

**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 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): _____

