

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

## Section A: Tell us about yourself (claimant).

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

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

### 1 Social Security number

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

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

### 2 Name

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

### 3 Address

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

If the address on Line 3 is not the address where you lived all of 2008, follow the instructions in Section E and report the property tax, rent or nursing home charge from each residence.

### 4 Phone

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

### 5 Birth date

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

06|30|19|39  
Month Day Year

If this is the first time you are applying,



**you must send us proof of your age — see page 24.**

If you are younger than age 65, you must be totally disabled to qualify and



**you must send us proof of your disability — see page 23.**

### 6 Marital status

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

**1 Single, widow(er), or divorced**

- if you are single, or
- if your spouse was deceased before January 1, 2009\*, or
- if you were divorced before January 1, 2009.

\*If your spouse was living with you during 2008, you must include his or her income in Section C.

**2 Married and living together**

- if you were married and living with your spouse during 2008, or
- if your spouse died in 2009, but was living with you during 2008 (you must include your spouse's income for the time you were living together).

**3 Married, but not living together**

- if you were permanently separated from your spouse during 2008, or
- if you or your spouse were living in a nursing, retirement, or shelter care home in 2008.

### 7 Tell us if you are male or female

Check the box that applies to you.

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

Complete Section B **only** if you checked Marital status 2, "Married and living together" on Line 6. Otherwise, if you do not have a spouse, if your spouse was deceased before January 1, 2009, or if you were not living in the same household as your spouse in 2008, go to Section C.

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

- 9 Spouse's name  
Print your spouse's first name, middle initial, and last name.
- 10 Spouse's birth date  
Write the month, day, and year of your spouse's birth.  
If this is the **first time** your spouse is applying, you must send us proof of your spouse's age — see page 24.

## Section C: Write only the claimant's and spouse's total income for 2008.

Include only your income and your spouse's income (if you were living together) for the year 2008. Be sure to include both taxable and nontaxable amounts unless indicated otherwise in the instructions. **Do not** include any qualified additional resident's income.

### What is considered income?

Income is your 2008 adjusted gross income for federal income tax purposes, plus certain **items in bold** that may not have been included in this calculation. Unless indicated otherwise, the following items are considered income, even if a particular listing is not taxable by the IRS under federal law:

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

- monthly insurance benefits
- pension and IRA benefits (only the federally taxable portion)
- qualified long term care insurance contract payments (only the federally taxable portion)
- **Railroad Retirement benefits** (without subtracting any Medicare deductions)
- rental income
- Illinois Cares Rx rebate received in 2008 (only if you took an itemized deduction for health insurance on your 2007 federal income tax return)
- **Social Security income** (without subtracting any Medicare deductions)
- Supplemental Security Income (SSI) benefits
- state income tax refunds received in 2008 (only if you took an itemized deduction on your 2007 federal income tax return)
- unemployment compensation
- veterans' benefits (only the federally taxable portion)
- wages, salaries, and tips from work
- **Workers' Compensation Act income**
- **Workers' Occupational Diseases Act income**

**Note** This is a nonexhaustive list of common examples.

**Note** You may **not** subtract the following items on Line 22 of your Form IL-1363 even if you were allowed to take a deduction on your federal income tax return: amount of tax imposed by the Illinois Income Tax Act paid in 2008; an amount equal to any net operating loss **carryover** deduction or capital loss **carryover** deduction; or federal itemized deductions.

*(Continued on next page.)*

## What is not considered income?

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

- cash gifts
- child support payments
- Circuit Breaker grants
- damages awarded in a lawsuit for a physical personal injury or sickness
- Energy Assistance payments
- federal economic stimulus payments
- federal income tax refunds
- IRAs “rolled over” tax-free into other retirement accounts
- lump sums from inheritances
- lump sums from insurance policies
- money borrowed against a life insurance policy or from any financial institution
- reverse mortgage payments
- spousal impoverishment payments
- stipends from the Foster Parent and Foster Grandparent programs
- Title V of the Older Americans Act of 1965; Green Thumb or Experience Works; or VISTA or AmeriCorps income

### 11 Social Security, SSI benefits

Write the total amount of any retirement, disability, or survivor’s benefits (include all Medicare deductions) paid to you and your spouse in 2008 by the Social Security Administration.

You must also include any Supplemental Security Income (SSI) you received in 2008.

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

It is **not** necessary to contact Social Security. To determine the total amount of your benefits, add the amount of each monthly check received during 2008. Add to this total \$1,156.80 (\$96.40 per month for Medicare Part B) and the amount deducted for Medicare Part D premiums, if any.

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

Remember to include all Medicare deductions.

### 12 Railroad Retirement benefits

Write the total amount of any retirement, disability, or survivor’s benefits (include all Medicare deductions) you and your spouse received in 2008 under the Railroad Retirement Act.

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

### 13 Civil Service benefits

Write the total amount of any retirement, disability, or survivor’s benefits you and your spouse received in 2008 under any Civil Service retirement plan.

### 14 Annuity benefits

Write the total amount received as an annuity by you and your spouse in 2008. This includes amounts from any annuity, endowment, life insurance contract, or similar contract or agreement. You must include both taxable and nontaxable amounts.

### 15 Other pensions

- a Write the total of the federally **nontaxable** portion received by you and your spouse in 2008 from any IRAs, IRAs converted to Roth IRAs, and pensions.
- b Write the total of the federally **taxable** portion received by you and your spouse in 2008 from any IRAs, IRAs converted to Roth IRAs, and pensions. Carefully check this line for errors before submitting your application.



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

### 16 Veterans’ benefits

- a Write the total of the federally **nontaxable** portion of any retirement pay or survivor’s benefits you and your spouse received in 2008 from the Veterans Administration.
- b Write only the federally **taxable** portion of any retirement pay or survivor’s benefits you and your spouse received in 2008 from the Veterans Administration. Carefully check this line for errors before submitting your application.



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

### 17 Human Services and other cash public assistance benefits

Write the total amount of Illinois Department of Human Services and all other governmental cash public assistance benefits you and your spouse received in 2008.

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

- |    |          |    |  |
|----|----------|----|--|
| 01 | aged     | 04 | } temporary assistance to<br>needy families (TANF) |
| 02 | blind    | 06 |  |
| 03 | disabled | 07 |  |

It is not necessary to contact Human Services. To determine the total amount of your benefits, multiply by 12 the amount of cash benefits you received in any one month in 2008. Adjust your figures if you did not receive 12 equal payments during this period.

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

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

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

**18** Wages, salaries, and tips from work  
Write the total amount of wages, salaries, and tips you received in 2008 from working and the total amount your spouse received in 2008 from working. Add these amounts for both you and your spouse, and write the total on Line 18.

**19** Interest and dividends received  
Write the total amount of interest and dividends you and your spouse received in 2008 from all sources, including any government sources.

You must include both taxable and nontaxable amounts.

**20** Net farm, business or rental income or (loss)  
Write the total net income or loss from rental, farm, and business sources, as reportable for federal income tax purposes in 2008. Write a loss in parentheses. For example, a \$700 loss should be written as (700).

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



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

**21** Net capital gain or (loss)  
Write any net capital gain or loss you and your spouse received in 2008.

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

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



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

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

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

Income examples are listed on page 15.

Common deductions allowed for federal income tax purposes include:

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

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



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

**23** Total income  
Add Lines 11 through 22 and write the total. If you report either a loss on Lines 20, 21, and 22, or any deductions on Line 22, remember the loss or deductions are a decrease to your income. **Do not** include amounts on Lines 15a and 16a in this total.

(Continued on next page.)

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

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

**a Write the number of rooms in your home.**

If you were a homeowner or renter and rented out part of your home to someone else in 2008, you must write the **total** number of rooms in your home.

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

If you were a homeowner or renter and rented out part of your home to someone else in 2008, you must write the number of rooms you rented to someone else.

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

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

**25** Write household size

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

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

- If you wrote "**1**" in Box 25, then Line 23 must be **less than \$22,218**.
- If you wrote "**2**" in Box 25, then Line 23 must be **less than \$29,480**.
- If you wrote "**3**" (or more) in Box 25, then Line 23 must be **less than \$36,740**.

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

### Projecting your income

If you have experienced an event that has decreased your income to less than the income limits for 2008, **and** you have met the age and residency requirements, you may qualify for drug coverage. For example, a qualifying event might be the death of your spouse, a divorce, the onset of a disability, or your spouse entering the nursing home.

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

## Section E: Tell us about the Illinois property tax or rent you paid in 2008.

**26** Property tax you paid in 2008

If you were buying or owned the home in which you lived, write the amount of property tax you paid or that was payable in the year 2008. Include both installments.

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


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

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

write only the amount of property tax you paid that represents your share of the home. For example, if you and someone other than your spouse each owned 50 percent of the home, write on Line 26 one-half of the property tax paid on the home in 2008.

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

**Note** If your income on Line 23 is less than or close to the amount you paid in property tax,

 **you may need to attach proof of property tax you paid — see page 24.**

## 27 Mobile home tax you paid in 2008

If you owned a mobile home and lived in it, write the amount of taxes you paid or that was payable in the year 2008.

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

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

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



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

## 28 Rent you paid in 2008

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

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

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

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



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

## 28a To whom did you pay rent in 2008?

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



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

## 28b How many months did you rent here in 2008?

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

**Note** If you now live at a residence that is **not** subject to property tax (such as public housing), but during part or all of 2008 lived at a residence that **was** subject to property tax (such as private housing),



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

29 Nursing, retirement, or shelter care home charges you paid in 2008  
Complete Line 29 only if you consider the nursing, retirement, or shelter care home as your principal or permanent residence. Write the total amount in charges you paid in 2008. **Do not** include amounts paid to the home by the Illinois Department of Human Services, any medical assistance programs, or your insurance company.

## 29a To whom did you pay nursing, retirement, or shelter care home charges in 2008?

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



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

## 29b How many months did you live here in 2008?

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

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

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

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

Complete Line 30 **only** if you are 65 years of age or older (or if you will become 65 years of age during 2009) **and** you want to apply for Illinois Cares Rx prescription drug benefits.

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

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



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

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

**31** Are you currently eligible for Medicare Part A and/or Part B for your hospital or doctor expenses?

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

**31a** Print the name and claim number as it appears on your red, white and blue Medicare card or Railroad Retirement card.

Leave line and boxes blank if you do not have a Medicare card or Railroad Retirement card.

**31b** If you are already enrolled in a Medicare Part D plan, what is the name of your plan?

Check the appropriate box.

If you are enrolled in a Medicare Part D plan other than those listed on Form IL-1363, check Box 15 and write the name of your plan in the space provided.

**31c** Do you have HIV/AIDS?

Mark the appropriate circle. 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. For more information, see page 9.

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

Carefully consider your situation. Your request may permanently affect your health care benefits. See page 11 for more information.

**32a** Do you have private, creditable health insurance, Veterans Administration (VA) benefits, or a non-coordinating Medicare Part D plan that pays for prescription drugs?

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

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

Mark the appropriate circle.

**Note** Do not request the rebate if you are receiving prescriptions through a coordinating Medicare Part D plan and need "wrap around" benefits under Illinois Cares Rx to pay your plan's monthly premiums and help with co-payments.

**People with  
Disabilities  
Ride Free**

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

## Section G: For your spouse's Illinois Cares Rx benefits or monthly rebate.

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

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

**33** Is your spouse a U.S. citizen or qualified noncitizen?  
Follow instructions in Section F, Line 30 for your spouse.

**34** Is your spouse eligible for Medicare Part A and/or Part B for his or her hospital or doctor expenses?  
Follow instructions in Section F, Line 31 for your spouse.

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

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

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

**35** Your spouse can choose to receive a \$25 monthly rebate instead of help paying for prescriptions.  
Follow instructions in Section F, Line 32 for your spouse.

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

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

## Section H: For your or your spouse's Illinois Cares Rx benefits or monthly rebate.

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

**36** Do you, your spouse, (if married and living together), or both of you own any of the following items:

- Bank accounts (checking, savings and certificates of deposit);
- Stocks, bonds, savings bonds, mutual funds, individual retirement accounts, and similar investments;
- Real estate (other than your home); **or**
- Any other cash at home or elsewhere?

Mark the appropriate circle. If **"yes,"** continue. If **"no,"** complete Schedule C.

**36a** Mark **"yes"** and go to Section J if you are single and the total value of the items listed above is worth more than \$12,510. Otherwise, mark **"no"** and complete Schedule C.

**36b** Mark **"yes"** and go to Section J if you are married (living with your spouse) and the total value of the items listed above is worth more than \$25,010. Otherwise, mark **"no"** and complete Schedule C.

If you answered **"no"** on Line 36, 36a or 36b, **you must complete Schedule C.**

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

## Section I: For the People with Disabilities Ride Free Transit Card

**37** Do you want to apply for the People with Disabilities Ride Free transit card?  
Check the box on Line 37 if you want to apply for the transit card.

**38** Does your spouse want to apply for the People with Disabilities Ride Free transit card?  
Check the box on Line 38 if your spouse wants to apply for the transit card.

## Section J: Sign below.

### Signature statement

Under penalties of perjury, I state that I have examined this form and, to the best of my knowledge, it is true, correct, and complete. I give the state of Illinois permission to get records from anyone concerning information on this form. As permitted by law, and subject to revocation, I authorize disclosure of the following information to, by, and between the Illinois Department on Aging and the Illinois Department of Healthcare and Family Services for the Circuit Breaker / Illinois Cares Rx Programs: (1) citizenship, identification, and HIV / AIDS status information maintained by the Illinois Department of Public Health; (2) tax return information maintained by the Illinois Department of Revenue; (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.

- 39** Your (the claimant's) signature  
You must sign and date the application on Line 39. If you are only able to make a mark, another person must sign as a witness. If you are unable to sign, your legal representative may sign for you.



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

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

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

- 40** Spouse's signature  
If you are married and living with your spouse, your spouse must sign and date Form IL-1363

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



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

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

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

### Get your benefits fast! File at [www.cbrx.il.gov](http://www.cbrx.il.gov) on the Internet.

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

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

**Postmark deadline for filing is December 31, 2009.**





## You may need to attach ...

Please write your name and Social Security number on each attachment.



### Proof of your disability

If you are 16 years of age or older and totally disabled, but younger than 65 years of age before January 1, 2009, and you are the claimant or the spouse who is applying for Illinois Cares Rx prescription drug coverage or a \$25 monthly rebate, you **must** attach a copy of one of the following examples as proof of disability:

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

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

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

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

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

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

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

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

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

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

**Note** If you become 65 years old during 2009, we will prorate your grant and your drug coverage will become effective on or after your birthday unless you send us proof of your disability.



### Proof of citizenship status

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

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

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

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

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



## You may need to attach ...

Please write your name and Social Security number on each attachment.



### Proof of age

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

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

**Note** If you have not filed an approved Form IL-1363 since 2005, you are considered a first-time applicant.



### Proof of death

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



### Proof of taxable and nontaxable benefits for Lines 15 and 16

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



### Proof of loss of income

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



### Proof of authorized representation for signature

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



### Proof of deduction

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



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

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

**If you are a renter** — attach a copy of your rental or lease agreement, a notarized statement from your landlord, or canceled checks documenting the rent you paid in 2008. We do not accept rent receipts. List only the amount **you** paid on Line 28.

**If you rented or leased the land on which your mobile home is located** — attach a copy of your rental or lease agreement, a notarized statement from the land owner, or canceled checks documenting the amount **you** paid in 2008. We do not accept rent receipts.

**If you are buying or own your home** — attach a copy of your property tax bill or mobile home tax bill, receipts from your county government, or canceled checks documenting the property tax or mobile home tax **you** paid in 2008.

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

# 2008 Schedule A Physician's Statement

Attach to the claimant's Form IL-1363.

You may need to complete Schedule A if you were **younger** than 65 years of age on January 1, 2009, and

- you are the claimant, **or**
- you are the claimant's spouse who is applying for help paying for prescription drugs or the monthly rebate.

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

- 1 Did you receive Social Security disability benefits in 2008? ..... **yes**  **no**
- 2 Did you receive disability benefits from Railroad Retirement or Civil Service in 2008? ..... **yes**  **no**
- 3 Did you receive disability benefits from the Veterans Administration in 2008? ..... **yes**  **no**
- 4 Did you have a Class 2 disability card from the Illinois Secretary of State's office in 2008? .... **yes**  **no**



If you answered "yes" to any of the questions 1 through 4, **stop. Do not** complete this schedule, instead see the instructions for what you may need to attach to Form IL-1363.

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

**Note** Complete a separate Schedule A for each person and attach it to the claimant's Form IL-1363.

- 5 Social Security number
- 6 Name \_\_\_\_\_  
First MI Last
- 7 Address \_\_\_\_\_ Apt. \_\_\_\_\_
- 8 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 9 Birth date   
Month Day Year
- 10 Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Area Code
- 11 Claimant's Social Security number  
(from Line 1 on Form IL-1363)

## 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.

- 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? \_\_\_\_\_
- 17 Physician's name \_\_\_\_\_
- 18 Physician's signature and date \_\_\_\_\_  
Month Day Year
- 19 Physician's Illinois registration number 3 6 - \_\_\_\_\_  
(This number is issued by the Illinois Department of Financial and Professional Regulation.)
- 20 Physician's phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Area Code

# Line-by-line instructions for Schedule A

You may need to complete Schedule A if you are younger than 65 years of age on January 1, 2009, and

- you are the claimant, or
- you are the claimant's spouse who is applying for help paying for prescription drugs or the monthly rebate.

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

### 1 through 4

If you answered

- **"No" to all** of the questions 1 through 4, you must complete Schedule A.
- **"Yes" to question 1 and you did not file an approved Form IL-1363 last year**, send us one of the following instead of Schedule A:
  - a copy of Form SSA-1099 showing a Medicare deduction
  - a copy of your statement showing SSI benefits
  - a copy of your statement showing a Medicare deduction
- **"Yes" to question 2**, send us the following item instead of Schedule A:
  - a copy of your pension statement from the Railroad Retirement or Civil Service agency stating that you were totally disabled or you had a deduction for Medicare
- **"Yes" to question 3**, send us one of the following instead of Schedule A:
  - a copy of your pension statement
  - a copy of your statement showing compensation rated at 100 percent
- **"Yes" to question 4**, send us the following item instead of Schedule A:
  - a copy of your Class 2 disability card as proof of your disability

## Step 2: Complete the following information about yourself.

### 5 through 10

Complete the information about yourself (the person for whom Schedule A is being filed as proof of disability).

- 11 Write the claimant's Social Security number (same as Line 1 on Form IL-1363).

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

You should give this schedule to the physician of the person named on Line 6. The physician **must** complete Step 3.

**Note** → Qualified additional residents are not eligible for prescription drug coverage or the monthly rebate under the Illinois Cares Rx program.

# 2008 Schedule C Pharmaceutical Benefits

Attach to the claimant's Form IL-1363.

If you marked "no" on Line 36, 36a or 36b of Form IL-1363, you **must** complete Schedule C if you or your spouse are eligible for Medicare and want help paying for prescription drugs or the \$25 monthly rebate available through Illinois Cares Rx.

## Step 1: Tell us about yourself (claimant) and your spouse. Please print.

1a Claimant's Social Security number

b Claimant's Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

2a Claimant's Name \_\_\_\_\_  
First MI Last

e Marital status (✓ only one box)

- 1 Single, widow(er), or divorced
- 2 Married and living together
- 3 Married, but not living together

b Address \_\_\_\_\_ Apt. \_\_\_\_\_

c City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

d Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

3a Spouse's Social Security number

b Spouse's Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

4 Spouse's Name \_\_\_\_\_  
First MI Last

## Step 2: Complete the following information about you and your spouse (if married and living together).

5 Did you work in 2008 or 2009?

You: yes  no

Spouse (If living together): yes  no

6 List your expected wages before taxes in 2009. If none, place a zero in the space.

You:

Spouse (If living together):

7 If self-employed, list your expected net earnings or losses in 2009. If none, place a zero in the space.

You:

Spouse (If living together):

8 Have any of the amounts you listed on Lines 6 or 7 decreased in the last two years? yes  no

9 If you recently stopped working or plan to stop working, enter the month and year.

You: \_\_\_\_/\_\_\_\_ Spouse (If living together): \_\_\_\_/\_\_\_\_

10 How many relatives live with you **and** depend on you or your spouse for at least one-half of their financial support? If none, place a zero in the space. **Do not** count yourself or your spouse. ....

11 a Does anyone provide or help you or your spouse pay for your food, mortgage, rent, heat/gas, electricity, water or property taxes? **Do not** count: food stamps, house repairs, help from a housing agency (Section 8), an energy assistance program, Meals on Wheels, or help with medical treatment and drugs. yes  no

b If "yes," how much help do you get each month? If the amount changes from month to month or you do not receive it every month, tell us the average monthly amount for the past year. ....



# Line-by-line instructions for Schedule C

Complete Schedule C if you or your spouse are eligible for Medicare and want help paying for prescription drugs or the \$25 monthly rebate available through Illinois Cares Rx.

If you mark “no” on Line 36, 36a or 36b of Form IL-1363 you must complete Schedule C. If you mark “yes” on Line 36, 36a or 36b, you do not need to complete Schedule C.

**Note** It is important that you complete your “extra help” application and send it to Social Security for a decision even if you do not think you will be eligible.

## Step 1: Tell us about yourself (claimant) and your spouse.

### 1 through 4

Complete the requested identification information for you and your spouse.

**Note** Complete Lines 3a, 3b, and 4 only if you checked Marital status 2, “Married and living together,” on Line 2e. Otherwise, if you do not have a spouse, if your spouse is deceased, or if you are not living in the same household with your spouse, go to Step 2.

## Step 2: Complete the following information about you and your spouse (if married and living together)

- 5** Mark “yes” if you worked in 2008 or 2009. Otherwise, mark “no.”
- 6** List the amount you expect to earn in wages, before taxes, in 2009. If none, place a zero in the space.
- 7** List the amount of your expected earnings or losses from self-employment in 2009. If none, place a zero in the space.
- 8** Mark “yes” if the amounts listed on Lines 6 or 7 have decreased in the last two years. Otherwise, mark “no.”
- 9** List the month and year that you recently stopped working (or you plan to stop working).

**10** List the number of relatives who live with you **and** depend on you or your spouse for at least one-half of their financial support. If none, place a zero in the box.

**11a** Mark “yes” if anyone provides or helps you or your spouse pay for food, mortgage, rent, heat/gas, electricity, water or property taxes. Otherwise, mark “no” and go to Line 12.

**Note** **Do not** count: food stamps, house repairs, help from a housing agency (Section 8), an energy assistance program, Meal on Wheels, or help with medical treatments and drugs.

**11b** If “yes,” list how much help you get each month. If the amount changes from month to month or you do not receive it every month, tell us the average monthly amount for the past year.

**12** List the savings and resources owned by you or your spouse.

**12a** List the total amount of bank accounts (checking, savings and certificates of deposit).

**12b** List the total amount of stocks, bonds, savings bonds, mutual funds, individual retirement accounts and similar investments.

**12c** List the total amount of any other cash you or your spouse have at home or elsewhere.

**Note** For Lines 12a, 12b, and 12c, if you and your spouse **do not** own an item listed, place a zero in the space.

**13a** Mark “yes” if you own life insurance policies with a total face value greater than \$1,500. (You may need to call your insurance company to help answer this question). Otherwise, mark “no,” and go to Line 14.

**13b** List the amount you would get by cashing in your life insurance policies. Cash value is different than the face value. (You may need to call your insurance company to help answer this question).

*(Continued on next page.)*

# Line-by-line instructions for Schedule C

- 14** Mark “**yes**” if you plan to use any of the savings or resources on Lines 12a, 12b, 12c, and 13b to pay for funeral and burial expenses for yourself or your spouse. Otherwise, mark “**no**.”
- 15** Mark “**yes**” if you or your spouse own real estate other than your home and the property on which your home is located. Otherwise, mark “**no**.”
- 16** List the monthly income for each of the items. If none, place a zero in the space.
- 16a** List the monthly amount you get from Social Security (include Medicare deductions).
- 16b** List the monthly amount you get from Railroad Retirement (include Medicare deductions).
- 16c** List the monthly amount you get from the Veterans Administration.
- 16d** List the monthly amount you get from any other pensions or annuities.
- Note** For Lines 16a, 16b, 16c, and 16d, use the amount on your annual cost-of-living adjustment letter. This is the amount before any deductions.
- 16e** List the monthly amount you get from any other source, including alimony, net rental income, worker’s compensation, etc. If the amount changes from month to month or you do not receive it every month, tell us the average monthly income for the past year.  
**Do not** count: wages, self-employment, interest, public assistance, medical reimbursement, or foster care payments.

**17** Mark “**yes**” if any of the amounts listed on Lines 16a, 16b, 16c, 16d, or 16e have decreased in the last two years. Mark “**no**” if there has been no decrease.

**18a** Mark “**yes**” if you get Social Security benefits for a disability. Otherwise, mark “**no**.”

**18b** Mark “**yes**” if you get Social Security benefits because you are blind. Otherwise, mark “**no**.”

**18c** If “**yes**” for either Line 18a **or** 18b **and** you pay for special transportation, personal attendant services, or adaptive equipment to work, list how much you pay each **month**. If this amount is not the same each month, tell us the average monthly amount for the past year.

## Step 3: Sign below.

### 19 Claimant’s signature

You, the claimant (the person named on Line 2a), must sign this schedule.

### 20 Spouse’s signature

Your spouse (the person named on Line 4) must sign this schedule.

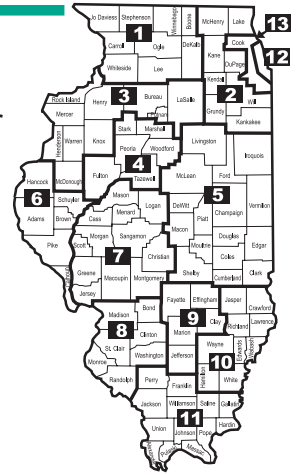
### 21 Preparer’s name

If someone other than you or your spouse, such as a son, daughter, or legal representative, prepares this schedule for you, that person should print or type his or her name and telephone number on Line 21.

# You may want to visit a local office to get help filling out Form IL-1363.

Please **call first** before visiting.

There are over **150 Senior Health Assistance Program offices** in Illinois where you can get free help in filing Form IL-1363 and answers to questions. To find an office near you, you may contact the Illinois Department on Aging or one of the 13 local Area Agencies on Aging listed below.



## 1 Northwestern Illinois Area Agency on Aging

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

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

## 2 Northeastern Illinois Area Agency on Aging

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

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

## 3 Western Illinois Area Agency on Aging

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

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

## 4 Central Illinois Agency on Aging, Inc.

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

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

## 5 East Central Illinois Area Agency on Aging, Inc.

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

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

## 6 West Central Illinois Area Agency on Aging

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

639 York Street, Room 205  
Quincy, Illinois 62301  
**1-800-252-9027** or **217-223-7904**

## 7 Area Agency on Aging for Lincolnland, Inc.

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

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

## 8 Area Agency on Aging of Southwestern Illinois

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

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

## 9 Midland Area Agency on Aging

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

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

## 10 Southeastern Illinois Area Agency on Aging, Inc.

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

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

## 11 Egyptian Area Agency on Aging, Inc.

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

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

## 12 Chicago Department of Senior Services

*Referrals for City of Chicago only*  
30 North LaSalle Street, Suite 2320  
Chicago, Illinois 60602-2586  
**312-744-4016, 312-744-6777 (TTY)**

## Disabled Chicago residents under 60

Mayor's Office for People with Disabilities  
2102 West Ogden Avenue  
Chicago, Illinois 60612-4219  
**312-744-6673, 312-744-7833 (TTY)**

## 13 AgeOptions, Inc.

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

View the list of the local Senior Health Assistance Program offices at **[www.state.il.us/aging](http://www.state.il.us/aging)** on the Internet.

To contact the Illinois Department on Aging, see the back cover.

## Where can you get help or more forms?



Visit us at **[www.cbrx.il.gov](http://www.cbrx.il.gov)** on the Internet.



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

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



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

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



Write us at  
**Illinois Department on Aging**  
**P.O. Box 19003**  
**Springfield, IL 62794-9003**  
or e-mail us at **[ilsenior@aging.state.il.us](mailto:ilsenior@aging.state.il.us)**.



### License plate discount —

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

## Confidentiality and privacy information

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

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

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

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

## Another Program to Contact

### Illinois Rx Buying Club

Call toll-free **1-866-215-3462** or **1-866-215-3479 (TTY)** or visit **[www.IllinoisRxBuyingClub.com](http://www.IllinoisRxBuyingClub.com)** on the Internet.