

# FOOD STAMP HOUSEHOLD CHANGE REPORT (DFA 377.5)

## INSTRUCTIONS:

You must report changes within 10 days of the time you learn of any change.  
 You may report changes on this form, in person, or by calling the number below.  
 If you use this form, only complete the sections that apply to the change(s) you are reporting.  
 If you have any questions about what changes you must report, ask your worker.

Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

### 1 INCOME CHANGES

- A. Did the source of your household's unearned income change or go up or down by more than \$50.00, such as: you got \$250.00 last month and you got \$301.00 this month? If **Yes**, complete 1 (C) below.  Yes  No
- B. Did the source of earned income for any household member change or go up or down by more than \$100.00? If **Yes**, complete 1 (C) below.  Yes  No
- C. If **Yes** to 1 (A) or 1 (B) above, enter all income of your household. Attach pay stubs or other proof of earnings. For all other income attach proof when a change is reported. If anyone is self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses.

Name	Source (If Earnings, List Name of Employer)	Amount (Before Deductions)	How Often Received?	Date of Change

### 2 HOUSEHOLD COMPOSITION CHANGES

Change	YES	Date of Change	If <b>YES</b> , give name of person, relationship and explain change.
A. Did anyone move into your home, including a newborn?			
B. Did anyone move out of your home or die?			
C. Did you move in with someone else?			
D. Did anyone get married?			
E. Did anyone become disabled or recover from a disability?			
F. Did anyone turn age 60?			
G. Did anyone get a new Social Security Number?* If <b>YES</b> , attach proof.			

### 3 RESOURCE CHANGES

- A. Did anyone buy or get a licensed vehicle? If **YES**, complete below:  YES

Vehicle Owner	Year and Class	Make and Model	Estimated Value	Amount Owed
			\$	\$

- B. Did the total of your household's cash on hand, money in checking and/or savings account, stocks, bonds, etc., reach or exceed \$2000 or \$3000 for a household that has a member who is disabled or age 60 or older?  YES  
 If **YES**, complete section below:

List Each Item	Amount	Date of Change
	\$	
	\$	
	\$	

### 4 MEDICAL EXPENSES (FOR A HOUSEHOLD MEMBER WHO IS DISABLED OR AGE 60 OR OLDER)

Does any household member who is disabled or age 60 or over have new or changed medical expenses of more than \$25, to report?  YES  
 If **YES**, you may report these expenses and it may increase your allotment once they are verified. **Attach proof** and complete below.

Who Had the Expense?	Type of Expense	Amount	Who Had the Expense/	Type of Expense	Amount
		\$			\$

### 5 JOB/TRAINING

- A. Did anyone start, stop, quit, refuse a job or training, change the number of hours of work or training or go out on strike?  YES  
 If **Yes**, complete 5B below and call your worker right away.

Name of Person(s)	Relationship to You	Explain What Happened	Date of Change

\* Providing a Social Security Number (SSN) is required by 7 U.S. Code Section 2025E. Anyone who refuses to provide an SSN will be disqualified from receiving food stamps. The SSNs will be used to check identity, to prevent duplicate participation and to verify eligibility and benefits. The SSNs will be used in a computed match to check income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. Differences may be checked out with employers, banks or others. Fraudulent participation in the Food Stamp Program may result in criminal or civil action or administrative claims.

**6 ADDRESS AND SHELTER COST CHANGES**

- A. Do you have a new mailing address or phone number or do you plan to move? If **YES**, complete 6 C, 6 D and 6 E.  YES
- B. Did you move? If **YES**, complete 6 C, 6 D and 6 E.  YES
- C. Does someone else live at this address? If **YES**, give name(s) and relationship: \_\_\_\_\_  YES
- D. Enter you new address and/or phone number below and enter the date of the change here: \_\_\_\_\_

Home Address (Number and Street)			Mailing Address (If Different)(Number and Street)		
City	Zip code	Home Phone	City	Zip code	Message Phone

- E. Did your housing or utility costs change when you moved? If **YES**, complete 1, 2 and 3 below:  YES

1. Enter the amount of each housing cost you have. →

2. If you have utility costs, check the box for each utility cost you have. →

Rent or Mortgage: \$		Property Taxes or Insurance: \$ (If not in mortgage)	
Utility		Utility	
Gas or Fuel	<input type="checkbox"/>	Garbage or Trash	<input type="checkbox"/>
Electricity	<input type="checkbox"/>	Water	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	Sewage	<input type="checkbox"/>
Utility Installation	<input type="checkbox"/>	Other(specify)	<input type="checkbox"/>

3. Did anyone not part of your Food Stamp household help you pay any of your housing or utility costs? If **YES**, complete 3a, b and c.  YES
- a. Enter the total housing costs paid by the Food Stamp household: \$ \_\_\_\_\_
- b. Enter the total utility costs paid by the Food Stamp household: \$ \_\_\_\_\_
- c. Give the name of each person who paid any of the costs, and if they paid housing and/or utility costs:

**7 DEPENDENT CARE EXPENSE CHANGES**

Did you begin getting bills or has there been a change in the amount of your bills for the care of a child or other dependent so that someone in the home could go to work, training or look for a job?  YES

If **YES**, complete section below and attach a receipt.

Who Received Care?	Cost of Care	Why Care Was Needed	Who Received Care?	Cost of Care	Why Care Was Needed
1.			2.		

**8 CHILD SUPPORT PAID BY HOUSEHOLD**

Has any member of the food stamp household paid legally obligated child support for children not living in the home or with the household? Attach proof of the court order or administrative order showing the requirement to pay the child support and give the amount paid. If there has been a change in the amount of the legally obligated support, Attach proof of the change.  YES

WHO PAID CHILD SUPPORT	PAID TO WHOM	AMOUNT PAID	DATE PAID

**9 DISQUALIFIED INDIVIDUALS/INELIGIBLE ALIENS**

Did any person living in you home who is an ineligible alien or who has been disqualified from the Food Stamp Program have any of the changes in questions 1 through 7?  YES

If **YES**, give the name of the person and the date of the change, and explain the change below.

**10 Since your last report has anyone in your home been avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or in violation of probation or parole?**  YES  NO

If Yes, who: \_\_\_\_\_

**11 Since your last report has anyone in your home been convicted of drug-related felony for possession, use, or distribution of a controlled substance(s)?**  YES  NO

NAME	RELATIONSHIP TO YOU	DATE DRUG CRIME COMMITTED	DATE OF FELONY CONVICTION	CONVICTION WAS FOR:
				<input type="checkbox"/> DISTRIBUTION <input type="checkbox"/> POSSESSION <input type="checkbox"/> USE <input type="checkbox"/> OTHER (EXPLAIN)

**12 OTHER CHANGES/TEMPORARY CHANGES**

Do you have any other changes to report or do you think of the changes in questions 1 through 7 are temporary?  YES

If **YES**, explain

**CERTIFICATION**

- I understand that failing to report information or intentional misrepresentation of facts can result in legal prosecution with penalties of a fine, imprisonment or both. The penalties can result in disqualification from Program, fine up to \$250,000 and imprisonment up to 20 years. The disqualification penalties are 12 months for the first violation, 24 months for the second violation, and permanent disqualification for the third violation.
- I understand that I have only 10 days to tell my worker about changes in my household.
- I understand that the facts I have reported will be matched and verified by local, state and federal staff.
- I understand that the household, any adult member (even if they move out), the sponsor of an alien household member, or the authorized representative of residents in an eligible institution may be required to repay extra benefits the household should not have received, even if it's the County's fault.
- I understand that I have the right to ask for a state hearing on any action by the County Welfare Department.
- I declare that the facts contained in this report are true, correct and complete.

SIGNATURE (HOUSEHOLD MEMBER OR AUTHORIZED REPRESENTATIVE)	DATE
SIGNATURE (WITNESS, IF YOU SIGNED WITH AN X)	DATE