



CHANGE REPORT FORM

OFFICE USE ONLY – DATE STAMP

Name:	Case No:
Address:	Phone numbers where you can be reached
City/State/Zip:	Home: _____ Other: _____

Food assistance households only have to report a change when the total monthly gross income exceeds 130% of the Federal Poverty Level for the household size and when work hours of able bodied adults fall below 20 hours per week when averaged monthly. The household must report these changes within 10 days after the end of the month of the change.

Is this a new address? Yes No Date moved: _____
 New rent / mortgage payment: \$ _____ per Month Week Other: _____
 Do you pay separately for utilities? Yes No Do you have a heating or cooling expense? Yes No

Please tell us about the change(s) by filling in the spaces below. Continue your reply on page two of this form if you need to. You can mail this form to us or bring it to the office. If you do not understand this form, call your local office at _____ and someone will help you. You can also report change(s) through My Account.

1. PERSONS: Moved In Moved Out Date moved in / out: _____

NAME	RELATIONSHIP TO YOU	INCOME / ASSETS	DATE OF BIRTH / DEATH	SOCIAL SECURITY NUMBER	DISABLED Yes No

2. INCOME CHANGES: New income source Rate of pay/number of hours increase/decrease: _____
 Income loss Date & amount of first/last payment: _____ First/last day of work: _____
 Reason employment/income stopped: _____

WHOSE INCOME	WHAT INCOME SOURCE CHANGED	PAID/RECEIVED (weekly, every 2 wks, biweekly, monthly, other)	DAY OF WEEK PAY / INCOME RECEIVED	GROSS INCOME AMOUNT

3. ASSET CHANGES: You must report if the money you have in cash, checking, savings, stocks, bonds, etc., reaches \$2,000 or if you buy/sell a vehicle, house, property, etc.: New Bought Sold Traded Transferred
 Depleted Other: _____

WHOSE ASSET	WHAT ASSET / YEAR	HOW USED	AMOUNT

4. FUTURE CHANGES: Do you think the changes you reported will stay the same next month? Yes No. If no, please explain: _____.

IF YOUR BENEFITS CHANGE, we will send you a notice. If you do not agree with the change in benefits, you may ask for a Fair Hearing. A Hearings Officer will decide if the decision we made was right or wrong.

PLEASE READ AND SIGN: I understand and agree to the following: DCF, Public Assistance Fraud (PAF), and authorized Federal Agencies may verify the information I give on this form and at my interview. Information may be obtained from my past or present employers. I will report any change in my situation according to program requirements. If any information is incorrect, benefits may be reduced or denied and I may be subject to criminal prosecution or disqualified from the program for knowingly providing incorrect information. I can be prosecuted if I provide false information or hide information. I understand that: I may be entitled to more food assistance if I report that my household's income has decreased or stopped; if I do not report that my household's income has decreased or stopped, then I will not get an increase in my food assistance benefit amount; and if I do not report increases in income or that income has started, then there may be penalties.

