

SECTION D: Tell us how many persons you are reporting for the year for which you are filing this amended application.

See instructions for more information.

25 Write correct household size (add the number of persons on Lines 2 and 10 and on Schedule B, Line 9).

SECTION E: Tell us about the Illinois property tax or rent you paid in the year for which you are filing this amended application.

26 Property tax you paid (total of both installments)..... **26**

27 Mobile home tax you paid (yearly total)..... **27**

28 Rent you paid (yearly total). Does your rent include food? **yes** **no** **28**

a To whom did you pay rent?

Name _____ Phone (_____) _____ - _____

Address _____ City _____ State _____ ZIP _____

b How many months did you rent here?

b _____  Attach page if other rentals.

Note Do not include amounts paid by a "Section 8" program.

If you now live in public housing, but last year lived in private housing, see the instructions for Line 28.

29 Nursing, retirement, or shelter care home charges you paid (yearly total)..... **29**

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

Name _____ Phone (_____) _____ - _____

Address _____ City _____ State _____ ZIP _____

b How many months did you live here?

b _____  Attach page if other charges.

Note Do not include amounts paid by Human Services.

SECTION F: Sign below.

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; (3) citizenship and identification information maintained by the Illinois Secretary of State; 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.

30 _____ / / **32** _____
 Claimant's signature Date Preparer's name (Please print or type.) Phone number

30 _____ / /
 Spouse's signature (If living together) Date

<i>Official use only</i>	
<input type="text"/>	<input type="text"/>
<small>SHAP</small>	<small>County/Sub-Area Code</small>

Mail your completed form to:
 CIRCUIT BREAKER, ILLINOIS DEPARTMENT ON AGING
 P.O. BOX 19003
 SPRINGFIELD, IL 62794-9003

If you need assistance, 1) visit www.cbrx.il.gov on the Internet, 2) find a local agency serving seniors by calling the Senior HelpLine at **1-800-252-8966**, or 3) call us at **1-800-624-2459** or **1-888-206-1327 (TTY)**.

Line-by-line instructions for Form IL-1363-X

Who should file Form IL-1363-X?

You should file Form IL-1363-X if you need to amend your Form IL-1363, Application for Circuit Breaker and Illinois Cares Rx, for the years 2005, 2006, 2007 or 2008.

Note If you did not request drug coverage on your original Form IL-1363, and you or your spouse wish to apply for drug coverage, you must complete the form, ADAD-16, Application for Illinois Cares Rx.

How long does it take for processing?

Processing will take at least 12 weeks, so please be patient before calling us to check on the status of your amended application. **Do not** file a duplicate amended application.

What if I need additional information or forms?

For information or to order forms, visit our Web site at www.cbrx.il.gov or call us at **1-800-624-2459** or our TTY at **1-888-206-1327**. To find a local agency serving seniors, call the Senior HelpLine at **1-800-252-8966**.

LINE-BY-LINE INSTRUCTIONS

SECTION A: Tell us about yourself.

Lines 1 through 7

Complete with your current information.

SECTION B: Tell us about your spouse.

Lines 8 through 10

Complete with your spouse's current information.

SECTION C: Tell us your total income for the year for which you are filing this amended application (include both claimant and spouse if living together).

Complete Step 3 using your correct income amounts. Place a zero on a line if you do not have any income to report. You **must** complete each line.

How to report a corrected amount:

If you reported \$12,000 on Line 11 of your originally filed Form IL-1363, but now you have received an additional statement showing you actually received \$15,500, you need to file Form IL-1363-X. You should complete Line 11 of Form IL-1363-X like this:

15,500

How to report an amount that did not change:

If you reported \$1,000 on Line 12 of your original Form IL-1363, and the amount has not changed, you should complete Line 12 of Form IL-1363-X like this:

1,000

For each correction in Step 3, you must send us the documentation listed below.

- 11** For any income correction, you must send us a copy of Form SSA-1099, Social Security Benefit Statement, showing the amount in Social Security benefits you received (including Medicare deductions) and/or a statement from the Social Security Administration showing any Supplemental Security Income (SSI) you received.
- 12** For any income correction, you must send us written proof from Railroad Retirement showing the amount in benefits you received (including Medicare deductions).
- 13** For any income correction, you must send us written proof from Civil Service showing the amount in benefits you received.
- 14** For any income correction, you must send us a copy of your annual statement showing any income you received as an annuity from any annuity, endowment, life insurance contract or similar contract or agreement.
- 15** For any income correction, you must send us a copy of your annual statement showing both your taxable and nontaxable income you received from any IRAs, IRAs converted to Roth IRAs, and pensions.
- 16** For any income correction, you must send us a copy of your annual statement from the Veterans' Administration showing both taxable and nontaxable benefits.
- 17** For any income correction, write the total amount of Illinois Department of Human Services or other governmental cash public assistance benefits you received.
- 18** For any income correction, you must send us a copy of all of your W-2 forms (Wage and Tax Statement) furnished by all your employers and a copy of your federal income tax return and any supporting federal schedules.
- 19** For any income correction, you must send us a copy of your statements of interest and dividend income received from all sources.
- 20** For any income correction, you must send us a copy of your federal income tax return and any supporting federal schedules. If you did not file a federal return, you must attach other proof showing the nature and amount of each change in income or loss.

21 For any income correction, you must send us a copy of your federal income tax return and any supporting federal schedules. If you did not file a federal return, you must attach other proof showing the nature and amount of each change in income or loss.

22 For any income correction, you must send us a description of the nature of the income, loss or deduction reported and attach written proof.

23 Add the amounts in Lines 11 through 22, and write the total on Line 23.

Note You cannot use a net capital loss carryover or a net operating loss carryover in figuring income.

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

a Write the total number of rooms in your home.

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

SECTION D: Tell us how many persons you are reporting for the year for which you are filing this amended application.

25 Add the number of persons you are reporting on Form IL-1363-X, Lines 2 and 10, and on Schedule B, Qualified Additional Residents, Line 9.

Note If you are reporting any qualified additional residents, you must attach Schedule B.

SECTION E: Tell us about the Illinois property tax or rent you paid in the year for which you are filing this amended application.

26 For any correction, you must send us a copy of your property tax bill or a statement from your mortgage company showing the property tax you paid.

27 For any correction, you must send us a copy of your mobile home tax bill.

28 Check “yes” or “no” to indicate whether your rent included food. Also, for any other correction, you must send us a notarized statement from your landlord, a copy of a rental agreement or lease, or cancelled checks showing the total amount in rent you paid. We will not accept rent receipts. **Do not** include the amount paid by a Section 8 program.

a Write the name, address, and telephone number of your landlord. If you had more than one landlord, please attach additional sheets with the above information for each landlord. Please write your name and Social Security number on each attachment.

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

Note If you **now** live at a residence that is not subject to property tax (such as public housing) but you did live at a residence that was subject to property tax (such as private housing) during part or all of the year for which you are filing this amended application, you must send us a copy of your rental agreement or lease, a notarized statement from your landlord, cancelled checks to document the rent you paid to the private landlord, or a copy of your tax bill. If you lived in more than one residence, you must also attach a letter stating the dates you lived at each residence.

29 For any correction, you must send us a copy of the statement from your nursing, retirement, or shelter care home showing the total amount you paid. See note below.

a Write the name, address, and telephone number of the nursing, retirement, or shelter care home in which you lived.

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

Note If you lived in more than one home, please attach additional sheets with the Line 29, 29a, and 29b information for each place you lived. Please write your name and Social Security number on each attachment.

SECTION F: Sign below.

30 You (the claimant) must sign and date this form. See note below.

31 If you are married and living with your spouse, your spouse must sign and date Form IL-1363-X.

Note If you or your spouse is only able to make a mark, another person must sign as a witness. If you or your spouse is unable to sign, a legal representative may sign this form. However, you must attach documentation proving that the representative is a legal guardian or has power of attorney to act for you or your spouse. Applications without a valid signature or mark will not be approved.

32 Write the preparer’s name and phone number on this form. If someone other than you or your spouse, such as a son, daughter, or legal representative, prepares this form for you, that person should print or type his or her name and telephone number on Line 32.