

**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
Your Social Security Number		Your Date of Birth			
What language do you speak? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> 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 a person: _____ Birth Date: _____ How Related to you: _____

Reason for removing? _____

Add a 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) _____

Date of Payment: _____
 Amount: \$ _____ ☐ Weekly ☐ Bi-weekly ☐ Monthly
 ☐ Other _____
 Date of First Check: _____ Amount of First Check: \$ _____

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 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 \$ _____

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 **lost a job**? ☐ Yes ☐ No If yes, Name of person who lost the job _____

Last day of employment _____ Date of last pay _____

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.