**Family Investment Administration Change Report Form**

| LDSS Office | | | | | | **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.** | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 removal 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. | | | | | | | | | | | | | | | | |
| **√** | **Expenses** | **Amount** | **How Often**  **?** | **Who Pays?** | | | **√** | | **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): | | | | | | | | |

| **PART 4: REPORTING A CHANGE IN UNEARNED INCOME** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **I now have:**  [ ] Social Security [ ] Child Support/Alimony  [ ] SSI [ ] Unemployment Benefits  [ ] Insurance Settlement [ ] Lottery/Gambling Winnings [ ] Railroad Retirement [ ] Contributions from Others  [ ] Other *(specify)*  [ ] Other *(specify)* | | **I no longer have:**  [ ] Social Security [ ] Child Support/Alimony  [ ] SSI [ ] Unemployment Benefits  [ ] Insurance Settlement [ ] Lottery/Gambling Winnings [ ] Railroad Retirement [ ] Contributions from Others  [ ] Other *(specify)*  [ ] Other *(specify)* | | | | | |
| Date of Payment:  Amount: $ [ ] Weekly [ ] Bi-weekly [ ] Monthly  [ ] Other  Date of First Check: Amount of First Check: $ | | **Date of Last Payment:** | | | | | |
| **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 Amount $  Child’s Name Amount $  □ Child/adult care? □Yes □ No Name of person in care:  Care provider: Address: Amount paid to provider $ Paid: □ Daily □ Weekly □ Bi-weekly □ Monthly | | | | | | | |
| **PART 6: REPORTING A CHANGE IN EARNINGS** | | | | | | | |
| □ Does anyone in your household receive any earnings from **a new job**? (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 **before deductions**  Date employment began: Date first check received: Gross amount of that check $ | | | | | | | |
|  | EMPLOYER NAME ADDRESS AND | | RATE OF | NUMBER OF | | AMOUNT | HOW OFTEN |
| NAME | PHONE NUMBER | | PAY | HOURS | | PER PAY | RECEIVED |
|  |  | |  | WORKED PER | | PERIOD | (daily, weekly |
|  |  | |  | WEEK | |  | biweekly, |
|  |  | |  |  | |  | monthly) |
|  |  | |  |  | |  |  |
|  |  | |  |  | |  |  |
|  |  | |  |  | |  |  |
| □ Have you or anyone in your household **lost a job**? □ Yes □ No If yes, Name of person who lost the job  Last day of employment Date of last pay | | | | | | | |
|  | | | | | | | |
| **PART 7: REPORTING A CHANGE IN NAME/GENDER/SEX IDENTITY** | | | | | | | |
| For identity changes including names and gender (sex), first ensure the changes have been completed with (i.e, a court order or the Social Security Administration).  DHS is not able to change individuals' identities (names or gender (sex) in our Eligibility and Enrollment (E&E) system without verifying the change.  DHS will complete background checks to ensure your new name and/or sex identity matches/aligns and verifies with your new change request information. | | | | | | | |
| Old Name Identity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  New Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  New Gender (Sex): Birth Date: Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 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:**   * For cash and medical assistance, you must report all changes within 10 days. * Note: When you report a change for any program, your case manager will make the change for all programs. * For the Supplemental Nutrition Assistance Program (SNAP) (formerly Food Supplement Program):   + 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.   + 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.   + 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. | | | | | | | |