## Family Investment Administration Change Report Form

LDSS Office			The Family Investment Administration is committed to providing access, and reasonable										
Casa Managar's Name			accommodation in its services, programs, activities, education and employment for										
Case Manager's Name			individuals with disabilities. If you need assistance or need to request a reasonable										
				accommodation, please contact your case manager or call 1-800-332-6347.									
Yo	ur Name (Last, Fir	st. Middle)			Home Telephone Work			Work Te	Telephone				
	ar riamo (Last, r ii	ot, madio)			Tiome relephone			Work To	K Telephone				
Wh	nere do you live? (	Number and	d Street)		Apt. #	City	1		State	Zip Code			
	,		,		·					·			
Yo	ur Social Security	Number						,	Your Da	te of Birth			
Wh	What language do you speak?   English   Other												
If y	If you do not speak English and need free translation services, call your case manager or call 1-800-332-6347.												
PART 1: REPORTING SOMEONE WHO HAS LEFT OR JOINED THE FAMILY													
Re	move:			Birth Date:		_ How Relate	ed to you:						
Re	ason for removing	?											
	Ī	-											
Ne	w Person:			Birth Date:		_ How Relate	ed to you:						
So	cial Security Numb	per		Is <sup>·</sup>	This Per	son a U.S. Citize	en? □ Yes □	No					
				the following (not re									
	C.N.A. (1)												
Name of Mother: Name of Father													
Address:Address:Address:Are you willing to take support action against any parent, of the child listed above, who is not living in the home? □ Yes □ No													
Are	e you willing to tak	e support a	ction agains	t any parent, of the o	child liste	ed above, who is	not living in	the home	e? □ Yes	□ No			
		PAR	T 2: REPO	RTING A CHANG	SE OF A	ADDRESS ANI	D/OR SHE	LTER C	OST				
١	New Address:				A	partment #:	City:						
State: Zip Code: Date of Move: Public Housing? □ Yes □ No Section 8? □ Yes □ No													
Mailing Address (if different) Is anyone in your household paying for any of the following? Check all those paid and answer the questions.													
I N	ฟลแเทg Address (เก s anvone in vour h	ousehold pa	aving for an	v of the following? (	Check all	those paid and	answer the o	guestions	S.				
1	s anyone in your h	ousehold pa	aying for an	y of the following?( Who Pays?		those paid and <b>Expenses</b>	answer the o			Who Pays?			
1	s anyone in your h	ousehold pa	How Often		Check all				1	Who Pays?			
1	s anyone in your h	ousehold pa	How			Expenses		How	1	Who Pays?			
1	s anyone in your h  Expenses  Rent	ousehold pa	How Often			<b>Expenses</b> Water		How	1	Who Pays?			
1	s anyone in your h	ousehold pa	How Often			Expenses		How	1	Who Pays?			
1	s anyone in your h  Expenses  Rent	ousehold pa	How Often			<b>Expenses</b> Water		How	1	Who Pays?			
1	s anyone in your h  Expenses  Rent  Mortgage	ousehold pa	How Often			Water Sewer Garbage		How	1	Who Pays?			
1	Rent Mortgage Electric Gas	ousehold pa	How Often			Water Sewer Garbage Wood/Coal		How	1	Who Pays?			
1	Rent Mortgage Electric Gas Oil	ousehold pa	How Often			Water Sewer Garbage Wood/Coal Property Tax		How	1	Who Pays?			
1	Rent Mortgage Electric Gas Oil Coop/Condo/	ousehold pa	How Often			Water Sewer Garbage Wood/Coal Property Tax Homeowner's		How	1	Who Pays?			
1	Rent Mortgage Electric Gas Oil Coop/Condo/ Assoc. fees	ousehold pa	How Often			Water Sewer Garbage Wood/Coal Property Tax Homeowner's Insurance		How	1	Who Pays?			
1	Rent Mortgage Electric Gas Oil Coop/Condo/ Assoc. fees Telephone	ousehold parameter Amount	How Often ?	Who Pays?	√ 	Water Sewer Garbage Wood/Coal Property Tax Homeowner's Insurance Other	Amount	How	7,?				
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	Rent Mortgage Electric Gas Oil Coop/Condo/ Assoc. fees Telephone s heat included in fheat is not include	ousehold parameter Amount  your rent?	How Often ?	Who Pays?	√ Do you	Water Sewer Garbage Wood/Coal Property Tax Homeowner's Insurance Other pay an electric b	Amount	How Often	g? - Yes				
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DHS/FIA 491 (Revised 02-2020)

PART 4: REPORTING A CHANGE IN UNEARNED INCOME											
[] SSI [] U [] Insurance Settlement [] C [] Railroad Retirement [] C [] Other (specify) [] Other (specify)	ontributions from Others	I no longer have:  [] Social Security									
Amount: \$ [] W	/eekly [] Bi-weekly [] Monthly										
Date of First Check:A	mount of First Check: \$										
PART 5: REPORTING A CHANGE IN EXPENSES											
Do you or anyone in your household have expenses you are required to pay such as:  □ Medical bills such as doctor bills, prescriptions or insurance? □Yes □ No If yes, list the type and amount:  □ Educational bills? □Yes □ No If yes, list the type and amount:											
□ Court ordered child support for a child not living in your household? If yes, list the name of the child and the amount:											
Child's Name	A	ımounı ه mount \$									
□ Child/adult care? □Yes	□ No Name of person in care: Address:										
Amount paid to provider \$	Address Paid: □	Daily   Weekly	Bi-weekly   Mor	nthly							
	PART 6: REPORTING A	CHANGE IN EAR	RNINGS								
□ Does anyone in your household receive any earnings from <b>a new job</b> ? (such as full or part-time employment, self-employment, baby-sitting, odd jobs, days work, roomer/boarder payments, etc.) □ Yes □ No If yes, list all gross earnings <b>before deductions</b> Date employment began: Date first check received: Gross amount of that check \$											
NAME	EMPLOYER NAME ADDRESS AND PHONE NUMBER	RATE OF PAY	NUMBER OF HOURS WORKED PER WEEK	AMOUNT PER PAY PERIOD	HOW OFTEN RECEIVED (daily, weekly biweekly, monthly)						
□ Have you or anyone in your household <b>lost a job?</b> □ Yes □ No If yes, Name of person who lost the job											
I swear or affirm under penalty of perjury, that all the information I gave is true, correct, and complete to the best of my ability, belief and knowledge.											
YOUR SIGNATURE DATE											
If you purposely hold back information about changes in your household, you and any other adult in your household will owe us the value of any extra food benefits or cash assistance that you receive. You may also be barred from the cash assistance or Food Supplement programs for one year after the first time, 2 years after the second time and permanently after the third time. A judge can also fine you up to \$250,000, imprison you for up to 20 years, or both. A judge can also bar you for an additional 18 months. You may also have to face further prosecution under other federal laws.											
Customer Reporting Responsibilities:											
<ul> <li>For cash and medical assistance, you must report all changes within 10 days.</li> <li>Note: When you report a change for <u>any</u> program, your case manager will make the change for all programs.</li> </ul>											
<ul> <li>For the Supplemental Nutrition Assistance Program (SNAP) (formerly Food Supplement Program):         <ul> <li>You are required to report when your family's entire gross income is more than the amount listed in the Change Reporting Guide for your household size. You must report this change no later than 10 days from the end of the month in which your income goes up. Add all the gross income that your household got for the month. Be sure to include both earned and unearned income.</li> <li>If you are an able-bodied adult who is 18-49 years old and has no children in the home, you must report within 10 days when your hours of work increase or decrease to less than 80 hours a month.</li> </ul> </li> </ul>											
<ul> <li>If you receive lottery or gambling winnings in the amount equal to or greater than \$3,500 must report the winnings to your local department within 10 days of receipt.</li> </ul>											