documents that can be
used to prove disability

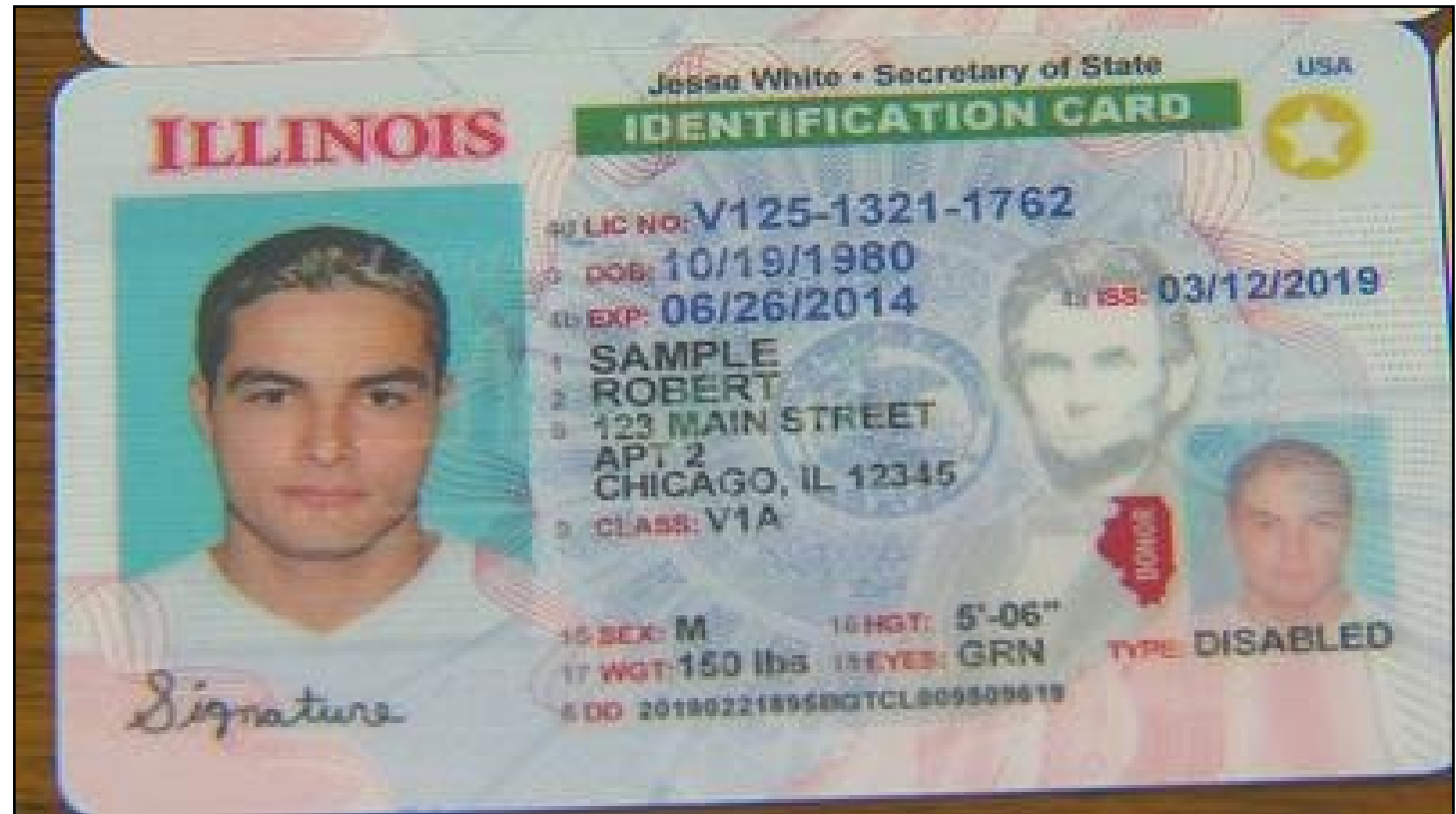


Type 2 Disability ID card

A type of state ID that documents the client has a disability

More info on how to apply can be found at

<https://www.illinoislegalaid.org/legal-information/id-cards-people-disabilities>



Physician's Statements

- If someone has a physician who will sign this and state the client was disabled **during the correct tax year**, it counts as proof of disability
- Coach the client to make sure that the physician completes this form with *legible handwriting*



State of Illinois
Illinois Department on Aging

Attachment A Physician's Statement

You may need to complete Attachment A if you are 16-64 years of age as of January 1 and you are the claimant or you are the claimant's spouse/civil union partner, and you were determined totally and permanently disabled.

Step 1: Answer the following questions to determine if you should complete this attachment.

Note: See Line-by-Line Instruction on the reverse side.

- 1 Did you receive Social Security disability benefits last year? yes ☐ no ☐
- 2 Did you receive disability benefits from Railroad Retirement or Civil Service last year? yes ☐ no ☐
- 3 Did you receive 100% disability benefits from the Veterans Administration last year? yes ☐ no ☐
- 4 Did you have a Class 2 disability card from the Illinois Secretary of State's office last year? ...yes ☐ no ☐

If you marked "yes" to any of the above, DO NOT complete the Attachment A.

Step 2: Complete the following information about yourself. Please print.

Note: Complete a separate Attachment A for each person and submit as needed.

- 5 Social Security number 9 Birth date
Month Day Year
- 6 Name 10 Phone () -
First MI Last Area Code
- 7 Address Apt. 11 Claimant's Social Security number
8 City State ZIP

Step 3: A physician must complete the following information about the person named on Line 6.

Note: The patient must meet the total disability criteria established by the Social Security Administration. Social Security Administration guidelines do not include alcoholism or drug abuse as a qualification for disability status.

"Person with a disability" means a person unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months. [320 ILCS 25/3.14]

- 12 Patient's name
First MI Last
- 13 Date patient became disabled / /
Month Day Year
- 14 Was the patient able to work for a living after the above date? yes ☐ no ☐
- 15 Has the disability lasted or is it expected to continue for 12 months or more? yes ☐ no ☐
- 16 What is the nature of the disability?

Please see Social Security's Website at <https://www.ssa.gov/planners/disability/dqualify4.html> for information on what qualifies as a disability under Social Security guidelines.

I declare under penalty of perjury that I have personally examined the patient listed on this form and any accompanying statements or forms, and I have determined the patient to be a person with a disability using the same standards as used by the Social Security Administration.

- 17 Physician's name
- 18 Physician's signature and date / /
Month Day Year
- 19 Physician's Illinois registration number 36 -
(This number is issued by the Illinois Department of Financial and Professional Regulation)
- 20 Physician's phone () -
Area Code

This form is authorized as outlined by the Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act. Disclosure of this information is REQUIRED. Failure to provide information could delay your benefit. IL 402-1094

Where to Find Physicians Statements

Physician Statements are labeled as “Attachment A Form” on the IDOA website

They are located right above the log in screen, in the same place that you can find the Non-Filing Statements

Printable Documents

[Print Attachment A Form](#)

[Non Filing Statement](#)

NOTES:

1. If you are eligible to file a **RENEWAL** application (*up to 90 days before your current application expires*) a **RENEW** option will appear after you enter your Social Security number, Date of Birth and Name.
2. The Benefit Access Application does not accept special characters in names (à, ò, ñ, etc). This includes hyphens, if you have a hyphenated last name please use a space instead.

****Applications submitted on January 1, 2023 through April 18, 2023 must use 2021 income to file.****

****Applications submitted on April 19, 2023 or after must use 2022 income to file.****

*****Please be aware that ANY application that has had no activity for 90 days will be removed from the system and you will be required to file a new application.*****

Only documents scanned to the application will be accepted - Documents faxed to the Department on Aging will no longer be accepted.

*****If your application was “denied” using your 2021 income, you may re-apply online using your 2022 income on or after April 19, 2023.*****

To start a **new** application, or to **search** for an existing application, enter your identification information:

Social Security Number: * (999999999)

Birth Date: / / * (mm/dd/yyyy)

First: * Middle: Last: * Suffix: (SR, JR, I, II, III)

documents/IL1363A.pdf

[Search/Start Application](#)



Questions?



Navigating Common Issues with Uploading Documents



Issue C- IDOA wont stop asking for 1040's

IDOA requests 1040 again on 6/6/23

If you spot this happening, you should contact the IDOA to see what they need.

Sl. No	Attachment	Required	Rejected	Upload Date	Requirement Date	Date Proof Verified	Action
1	US 1040	Yes	No		6/6/2023		Add Attachment
2	Claimant Age	Yes	No		6/2/2023	6/2/2023	View Attachment
3	Claimant SSN	Yes	No		6/2/2023	6/2/2023	View Attachment
4	Claimant Name	Yes	No		6/2/2023	6/2/2023	View Attachment
5	Claimant Address	Yes	No		6/2/2023	6/2/2023	View Attachment
6	US 1040	Yes	Yes	6/5/2023	6/1/2023		View Attachment
7	Claimant Disability	Yes	No		6/1/2023	6/2/2023	View Attachment

Case manager uploaded document on 6/5/23



Sl. No	Attachment	Required	Rejected	Upload Date	Requirement Date	Date Proof Verified	Action
1	US 1040	Yes	No	6/28/2023	6/26/2023	6/29/2023	View Attachment
2	US 1040	Yes	Yes	6/23/2023	6/22/2023		View Attachment
3	Claimant SSN	Yes	No		6/12/2023	6/12/2023	View Attachment
4	Claimant Age	Yes	No		6/12/2023	6/16/2023	View Attachment
5	Claimant Name	Yes	No	6/16/2023	6/12/2023	6/16/2023	View Attachment
6	Claimant Address	Yes	No		6/12/2023	6/16/2023	View Attachment
7	US 1040	Yes	Yes	6/21/2023	6/9/2023		View Attachment
8	Form IL-1040	No	Yes	6/21/2023			View Attachment
9	Form US-1040	No	No	6/28/2023			View Attachment
10	Form US-1040	No	No	6/28/2023			View Attachment
11	Form US-1040	No	No	6/28/2023			View Attachment

This is what happens if:

- You submit cut off photos
- You don't submit all the I040 pages the IDOA needs
- You don't submit a I099R for a client with a pension
- You submit another document that doesn't meet the correct requirements



Issue D: Client applied on their own and is confused about what to submit

- Given the imperfections of this document request system, clients who initially applied on their own may come to you confused about what documents they need to submit
- If you have a case like this, click “view attachment” to review all the documents that have been submitted.
- Try and see if you can discern what the issue is by reviewing the images
- Contact the IDOA if its not immediately apparent what’s wrong

Action
View Attachment
View Attachment
View Attachment
View Attachment
View Attachment



If you are ever confused, contact the IDOA

Let them know you are a SHAP Counselor

- [1-800-252-8966](tel:1-800-252-8966), option 3

Or

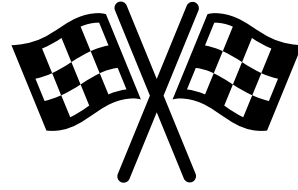
- aging.ilsenior@illinois.gov



Approval!

- Once the IDOA has approved all documents, they send out an approval letter!
- To see if they have been approved, log back into the application 2-3 days after you uploaded documents





Approval!



When your client gets approved, you are going to see this little certificate box when you log in to the application

~~Only documents scanned to the application will be accepted - Documents faxed to the Department on Aging will no longer be accepted.*~~

If your application was "denied" using your 2021 income, you may re-apply online using your 2022 income on or after April 19, 2023.

To start a **new** application, or to **search** for an existing application, enter your identification information:

Social Security Number: * (999999999)

Birth Date: * (mm/dd/yyyy)

First: * Middle: Last: * Suffix: (S)

[Search/Start Application](#)

Action	Name	Effective - Term Date	Status	Print
View	[REDACTED]	06/23/2023 - 06/23/2025	Eligible	CERTIFICATE

Click here to retrieve certificate of approval

Illinois Department on Aging ♦ One Natural Resources Way, Suite 100 ♦ Springfield, IL 62702-1271

Benefit Access: 1-800-252-8966 1-888-206-1327 (TTY)



BAA Certificate

This document serves as proof that the client has been approved

The License Plate Discount should get applied automatically in the Secretary of State's system after 2-3 days

Clients who want a RTA ride free pass must now submit a separate application to the RTA

They will need to include a copy of this document with the RTA application

Illinois Department on Aging
1 Natural Resource Way, Suite 100
Springfield, IL 62702

BENEFIT ACCESS PROGRAM ELIGIBILITY NOTICE

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

The Illinois Department on Aging has processed your Benefit Access Application.

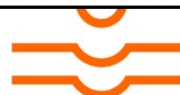
You are eligible for the following benefits:

[REDACTED] - License Plate Discount: 6/29/2023 - 6/29/2025
[REDACTED] Seniors Ride Free: 6/29/2023 - 6/29/2025

To maintain continuous eligibility, you should file your next application 90 days before the above expiration date.

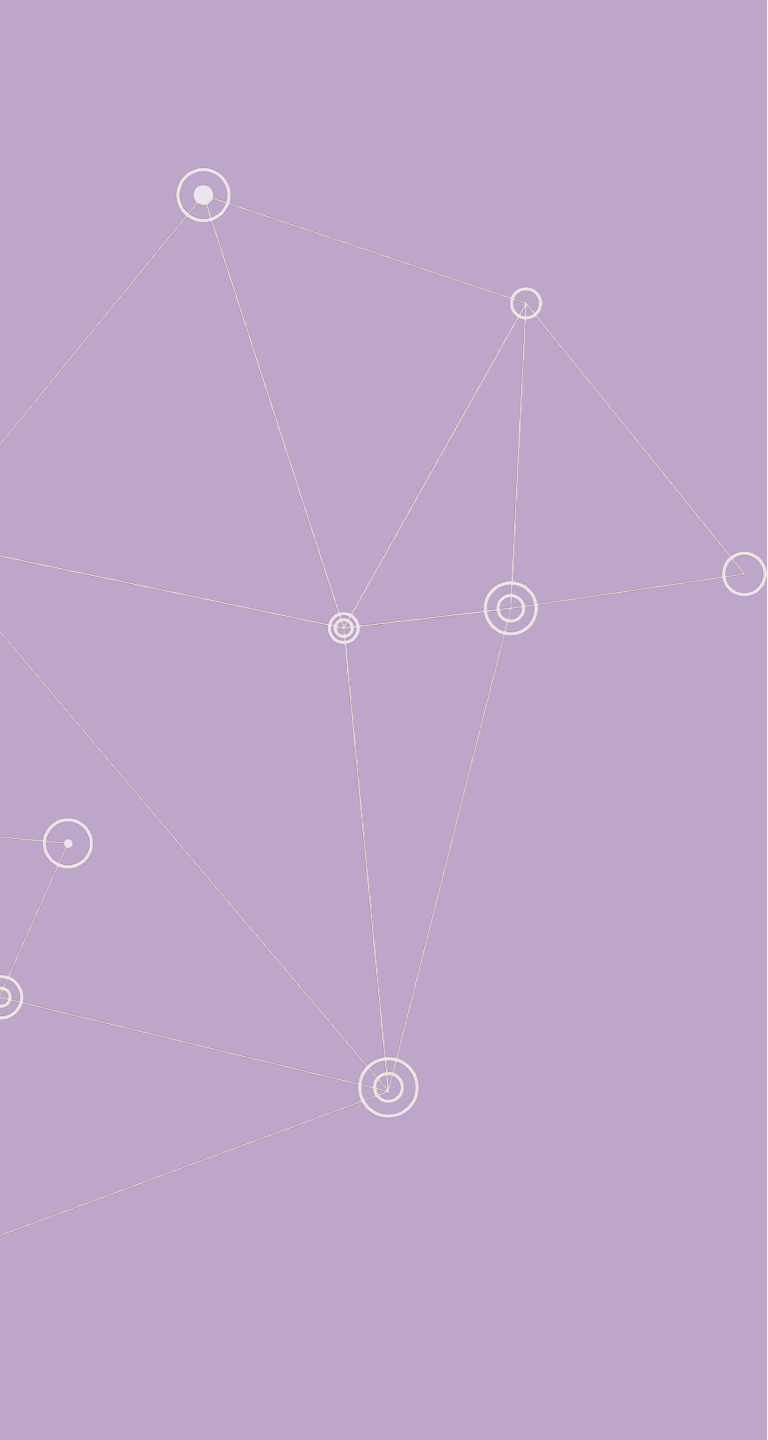
If you have questions regarding your license plate discount please contact the Secretary of State's office at 1-800-252-8980. Please allow approximately 2 business days from the eligibility begin date above for the license plate discount to be available.

If you have questions regarding your free transit ride, please contact your local public transit system. Your local public transit system may have additional requirements.



Questions?





Part Four: Helping Applicants Access their Benefit



After the Approval: License Plate Stickers

- Client can go to purchase their discounted sticker around 2-3 days after approval.
- Approval is automatically applied
- Client should not need a copy of the BAA certificate to get the License Plate Sticker Discount



After the BAA Approval: RTD applications



RTD application- getting the bus pass

- Once you get the BAA approved, you need to put in a second application to RTA
- You can mark this as a separate application when tracking your numbers
- This application is relatively simple, I have never had any back and forth between documents
- <https://fares.rtachicago.org/>



RTA application documents needed

- IDOA approval certificate
- Drivers License/ State ID
- 2x2 inch **color** photo or smart phone photo*
- Smart phone photos must be well lit, in color, focused, showing the person's complete face, blank background, and shoulders up

*While the paperwork does specify that the photo must be 2x2 inches, we have never had an issue with a smart phone photo. We do not crop the photos.



→ ↺

fares.rtachicago.org

Google

🔖

★

⚙️

🖨️

👤

iCarol - Sign Onabe.illinois.gov logi...ResearchBoards | TrelloAll Client Tracking...Welcome to the Be...ADP Payroll Service...Workers' Action Gui...SharePointIllinois Department...Kelsey Application...Cook County Viewer

**Mobility**  **Services**

Welcome to RTA Fare Programs Online

On this portal, you can do the following:

- Replace your lost/stolen or damaged Ride Free, Reduced Fare, or ADA paratransit permit card
- Apply for the Ride Free Program for low-income adults over the age of 65 or low-income people with disabilities
- Apply for the Reduced Fare Program for adults over the age of 65 or people with disabilities
- Renew your expiring Ride Free or Reduced Fare permit card

Click next to begin

NEXT



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Have you previously had a RTA permit card?

For example:

- A Ride Free permit card
- A Reduced Fare permit card
- An ADA Paratransit permit card

YES

NO



how to add mailbox to o... Open and use a shared m... Log in | Dropbox Sign... All Client Tracking Month... 2023-1964 - Google Seal... 2022 - 2023 BEC Events... RTA

fares.rtachicago.org/search

iCarol - Sign On Gabe.illinois.gov logi... Research Boards | Trello All Client Tracking... Welcome to the Be... ADP Payroll Service... Workers' Action Gui... SharePoint Illinois Department... Kelsey Application... Cook County Viewer

RTA Mobility Services

First, let's verify if you're already in the RTA system.

First Name * Last Name *

Street Address * Apt/Unit

ENTER A LOCATION

- OR -

PO Box # (enter numbers only)

City * State * Postal Code *

Date of Birth (mm/dd/yyyy)

MM * DD * YYYY * RTA ID # (enter numbers only)

* Required Fields

← BACK NEXT →

New Senior Reduced Fare Permit

The RTA Senior Reduced Fare Program allows individuals age 65 or older to ride on CTA, Metra, and Pace fixed route bus and rail service at a reduced rate.

You will need the following during the sign up process:

1. **A valid/not expired proof of identity.** These include State ID card/Driver's License, passport, Chicago CityKey card, or U.S. Permanent Resident Card (Green Card)
2. **A current 2" X 2" passport size color photo** and it must clearly show your face

☐ SELECT

New Senior Ride Free Permit

The RTA Persons with Disabilities Ride Free Permit allows qualifying customers with disabilities, 16 years of age or older, to ride at no cost on CTA, Metra, and Pace fixed route bus and rail service. Applicants must be enrolled in the Benefit Access Program administered by the Illinois Department on Aging (IDOA). For more information about the IDOA Benefit Access Program visit <https://webapps.illinois.gov/AGE/BAA/Welcome.aspx> or call (800) 252-8966.

You will need the following during the sign up process:

1. **A valid/not expired proof of identity.** These include State of Illinois ID card, State of Illinois Driver's License or Chicago CityKey card
2. **A current 2" X 2" passport size color photo** and it must clearly show your face
3. **Benefit access program eligibility notice** - if not already completed in step one, apply at <https://webapps.illinois.gov/AGE/BAA/Welcome.aspx>

☐ SELECT



Application will then ask for copies of documents

Please Provide the Following Documents

 On mobile devices, clicking "select files" will allow you to either select a file or take a photo from your phone.

Government Issued ID *

Upload both sides of your current government-issued ID card.

You can use one of the following: State of Illinois Driver's License, State of Illinois issued ID, Chicago CityKey card.

Select files...

Drop files here to select

Type of ID:

Benefit Access Program Eligibility Notice *

Upload your BENEFIT ACCESS PROGRAM ELIGIBILITY NOTICE by clicking "Select Files" below

Select files...

Drop files here to select

  BAA certificate.pdf 

37.60 KB

A current 2" X 2" passport size color photo and it must clearly show your face *

Upload a current 2" X 2" passport size color photo and it must clearly show your face.

Select files...

Drop files here to select

245.74 KB



- You will need to input all information located on the state ID/ Drivers License after you upload the document



Application will
ask for
License Plate
Number
Height
Weight
Eye Color



Thank You!

Your application is complete, please wait 48 hours before checking on the status of your RTA Permit Card.

New Disabled Ride Free Permit

Order Number

f1ccd893-8067-4fce-9a1e-1de0cf2c10bf

Customer Name

[REDACTED]

Date of Birth

[REDACTED]

Permanent Address

[REDACTED]

Phone

[REDACTED]

Email

[REDACTED]

Shipping Address

[REDACTED]

Billing Address

[REDACTED]

Order

New Disabled Ride Free Permit \$0

Total \$0

If approved, you should receive your permit card within 10 business days at 1450 W GARFIELD BLVD, 2ND FL CHICAGO, IL 60609-5808. If you have any additional questions or do not receive your RTA permit card, please contact RTA customer service at (312) 913-3110.

You will see this confirmation page after you submit the application

Client can call the RTA at 312-913-3110 if they have any issues retrieving the card



Trouble Shooting Common Issues After Approval



Issue A- The client's License Plate Sticker is due before we can get the BAA approved

- You can request a 1-2 month extension on your license plate sticker renewal **once in a life time** with the Secretary of State
- It will cost around \$12.00 per month
- Applicants must contact the Secretary of State for the extension



Issue B: A Client's BAA benefit hasn't expired yet, but they can not get their license plate sticker discount

- If the expiration date is coming up shortly, it is possible that the client is trying to use their BAA to get a third sticker. **Clients can only use this benefit to get a maximum of two stickers.**
- This tends to happen for clients who were first approved for their benefit right after their sticker was due, making their BAA renewal date fall after the sticker deadline



Issue B: Example

- John Smith's license plate stickers were due in April 2021. At the time, he couldn't afford the \$151.00 fee, so he chose not to renew his plates.
- On May 1, 2021, John learned about the Benefit Access Application. He applied and got approved for the benefit. John observes that Benefit Access Application certificate states that he's eligible for benefits from 5/5/2021-5/5/2023 .

The Illinois Department on Aging has processed your Benefit Access Application

You are eligible for the following benefits:
John Smith-License Plate Discount: 5/05/2021- 5/05/2023



Issue B: Example

- John used the discount to renew his plates late. He paid for his first sticker in May 2021.
- John purchased his second sticker in April 2022.
- On April 1st 2023, approximately a month before his certificate says his benefit expires, he tries to get his discounted sticker and is charged full price
- **This is because the BAA can only be used to purchase a total of two discount stickers.**



Issue B: Solution

- While John can *file* his BAA renewal 90 days before it expires, the soonest the renewal will start is the day after the expiration
- **John should go to the Secretary of State to use his one-time extension to move his license plate sticker renewal month to June, so the timing with the Secretary of State aligned with the discount.**
- As counselors, we also want to advise our clients to apply for their discount within a 6 month window before their license plate renewal is due, so we can avoid this issue happening to them in the future



Issue C- You recently helped a client get approved, but the clerk cannot find the BAA approval in the system when the client goes to purchase their license plate sticker

- We have had several clients report that currency exchanges will not apply these discounts. For that reason, we always recommend the client go to the Secretary of State
- **Clients should not be paying full price for this sticker if they are approved for this benefit. If they pay full price, they can get refunded.**



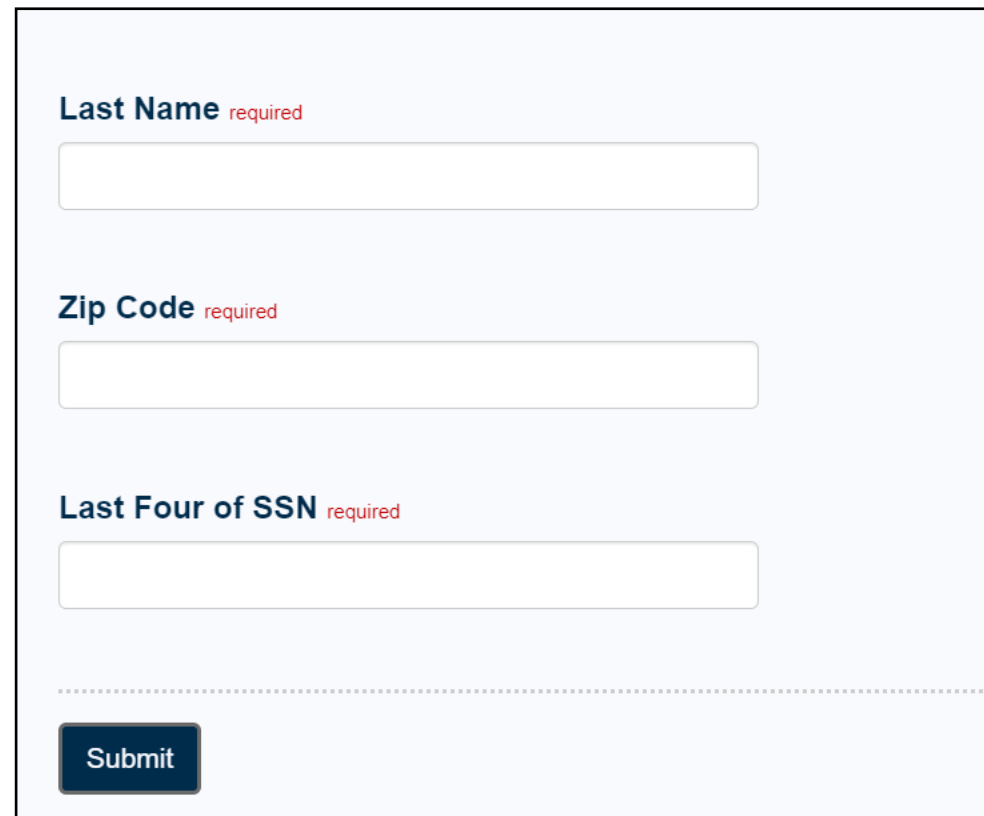
Refunds

- Some clients who paid full price for their license plate sticker discounts may be eligible for a refund after they get approved for the BAA
- Applicants qualify for a refund if the applicant was eligible for the discount and had a discount still available on the actual date that they purchased the sticker.



Step One- Get the Benefit Access Control Number

- <https://apps.ilsos.gov/bansearch/>



A screenshot of a web form for searching for a Benefit Access Control Number. The form is light blue and contains three input fields, each with a label and a 'required' indicator in red. The first field is for 'Last Name', the second for 'Zip Code', and the third for 'Last Four of SSN'. A dark blue 'Submit' button is located at the bottom left of the form area. A horizontal dashed line separates the input fields from the button.

Last Name required

Zip Code required

Last Four of SSN required

Submit



Step Two- Request Refund

- <https://apps.ilsos.gov/bap/>

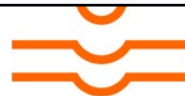
The Secretary of State's office sends eligible seniors and persons with disabilities a notification after they have been accepted into the [Illinois Department on Aging's](#) Benefit Access Program. If you have already purchased license plates or renewed your license plate sticker and paid full price, and are now part of the [Benefit Access Program](#), you may be eligible for a refund.

Please complete the information below to verify that you are qualified for a refund.

Benefit Access Program Control Number required

Illinois License Plate Number required

Submit



Questions?



Thank you!

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