Illinois Department of Human Services

Illinois Department of Healthcare and Family Services

SUPPLEMENTAL INFORMATION FROM HURRICANE KATRINA EVACUEES APPLYING FOR MEDICAL BENEFITS BY MAIL OR ONLINE

Complete the following for the applicant and submit with an application.

Name:_____ Date of Birth _____

Social Security Number _____

Address before coming to Illinois: _____
Street

_____

_____ _____ _____
City State Zip

_____
County (Alabama or Mississippi) or Parish (Louisiana)

How do you know the applicant has come to Illinois from a designated disaster area of Hurricane Katrina?

_____ Applicant's Statement

_____ Statement of Illinois resident who is a relative or friend of the applicant.

_____ Other. Please explain.

_____

_____

_____

_____ _____
Name of person completing this form Phone number