

**Family Investment Administration  
Change Report Form**

LDSS Office	<b>The Family Investment Administration is committed to providing access, and reasonable accommodation in its services, programs, activities, education and employment for 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.</b>			
Case Manager's Name				
Your Name (Last, First, Middle)	Home Telephone	Work Telephone		
Where do you live? (Number and Street)	Apt. #	City	State	Zip Code
Your Social Security Number				Your Date of Birth

What language do you speak?  English  Spanish  Other \_\_\_\_\_  
 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**

Remove: \_\_\_\_\_ Birth Date: \_\_\_\_\_ How Related to you: \_\_\_\_\_

Reason for removing? \_\_\_\_\_

New Person: \_\_\_\_\_ Birth Date: \_\_\_\_\_ How Related to you: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Is This Person a U.S. Citizen?  Yes  No

*If adding a child under 18, please complete the following (not required for SNAP benefits:)*

Name of Mother: \_\_\_\_\_ Name of Father \_\_\_\_\_

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

**PART 2: REPORTING A CHANGE OF ADDRESS AND/OR SHELTER COST**

New Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_ 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.

<input checked="" type="checkbox"/>	Expenses	Amount	How Often ?	Who Pays?	<input checked="" type="checkbox"/>	Expenses	Amount	How Often?	Who Pays?
	Rent					Water			
	Mortgage					Sewer			
	Electric					Garbage			
	Gas					Wood/Coal			
	Oil					Property Tax			
	Coop/Condo/ Assoc. fees					Homeowner's Insurance			
	Telephone					Other			

Is heat included in your rent?  Yes  No Do you pay an electric bill for lights or cooking?  Yes  No  
 If heat is not included in the rent, what is your source of heat? \_\_\_\_\_ Do you pay for air conditioning?  Yes  No  
 Does someone help you with your utility costs?  Yes  No If yes, who? \_\_\_\_\_  
 Are you sharing any of the shelter costs listed above?  Yes  No If yes, with whom? \_\_\_\_\_ Your share? \_\_\_\_\_  
 Have you received Energy Assistance at your current address within the past 12 months?  Yes  No  
 Are you living with other people who are not on your grant?  Yes  No If yes, who? \_\_\_\_\_  
 Do you purchase your meals separately from these other people?  Yes  No

**PART 3: REPORTING A CHANGE IN ASSETS**

**I now have:**

Checking Account  Savings Account

*Report assets below for Medical Assistance only:*

Life Insurance  Trust Fund  
 Property  Accident Settlement  
 Stocks/Bond  Other Assets

\_\_\_\_\_ Amount or value of

asset(s): \_\_\_\_\_

**I no longer have:**

Checking Account  Savings Account

*Report assets below for Medical Assistance only:*

Life Insurance  Trust Fund  
 Property  Accident Settlement  
 Stocks/Bond  Other Assets \_\_\_\_\_

Amount or value of asset(s): \_\_\_\_\_

