



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 or a monthly rebate **and** did not make this request on your previously filed 2010 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 or Monthly Rebate.

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

Note You may still qualify for Illinois Cares 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.)

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

a Do you have private insurance that pays for your prescription drugs; or do you have Veterans Administration (VA) benefits; or are you enrolled in a Medicare Part D plan **that does not coordinate with Illinois Cares Rx**? **yes** **no** (If "no," go to Step 2.)

b Do you want a \$25 monthly rebate **instead of** help paying for prescriptions? **yes** **no**

Note Do not mark "yes" if you are receiving prescriptions through a coordinating Illinois Cares Rx Medicare Part D plan. If you are enrolled in one of these plans, Illinois Cares Rx will help pay for your prescriptions.

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

8 Spouse's Social Security number

9 Spouse's Name _____
First MI Last

10 Spouse's birth date
Month Day Year

(Continued on next page.)

(STEP 2 continued...)

11 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.

12 **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 13.)

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

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

a Does your spouse have private insurance that pays for prescription drugs; or does your spouse have Veterans Administration (VA) benefits; or is your spouse enrolled in a Medicare Part D plan **that does not coordinate with Illinois Cares Rx**? **yes** **no** (If “no,” go to Step 3.)

b Does your spouse want a \$25 monthly rebate **instead of** help paying for prescriptions? **yes** **no**

Note Do not mark “yes” if your spouse is receiving prescriptions through a coordinating Illinois Cares Rx Medicare Part D plan. If your spouse is enrolled in one of these plans, Illinois Cares Rx will help pay for his or her prescriptions.

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

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

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

yes **no**

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

STEP 4: For your Qualified Additional Resident's (QAR) Illinois Cares Rx Benefit or Monthly Rebate (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 their Social Security award letter for 2010.

15 QAR's Social Security number

16 QAR's Name _____
First MI Last

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

18 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.

(Continued on next page.)

(STEP 4 continued...)

19 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 20.)

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

20 Monthly Rebate. Your QAR can choose to receive a \$25 monthly rebate **instead of** help paying for prescriptions

a Does your QAR have private insurance that pays for prescription drugs; or does your QAR have Veterans Administration (VA) benefits; or is your QAR enrolled in a Medicare Part D plan **that does not coordinate with Illinois Cares Rx**? **yes** **no** (If “no,” go to Step 5.)

b Does your QAR want a \$25 monthly rebate **instead of** help paying for prescriptions? **yes** **no**

Note Do not mark “yes” if your QAR is receiving prescriptions through a coordinating Illinois Cares Rx Medicare Part D plan. If your QAR is enrolled in one of these plans, Illinois Cares Rx will help pay for their prescriptions.

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.

21 _____ / / **22** _____ / /
Signature of person named on Line 2 Date Signature of person named on Line 9 Date

23 _____ / /
Signature of person named on Line 16 Date
(If younger than 18, see instructions.)

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 or Monthly Rebate. Lines 5-7 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, 12b and 19b

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.

Monthly Rebate. Lines 7a and 7b. 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.

Step 2: For your Spouse's Illinois Cares Rx Benefits or Monthly Rebate. Lines 8 - 13.

Please complete all information.

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

Line 14. **Note** Failure to complete this section will delay the processing of your application.

Step 4: For your Qualified Additional Resident's (QAR) Illinois Cares Rx Benefit or Monthly Rebate. Lines 15-20. Please complete all information for your QAR.

Line 17

Note Proof of age for the QAR must be submitted with this application if not previously submitted with your 2010 IL-1363 form. A copy of a baptismal record, birth certificate, driver's license, ID card from the Illinois Secretary of State, or insurance policy will be considered sufficient verification.

Line 18

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 (see page 23 of IL-1363) (put in bold as in #30 of new booklet)

Line 19

- 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 20.
- b. Mark the appropriate appropriate circle. If the QAR has Medicare and has HIV/AIDS, they will qualify for extra help paying for HIV/AIDS medications if they are listed on the ADAP formulary and your Part D plan's formulary.

Line 20

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

- a. Does the QAR have private insurance that pays for prescriptions; or Veteran's Administration (VA) benefits; or is the QAR enrolled in a Medicare Part D plan that does not coordinate with Illinois Cares Rx? (See Coordinating Plans on pages 12-13). Mark the appropriate circle
- b. Does the QAR want a \$25 monthly rebate instead of help paying for prescriptions? Do not mark "yes" if you are enrolled in a Coordinating Plan. Mark the appropriate circle.

Step 5: Sign below. Lines 21-23. **Sign on appropriate line(s).**



Make certain to attach proof of authority someone else signs for you or your spouse.

Individuals under 18 years of age must also have a parent or guardian sign next to the QAR's signature. **The parent or guardian may sign for the QAR, but must also include the parents or guardian's signature.**

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).