



Application for Illinois Cares Rx

After Form IL-1363 has been filed in a claim year

Official use only

Complete this application only if you want help paying for drugs **and** did not make this request on your previously filed 2011 Form IL-1363, Application for Circuit Breaker and Illinois Cares Rx.

STEP 1: Claimant Information.

1 Social Security number

2 Name _____
First MI Last

3 Address _____ Apt. _____
City _____ State _____ ZIP _____

4 Are you Male Female

For your Illinois Cares Rx Benefits.

5 Are you a U.S. citizen or qualified noncitizen? (See instructions.)

Note You may still qualify for Illinois Cares Rx Basic even if no box is checked above.

6 Illinois Cares Rx Benefits. You can choose help paying for prescriptions.

a Do you have Medicare? **yes** **no** (If "no," go to Line 7.)

b Do you have HIV/AIDS? **yes** **no** (See instructions for additional benefits.)

STEP 2: For your Spouse's Illinois Cares Rx Benefits.

Note Spouse includes parties to a civil union.

7 Spouse's Social Security number

8 Spouse's Name _____
First MI Last

9 Spouse's birth date
Month Day Year

10 Is your spouse a U.S. citizen or qualified noncitizen? (See instructions.)

Note Your spouse may still qualify for Illinois Cares Rx Basic even if no box is checked above.

11 Illinois Cares Rx Benefits. Your spouse can choose help paying for prescriptions.

a Does your spouse have Medicare? **yes** **no** (If "no," go to Line 12.)

b Does your spouse have HIV/AIDS? **yes** **no** (See instructions for additional benefits.)

STEP 3: Additional Information required for Illinois Cares Rx Benefits.

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

12 If you are **married and living with your spouse**, do you have savings, investments or real estate worth more than \$25,260? If you are **not married or you do not live with your spouse**, is the value more than \$12,640?

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** **Note** If you marked **no**, you **must** complete Schedule C.

Parties to a civil union must each complete a separate Schedule C.

STEP 4: For your Qualified Additional Resident's (QAR) Illinois Cares Rx Benefit

(See instructions.)

Note A QAR must be at least 16 years of age to qualify. QAR's between 16 and 64 years of age must attach a copy of proof of disability and proof of age.

13 QAR's Social Security number

14 QAR's Name _____
First M I Last

15 QAR's birth date (See instructions.)
Month Day Year

16 Is your QAR a U.S. citizen or qualified noncitizen? (See instructions.)

Note Your QAR may still qualify for Illinois Cares Rx Basic even if no box is checked above.

17 **Illinois Cares Rx Benefits.** Your QAR can choose help paying for prescriptions.

a Does your QAR have Medicare? **yes** **no** (If "no," go to Line 18.)

b Does your QAR have HIV/AIDS? **yes** **no** (See instructions for additional benefits.)

STEP 5: Sign below. (Attach proof of authority if someone else signs for you or your spouse.)

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.

18 _____ Date ____/____/____ 19 _____ Date ____/____/____
Signature of person named on Line 2 Signature of person named on Line 8

20 _____ Date ____/____/____
Signature of person named on Line 14
(If younger than 18, see instructions.)



If the QAR is under 18 years of age or unable to sign, a parent or legal representative must sign the QAR's name and indicate the relationship to the QAR such as Mother, Father, Guardian.

If you are signing as legal representative for the QAR you must attach proof of your legal status.

STEP 6: Send us the completed application form.

Mail this application to:
ILLINOIS DEPARTMENT ON AGING
PO BOX 19021
SPRINGFIELD IL 62794-9021

Line-by-line instructions for ADAD-16

STEP 1: Claimant Information. Lines 1-4.

Tell us about yourself.

For your Illinois Cares Rx Benefits. Lines 5-6

Please complete all information.

If you are not a U.S. citizen or qualified noncitizen, you may still qualify for prescription drug assistance through Illinois Cares Rx Basic, not Illinois Cares Rx Plus.

Information for noncitizens:

If you are NOT a U.S. citizen, you must submit proof of your qualified noncitizenship status to receive help paying for prescription drugs under the Illinois Cares Rx Plus program.

Qualified noncitizens subject to this documentation requirement must:

- be age 16 or older **and**
- be 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.

Proof of Qualified Noncitizenship 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.

Illinois Cares Rx Benefits. Lines 6b, 11b and 17b

If you have Medicare, you may qualify for additional "wrap around" benefits by answering this question. 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.

Step 2: For your Spouse's Illinois Cares Rx Benefits. Please complete all information.

Step 3: Additional Information required for Illinois Cares Rx Benefits.

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

Step 4: For your Qualified Additional Resident's (QAR) Illinois Cares Rx Benefits. Please complete all information.

Line 16

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 the QARs citizenship status

Line 17

- a. Mark “yes” if the QAR is currently eligible for Medicare Part A and/or Part B. If the QAR is not eligible for Medicare, mark “no” and go to Line 18.
- b. Mark the appropriate appropriate circle. If the QAR has Medicare and has HIV/AIDS, the QAR will qualify for extra help paying for HIV/AIDS medications if they are listed on the ADAP formulary and the Part D plan’s formulary.

Step 5: Sign below. Lines 18-20. Sign on appropriate line(s).

Line 18

Signature of person named on Line 2 (QAR). If the QAR is under 18 years of age or unable to sign a parent or legal representative must sign the QAR’s name and indicate the relationship to the QAR such as Mother, Father, Guardian.

Line 19

Signature of person named on Line 8 (Spouse).

Line 20

Signature of person named on Line 14 (QAR).

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

If you need additional assistance, do one or more of the following steps.

- Visit www.cbrx.il.gov on the Web.
- Find a local agency serving seniors, by calling the Senior HelpLine at **1-800-252-8966** or 1-888-206-1327 (TTY).
- Call us at **1-800-624-2459** or 1-888-206-1327 (TTY).