

Security and Privacy Controls Questionnaire Review – Version 4.1

03/2018

Important Information!

IES Optimal Operating System

- For optimal use of the Integrated Eligibility System all Agencies should be using Internet Explorer 11. Support will also extend down to IE 10. Older versions of Internet Explorer are not recommended. While other systems besides Internet Explorer (such as Firefox or Chrome) may work with IES, DHS/HFS cannot verify or provide support for other operating systems. Some IES Users have reported decrease in system functionality when using other web browsers.

What is the SPCQ?



- A questionnaire that serves to outline each Organization/Agency's baseline security and privacy controls as they relate to the Intergovernmental/ Data Agreement (IGA/DSA) contractual requirements to access the Illinois Department of Human Services (IDHS) and Healthcare and Family Services (HFS) data, documents and electronic media.
- This assessment allows our Security Office to determine if your agency is in compliance with Federal and State laws, policies, and audit compliance regarding how IDHS/HFS provides security and privacy of our client's data and personal information.
- An 'Approval' on your SPCQ means that your agency adequately protects IDHS/HFS data.
- An 'Approval' of the SPCQ from our DHS or HFS Security Officer is a requirement for your agency prior to user upload for IES access.

General Security Categories

- Your Agency Policy
- Access
- System Security
- Secure Transmission
- Secure Storage and Data Destruction
- Physical Security



Policy and Access Control

Policy

- Agencies that will be using the Integrated Eligibility System may vary by size from only a few staff to dozens or hundreds of employees. Regardless of agency size, all agencies should institute, at least informally, security and privacy policies and procedures.
- Developing and instituting policies will contribute to the protection of your client's Personally Identifiable Information (PII) and Private Health Information (PHI).
- Having policies in place, preferably documented, will also protect your agency should it be audited.

Access Control

- It is important to have policies in place in regards to individual staff access to computer files and folders that might have confidential or sensitive information.
- This again protects your client's information and your agency in the event of an audit.

Security and Transmission

System Security

- This is the protection of computer systems from the theft or damage to the hardware, software, or the information (client data!) on them, as well as from disruption or misdirection of the services they provide.
- Having protections in place such as Virus Protection, Spyware or Malware Protection, Intrusion Detection and a Firewall all help to protect client data.

Secure Transmission

- When data is transmitted from one system to another, there is a risk that the data can be intercepted or viewed.
- There are several ways to assure secure transmission and protection of PII and PHI data.
- Your system or internet connection may already have some protections in place.

General Guidelines to Protect your Accounts

With a few **simple steps**, you can help protect your accounts and personal information from fake emails and web sites:

- Delete suspicious emails without opening them.
- **Do not open any attachments or click on any links the suspicious email may contain.**
- Do not release any emails in the quarantine list unless you know they are legitimate.
- **Use caution when visiting un-trusted web sites.**
- Install and regularly update virus protection software.
- Keep your computer operating system and web browser current.



Secure Storage

- Once you have used your client's information, it is still important to think about continued safety of your client's PII and PHI.
- Client's data should be secured whether you have electronic files or physical file storage.
- Keep security in mind when it comes to destruction of client data as well!
- Access to this client data should be limited and client data should be protected from start to finish.
- Password Protecting/Encrypting files in Microsoft Windows:
 - <https://www.computerhope.com/issues/ch000705.htm>

Mandatory Security Controls

- Password Management
- Patch Management
- Virus Protection
- Security Controls
- Wireless Access Requirements
- System Log Review
- Encryption for Electronic Storage of DHS/HFS Data – Best Practice!
- Visitor Log or Visitor Escort (if printing/storing Data)
- Training
- Contract Submission for IT/Shredding Vendor



Password Management

You must have security measures in place for managing individual user passwords at your agency. Industry Best Practice recommends the following:

- Reset passwords: 30/60/90 days
- Disable an account after 60 of days of inactivity
- Delete accounts after 90 days of inactivity
- Review accounts annually
- Password criteria: Minimum of 8 characters in length and at least 3 of the following:
 - Uppercase, lowercase, number, special character.
- 3 login in attempts before lock out
- Applications/session termination after 15 minutes of inactivity
- <https://docs.microsoft.com/en-us/windows/security/threat-protection/security-policy-settings/password-policy>

Patch Management

- This is a strategy for managing ‘patches’ or upgrades for software applications and technologies that keep a system/computer safe, secure and working properly.
- For small organization/agencies not on a centralized server and on Windows based computers, the Windows Automatic Updates are typically adequate for your needs.
- If your system automatically updates (you will see this as notification messages) you can answer this question with a “Yes” and explain under “Additional Information”.
- You may also reference the link provided for additional Patch Management Programs.

<http://www.windowsecurity.com/software/Patch-Management/>

Virus Protection and Security Controls

- **Virus Protection:** Shields your system/computer from Internet security threats that could corrupt your system, destroy data and 'crash' your system. Further explanation and a list of possible free tools are located here:
- <http://www.windowsecurity.com/software/Patch-Management/>
- **Security Controls:** Safeguards or countermeasures to avoid, detect, or minimize security risks to your computer system that must be periodically tested. Lists of possible free tools are located at
- <http://www.networkworld.com/article/2176429/security/security-6-free-network-vulnerability-scanners.html>
- or google: network vulnerability tools.

Wireless Access Network (WAN)

If your staff are accessing the Internet thorough a wireless connection it must be:

- FIPS 140-2 compliant
- Utilize guidelines specified in NIST 800-53,Securing

Wireless Area Networks

You can determine this information through inquiry with your wireless provider and they should be able to provide you with a print-out of specifications.

System Log Review

- This 'log' will contain errors, warnings, and informational events captured by your security controls and operating system. **This log must be periodically reviewed for security related events.**
- Small Organizations/Agencies with limited computers not connected to a central server, should go to [https://technet.microsoft.com/en-us/library/cc731826\(v=ws.11\).aspx](https://technet.microsoft.com/en-us/library/cc731826(v=ws.11).aspx) for more information on how to review security logs on Windows based computers.



Data Encryption

- When sending PII, PHI and Social Security Numbers via fax or email you **must** use encryption.
- If you will store DHS/HFS Data electronically, these files must be encrypted.
- You should never include a client's entire SSN in emails or standard mail – only use last 4 numbers!
- Below links should assist you in determining if encryption is enabled on your system:
 - <https://its.yale.edu/how-to/article-how-determine-if-your-computer-encrypted-filevault-mac-or-bitlocker-pc>
 - <https://it.ucsf.edu/how-do/how-determine-your-computer-encryption-status>
- Hardware or software manufacturers should also be able to tell you if their product is FIPS certified.

Visitor Log or Visitor Escort

- This is a physical log that must be kept at your agency to record information on anyone (non-employees, or persons not authorized to access IDHS Data) entering the building (or your particular area/office in the building).
- Example of data that should be captured would be name, date, time and reason for visit
- Logs should be saved and secured for a specified length of time
- If a Visitor Log is not kept, visitors should be escorted while in the private areas of the building



Mandatory Training and Paperwork file for all IES Users

- State or other government picture ID (including Driver's License, State ID, Passport, etc.)
 - Signed Confidentiality Agreement
 - HIPAA Training and Attestation
 - Security Awareness Training and Attestation
-
- Training Modules, Confidentiality Agreement and Attestations are available here:
<http://www.dhs.state.il.us/page.aspx?item=76603>

IT Contractors

- If you utilize an IT Vendor for any of the following you must submit a signed copy of a current contract with appropriate confidentiality language:
 - Computer/Server Maintenance
 - Data Backup
 - Access to your computers, servers or computer network equipment
 - Provide your usernames/passwords

Other External Vendors

- If you utilize any other vendors that may have access to IDHS data such as; a company that shreds your documents, a company that manages your Data Back-Ups, or an off-site storage facility, you **MUST** submit a signed copy of a current contract with appropriate confidentiality language.

All contracts submitted must be signed, current, and included confidentiality language!

Completing the IDHS/HFS Security and Privacy Controls Questionnaire (SPCQ)



Tips and Hints to Completing the SPCQ



- **Answer ALL required questions!** – Missing information on the form or leaving a required security question unanswered will result in the SPCQ being sent back to your agency for further revision! For your convenience, all required security controls are outlined in **red**.
- If none of the boxes within a subsection apply for your agency, use the “Additional Information” box to tell us how you fulfill requirements for that section.

Formatting Workarounds:

- When you print your document, some of the ‘Additional Information’ you typed in the narrative box may be cut off. If necessary, please insert additional pages that allow you to provide detailed explanations.
- You should include your detailed responses directly after the page where you would have entered the information. Be sure to state the Heading/Section/Question and page you’re referencing.

Section 1: General Information

My contact
information

Please remember these are just EXAMPLES! You must customize this with information your agency NEEDS to access! ACID and ANQR screens have not been updated since 10/20/17 and will only serve as historical data. KIDS screens contain PHI and we do not routinely grant access to this data.

| 1.1: CONTACT INFORMATION TABLE | |
|--------------------------------|------------------------------------|
| Contact First Name: | Contact Last Name: |
| Margaret | Dunne |
| Email Address: | Job Function/Title: |
| margaret.dunne@illinois.gov | IES Implementation/PACIS Migration |
| Street Address: | |
| 401 S. Clinton | |
| City: | State/Province: |
| Chicago | IL |
| Zip Code: | Telephone Number: |
| 60607 | (312) 793-5782 |

1.2: ORGANIZATION/AGENCY TYPE (SELECT BELOW OR PROVIDE TYPE IN "OTHER")

State Agency: Provider: Contracted State Organization:

Other (Please Specify):

1.3: APPLICATION/SYSTEM ACCESSING (PLEASE SELECT OR IF NOT LISTED, PROVIDE APPLICATION/SYSTEM NAME)

Please select the application/system for which the DSA covers from the drop down below. "Primary" refers to the main or only system listed in the DSA. "Secondary" systems must also be listed in the DSA. Not all DSA's include a Secondary application/system.

| Primary Application/System | Secondary Application/System (if applicable) |
|--|--|
| <input type="text" value="Integrated Eligibility System (IES)"/> | <input type="text" value="PACIS - ACID"/> |

Additional Application/System access or Additional Information:

Section 2.1 and 2.2: What will you see and how will you use it?

These all represent different types of data access; you need to be sure about how your agency will view/use the system(s) and HFS/DHS Data. How you answer this question will impact later answers.

2.1: PLEASE SELECT THE TYPE(S) OF IDHS SYSTEM/DATA TO BE VIEWED BY YOUR ORGANIZATION.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Personally Identifiable Information (PII) | <input checked="" type="checkbox"/> Social Security Numbers |
| <input type="checkbox"/> Medical Records/Personal Health Information (PHI) | <input type="checkbox"/> Federal Tax Information |

Other Data Type (please specify):

Users with Limited Access security role will not see SSN – talk to your DHS/HFS Liaison if you are not sure what information you will see. FTI is not available in IES.

2.2: HOW YOUR ORGANIZATION WILL BE INTERACTING WITH IDHS SYSTEMS/DATA (Only one can be selected. Please read each carefully before selecting the appropriate choice)

- SEND ORG ONLY:**
Upload/send Organizational information only. Once Organization data is uploaded, Organization can no longer access data in the IDHS system/data source. No IDHS or uploaded Organization data is accessed, viewed, downloaded, printed, or stored.
- SEND and RECEIVE ORG ONLY:**
Organization's data is sent to IDHS system/data source and only Organization data is received by or accessible to the Organization. No IDHS Data is viewed, accessed, or stored.
- READ IDHS ONLY:** Accessing/ Reading IDHS system/data only; No download, printing or storage of IDHS Data or input of Organization's data.
- READ and RECIEVE IDHS ONLY:** Accessing/Reading IDHS system/data and download, print, or store IDHS Data (electronic and/or paper), however no input of Organization's data into the IDHS System.
- SEND and RECEIVE BOTH ONLY:** Organization can access IDHS System/Data. Can download, store IDHS Data for use in Organization. Organization can input Organization data into IDHS system/data source.

Section 2.3:
Why will you
access the
Data? You may
have multiple
reasons.

Section 2.4:
IES will be
accessed via
Secure Web,
PACIS via
Mainframe

2.3: HOW WILL YOUR ORGANIZATION USE AND MAINTAIN IDHS DATA

IDHS Data will be used to:

- Determine Eligibility in IDHS Program(s).
- Determine Eligibility in Organization's Program(s).
- Determine Eligibility in State Program(s) and Organization's Program(s).
- Match IDHS Data to Organization's data.
- IDHS Data used to conduct State approved research or study.
- Organizational reporting purposes only.
- Other (Please Specify):

2.4: HOW WILL YOUR ORGANIZATION ACCESS OR TRANSFER INFORMATION TO THE IDHS SYSTEM/DATA SOURCE

Secure Electronic Transfer Method (select one if applicable):

Tumbleweed:

ConnectDirect:

Email:

Virtual Private Network (VPN):

Mainframe Access:

Fax:

State Move-It Process or other Secure File Transfer Protocol (SFTP) Utility:

Secure Web Application/Program:

Note: FTI cannot be faxed

Non-Electronic Transfer Method (select one if applicable):

Postal Mail:

Hand Delivery:

CD/DVD

CD/DVD

USB (Flash/Thumb Drive)

USB (Flash/Thumb Drive)

Hardcopy (Paper)

Hardcopy (Paper)

2.5: Most external agencies will access IES via an external.illinois.gov account. A few **state** entities will use sps accounts and other **state** agencies will use their illinois.gov account. Your DHS/HFS Liaison will be able to help you if you are unsure. PACIS Access will be via a RACF Account.

2.6: Self explanatory, but make sure this matches what you told us in Section 2.2!

2.5: WHAT TYPE OF ACCESS ACCOUNT WILL BE REQUIRED TO ACCESS IDHS SYSTEM/DATA

This information should be available from the IDHS Program Point of Contact assisting with the development of the DSA.

- RACF/BlueZone (Mainframe Access only)
- External Illinois.gov (External Organizations/Agencies)
- Public Illinois.gov (general public use)
- Application specific ID (ID only exists in a specific program or application)
- Not Applicable:
 - Not accessing or viewing IDHS systems/data

2.6: IDHS DATA STORAGE

- Organization is storing IDHS Data. **Must complete this Section.**
- Organization is NOT storing IDHS Data (neither paper nor electronic). **Go To Section 3**

2.6.1: If yes, in what form is the data being stored:

- Electronic and Paper.** Complete all questions, then proceed to **Section 3.**
- Electronic Only** (saved to computer, servers, etc.). Complete **2.6.2 thru 2.6.4**, then proceed to **Section 3.**
- Paper (Hardcopy) Only.** Complete **2.6.2, 2.6.3 and 2.6.5**, then proceed to **Section 3.**

2.6.2: IDHS Data (electronic or paper) is stored (select one):

- Separately
- Commingled (If selected, answer the below question).
 - IDHS data can be separated easily for return/destruction of IDHS data.

Make sure this information agrees with information reported in 2.2 and 2.6!

2.6.3: Where is IDHS Data stored (paper or electronic):

- On-site at Organization
- Off-site at:
 - Organization Data Center/Facility.
 - Vendor's Data Center/Facility.
 - *Cloud Storage: Must be FedRAMP Certified.
 - Verification of FedRAMP Certification is included.

2.6.4: Storage of electronic IDHS Data:

- IDHS electronic data will NOT be backed up. Go to Section 3.
- IDHS electronic data will be backed up regularly. Complete 2.6.4.1. questions.

2.6.4.1: IDHS electronic data will be backed up to:

- Server
- Virtual Machines
- Tape/Disk
- USB/Thumb Drive
 - USB drive is stored in secure location with limited access.
 - IDHS PHI/SSN Data is stored on encrypted USB/Thumb Drive.

Remember!
This is only in reference to HFS/DHS Data!

Additional Information/Other (please specify):

Developing and instituting Security and Privacy Policies will contribute to the protection of your client's Personally Identifiable Information (PII) and Private Health Information (PHI).

Having policies in place, preferably documented, will also protect your agency should it be audited.

SECTION 3: ORGANIZATION SECURITY, POLICIES AND STANDARDS

For each subsection, check any/all boxes that describe your Organization security. If none apply, please give us more information in "Additional Information" text box. If additional space is needed, please attach to the SPCQ.

3.1: ORGANIZATIONAL SECURITY

- Organization has a designated, internal Information Technology Department that handles all IT and security related activities.
- Organization has designated, internal Information Security Department that handles all IT security functions, compliance and auditing.
- Small organization with Executive/Management oversight on all IT and Office functions. No internal IT department or personnel.
- Outside IT Vendor handles Organization's IT and IT Security functions.
NOTE: Signed contract/confidentiality agreement must be submitted. See Page 2 for more information.
- Additional Information/Other:

3.2: ORGANIZATION SECURITY AND PRIVACY POLICIES

- IT security strategy document that details Organization's security vision, mission statement, and Security Management Structure.
- Written security and privacy policy is published and available to all users, contractors and all concerned parties. Policies include Internet Usage, Acceptable Use and Email Use.

(cont. next page)

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If you are not able to check any of the boxes in 3.2, tell us how you implement security and privacy policies

ALL IES users will see PII and PHI

3.2: ORGANIZATION SECURITY AND PRIVACY POLICIES

- IT security strategy document that details Organization's security vision, mission statement, and Security Management Structure.
- Written security and privacy policy is published and available to all users, contractors and all concerned parties. Policies include Internet Usage, Acceptable Use and Email Use.
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Additional Information/Other:

If Organization is accessing/viewing IDHS PII/PHI:

- Organizational Users have/will have undergone a security and privacy awareness-training program and annually thereafter per the DSA.
- Organizational Users are aware of their personal liability and any potential ramifications if they aid, abet, or participate in a data breach incident involving the organization.

Section 4.1

SECTION 4: ORGANIZATION ACCESS CONTROL

This section applies to how your Organization/Agency provides access to the Organization's computers/network.


4.1: ACCESS CONTROL

- There is a documented process in place to approve new accounts and modify user privileges.
- User privileges are based upon job function or assigned roles in the network.
- User privileges are revoked in a timely basis.
- User access/privileges are reviewed at least annually.
- Background checks are conducted for employees/contractors.
- Additional Information/Other:

This is generally upon new hire and/or employee separation but may be modified as employee roles/responsibilities change

Section 4.2

User Identity Verification generally happens upon new hire



4.2: ORGANIZATION ACCOUNT MANAGEMENT

Password management is a REQUIREMENT for accessing IDHS data. A username and password MUST be established on all computer/workstations. The account and password must have some standards established in regards to password expiration, length, etc.

- Organization enforces a password management process:
 - Unique username and password for user authentication is required.

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- Accounts configured to require password changes after set amount of time, example: every 60 days.
- Accounts configured to disable or delete after a set amount of time, example: inactivity (haven't logged in) over 90 days.
- Passwords contain numbers, letters and/or special characters and character length of no less than 8.
- User identity is verified through a government/student issued Photo ID,
- Additional Information/Other:

Required!

4.3: ORGANIZATION'S ACKNOWLEDGEMENT OF REQUIRED USER DOCUMENTATION AND TRAINING

Each Authorized User of an IDHS system/data must:

- Sign a Confidentiality Statement.
- Complete annual Computer Security Awareness Training.
- Complete annual Health Insurance Portability and Accountability Act (HIPAA) for accessing Protected Health Information. (if applicable).

Retain employee training documentation and signed Confidentiality Statements for audit review.

Your wireless provider should be able to tell you if your system is FIPS compliant

SECTION 5: ORGANIZATION'S SYSTEM AND NETWORK SECURITY

- Organization uses a wireless network for accessing/viewing IDHS system/data.
- Wireless network is secured/encrypted in accordance with Federal Information Processing Standards (FIPS) 140-2, an example: utilizing WPA/WPA2.
- Remote accessing of organization's network is only through a Virtual Private Network (VPN).
- Organization performs patch management on systems/network.

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Patch Management is a **REQUIREMENT** for accessing IDHS data. For small organization/agencies not on a centralized server and on Windows based computers, the Windows Automatic Updates are typically adequate for your needs. However, free patch management tools are available. IDHS does not endorse or recommend the following specific tools, however, a list of possible tools are located at <http://www.windowsecurity.com/software/Patch-Management/> or google: patch management tools.

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- Operating system (Windows/Mac Updates), software and network patches are applied within an acceptable time frames.
- Virus protection/detection applied on applicable software/equipment.
 - Virus definition files are up to date.
 - Email attachments, internet downloads and other potentially malicious extensions (i.e. .exe, .zip, etc.) are pre-screened for viruses.
- Additional Information/Other:

SECTION 7: SECURITY CONTROL TESTING AND SYSTEM COMPLIANCE

For small organizations/agencies, with limited computers, not connected to a central server, go to: [https://technet.microsoft.com/en-us/library/cc731826\(v=ws.11\).aspx](https://technet.microsoft.com/en-us/library/cc731826(v=ws.11).aspx) for more information on how to review security logs on Windows based computers

7.1: Security assessments are performed to test IT security and privacy controls.

- Security assessments are conducted either internally or externally.
- Security Assessments are NOT performed. (Please provide Additional Information/Other below.)
- Vulnerability scanners utilized to detect security control weaknesses.
- High risk vulnerabilities fixed as soon as possible.
- Additional Information/Other:

7.2: System logs are reviewed.

- System logs are reviewed regularly.
- System logs are NOT reviewed. (Please provide Additional Information/Other below)
- Anomalies or inappropriate use/access is investigated.
- Additional Information/Other:

SECTION 8: SECURITY INCIDENT HANDLING AND REPORTING AND AUDIT COMPLIANCE

ACKNOWLEDGMENT IN REGARDS TO IDHS SYSTEM/DATA

- Organization/Agency has/will have appropriate procedures in place to report security or privacy incidents (unauthorized disclosure or use involving PII/PHI, or suspected incidents involving IDHS system/data.
- Organization will promptly report incidents involving IDHS data to Security Contacts listed in the SPCQ immediately or within 24 hours of incident discovery. See DSA for specific information to be reported.
- Organization acknowledges that IDHS reserves the right to audit Agency or make other provisions to ensure that the Organization maintaining adequate safeguards to secure the IDHS information. The Organization understands that audits ensure that the security policies, practices and procedures required by IDHS are in place within the Organization.
- Organization will maintain records (confidentiality statements, training records, Authorized User lists, etc.) in relation to the Data Sharing Agreement for three (3) years unless otherwise stated in the DSA.

These are mandatory requirements in compliance with your DSA/IGA with DHS or HFS. Please read and make sure you understand your obligation to track and report any security incidents as well as comply with audit requests.

Almost Done!
Pen and ink signature are required.

SECTION 10: ORGANIZATIONAL SIGNATURES

I acknowledge that I've been presented and reviewed the responses laid out in the Security and Privacy Questionnaire as part of the IDHS Data Sharing Agreement (DSA) contractual requirements. I understand that I must meet the technical, administrative, and physical controls regarding security and privacy for the data/system type and category of data covered in the DSA as required by federal, state, and IDHS statutes, regulations, and policies. I further understand that if there are changes to my IT environment that may affect the security and privacy controls reported herein that they must be reported to the IDHS CISO for evaluation to ensure continued compliancy with the standards and requirements outlined in the DSA.

A large rectangular box with a light blue background and a thin black border, intended for a handwritten signature. A blue arrow points to the left side of the box.

Disclosure Officer Signature (Individual who completed this form).

Date:

A rectangular box with a light blue background and a red border, intended for the printed name of the Disclosure Officer.

Print Disclosure Officer Name

A large rectangular box with a light blue background and a thin black border, intended for a handwritten signature. A blue arrow points to the left side of the box.

Organization Executive Officer Signature

Date:

A rectangular box with a light blue background and a red border, intended for the printed name of the Organization Executive Officer.

Print Organization Executive Officer Name

REMEMBER!



- This Questionnaire is an annual requirement of the IGA/DSA your Agency has with DHS or HFS. You will be given a copy of the final, approved SPCQ to maintain for your records. Each year, you will be required to resubmit the SPCQ.
- You may use the previous year's report and replace the first page and signature page if there have been no changes to your security and privacy measures.
- A new SPCQ is required if:
 - changes have occurred over the year
 - A new version of the SPCQ has been published
- Yearly resubmissions should include a cover sheet stating 'No Change' or a Summary of what changes have occurred.

Questions?



- SPCQ Assistance: Your Division Liaison or Margaret.Dunne@illinois.gov
- IES Access and Support Page: <http://www.dhs.state.il.us/page.aspx?item=76603>