**Section 10.410 Application for Assistance**

a) An application is a request for cash, medical or SNAP assistance on a Department of Human Services (Department) form or a DHS web application submitted electronically that has been completed to the best of the client's knowledge and ability.

b) The application must contain a name, address, and signature (or signatures).

1) The Department's application for assistance captures the electronic signature on a secure directory and places the electronic signature into a secure database.

2) An electronic signature may be made by an applicant who checks a box and types his or her name; by an applicant who telephonically records his or her voice, constituting a telephonic signature; by an applicant who verbally assents by telephone, constituting a telephonic signature; or by any other symbol that is executed or adopted, using electronic means, by the applicant with the intent to authenticate the record. The option for an applicant to verbally assent by telephone, constituting a telephonic signature, will end upon the expiration of the COVID-19 Gubernatorial Disaster Proclamations or the expiration of the federal waiver permitting that option, whichever occurs first.

3) The application, which includes the electronic signature, is sent to a secure database with auditing capabilities that track the user when the application is modified to ensure the integrity, security and confidentiality of the electronic signature. This requirement does not apply to applications to which an applicant verbally assents by telephone.

c) If the application does not contain a name, address, and signature (or signatures), the local office shall return the application to the sender to obtain the missing information.

1) If a person is homeless, he or she may use the address of a friend or relative, supervised shelter, church, halfway house, or similar facility.

2) If a person is homeless and does not have a permanent address, he or she may use the address of the local office where he or she applied or where his or her case is currently active.

d) The application must be signed by the applicant with the following exceptions:

1) When a conservator has been appointed for the applicant, the conservator must sign the application.

2) When the applicant is physically or mentally unable to sign the application, the application may be signed by someone acting responsibly on behalf of the applicant.

3) When application is made on behalf of a child, the child's caretaker must sign the application.

4) When the applicant has appointed an authorized representative with the Department. (An authorized representative is a person authorized by the applicant to act on his or her behalf.)

e) Application for medical assistance may be made on behalf of a deceased person. In order for payment to be made by the Department for the funeral and burial expenses of the decedent, the completed application must be received in the local office not more than 30 calendar days after the individual's death, excluding the day on which death occurred, unless delay in receipt of the form occurred through no fault of the individual applying.

f) The applicant may be assisted by the Department and by individuals of the applicant's choice in completing the application.

g) The date of application shall be the date a completed application is received by any local office, with the following exceptions:

1) For applications completed by pregnant women and children under age 18 at a disproportionate share hospital or federally-qualified health center, the date the application is signed by the applicant shall be the date of application.

2) When an application is faxed to a local office or a web application is submitted and received over the Internet after 5:00 P.M. on a workday, or on a weekend or holiday, the application date is the next workday following the date the application is received in the local office.

(Source: Amended at 44 Ill. Reg. 18345, effective October 29, 2020)