

# Change Report Form

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Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_

Use this form to report any of the following changes in your household circumstances:

- Changes in sources of income, including starting or stopping a job or changing jobs, if the change in employment is accompanied by a change in income.
- Changes in your unearned income when it goes up or goes down by \$50 or more a month. You don't have to report changes in your FIP or GPA benefit.
- Changes in your gross earned income of \$100 or more from the amount last used to calculate your household's allotment.
- A car, or licensed vehicle, if anyone in your household gets one.
- When cash on hand, stocks, bonds, check cards, and money in a bank account or savings institution total \$2,000 or more (\$3,000 if your household includes a member who is age 60 or over, or is disabled). (FIP/FS households must report changes in assets when they reach \$1000 or more.)
- Changes in the legal obligation to pay child support.
- Changes in the number of people in your household.
- Your new address if you move.

You must report the above changes **within 10 days** of the time you learn of them. This will make sure you receive the correct amount of food stamps.

If for some reason you cannot mail this form, you can report the changes by calling us at \_\_\_\_\_.

When the amount of total monthly medical expenses of household members age 60 or over or who receive Supplemental Social Security (SSI) benefits or Social Security Disability payments benefits go up, these expenses could result in more food stamp benefits for your household. Even though reporting changes in medical expenses between recertification is voluntary, you may qualify for additional food stamps if these expenses increase.

You can also use this form to report changes in the cost of caring for children or disabled adults, or changes in shelter costs

**If you purposely hold back information about changes in your household, you will owe us the value of any extra food stamps you receive as a result. You may also be barred from the Food Stamp Program for 12 months, 24 months or permanently, and be fined, imprisoned, or both.**

Sincerely,

## If you didn't give your social security numbers

If you have not given social security numbers (SSNs) for all household members, list their names, ages, and SSNs below.

Submission of an SSN for all household members is mandatory under the Food Stamp Act of 1977 as amended by PL 97-98. Your SSN will be used to check the identity of household members, prevent

duplicate participation, and to facilitate making mass changes.

Your SSN, as well as other information provided, will also be used in computer matching and program reviews, or audits to make sure your household is eligible for food stamps, other federal assistance programs and federally assisted state programs, such as school lunch, FIP, and Medicaid.

Name	Age	Social Security Number
1.		
2.		
3.		

## If income or any source of income changes

You must tell us of changes in sources of income, including starting or stopping a job or changing jobs, if the change in job(s) is accompanied by a change in income.

You must tell us of changes in your unearned income when it goes up or goes down \$50 or more a month.

You don't have to report changes in your FIP or GPA benefit. Also, you must tell us of changes in your gross earned income of \$100 or more per month from the amount last used to calculate your household's allotment, and of changes in employment that result in a change in income.

Name	Where does income come from	Total New Amount	How Often Received
1.			
2.			
3.			

## If the number of cars or licensed vehicles changes

Has anyone in your household gotten a car, truck, boat, camper, motorcycle or other licensed vehicle since the last time you told us about the vehicles your household owns?

Make	Model	Year
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Has anyone in your household sold or traded in a licensed vehicle since the last time you told us about the cars or other vehicles your household owns?

How much did you receive for it?

Make	Model	Year
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## If your savings increase

You must tell us if the *total* amount of money that the members of your household have in cash, savings accounts, checking accounts, and in stocks and bonds *increases* to more than \$2,000 (\$3,000 if your household includes a member who is age 60 or over, or is disabled). FIP/FS households must report changes in assets when they reach \$1000 or more.

What is the total amount your household has now? \$ \_\_\_\_\_

## If someone moves in or out

Has any household member moved out or passed away? Are there any new members in your household?

If so please list them and provide all of the information requested below and be sure to report their SSNs in the space provided above. Include newborn children.

Name(s)	Left Household	Entered household	Is This Person Disabled?	Age	Gross Income
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## If you moved or your rent or mortgage changed

If you moved, what is your new mailing address?

City

State

Zip Code

If you don't have a street address, tell us how to get to your home

Telephone Number(s) where you can be reached

If you moved, you must also list your new expenses below. You can also use this section to tell us that your rent or mortgage has gone up.

	Rent or mortgage payment	Insurance on home (if not included in mortgage)	Property taxes (if not included in mortgage)
New Amount	\$	\$	\$

Are you a boarder?  Yes  No

## If your utilities or dependent care costs go up

Have your utility bills (gas, oil, electricity, heating and cooling costs etc.) gone up? Have you started paying someone to care for a child or dependent adult or have these costs increased? If so, you may be eligible

for more food stamps. Use the space below to tell us which costs have gone up, the new amount you are paying and how often you are billed.

Type of cost	New Amount	How often billed
	\$	
	\$	
	\$	

## If certain household members' medical expenses go up or down

List the medical expenses for all household members over age 60 or who receive Supplemental Security Income (SSI) benefits or Social Security

Disability payments if the total monthly medical expenses have gone up or down more than \$25 per month.

	Amount	How often is each payment due?
Medical and dental services	\$	
Hospital or nursing care	\$	
Health insurance and medical payments	\$	
Drugs prescribed by a doctor	\$	
Dentures, hearing aids, and eye glasses	\$	
Transportation costs to get medical care	\$	
Services of an attendant or nurse	\$	
Other ( <i>Explain</i> )	\$	

Please list the names of household members who have these expenses.

## Penalty Warning

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Anyone in your household who breaks any of these rules on purpose can be barred from the food stamp program for 12 months, 24 months, permanently; fined up to \$10,000; imprisoned up to 5 years, or both; and subject to prosecution under applicable federal laws.

If anyone in your household is found by a Federal, State, or local court to have used or received coupons in a transaction involving the sale of a controlled substance (as defined in section 102 of the Controlled Substances Act) shall be ineligible for food stamps: for twelve (12) months for the first occasion of such violation; and permanently upon the second occasion of such violation.

If anyone in your household is found by a Federal, State, or local court to have used or received coupons in a transaction involving the sale of firearms, ammunition, or explosives shall be permanently ineligible for the Food Stamp program upon the first occasion of such violation.

DO NOT give false information or hide information to continue receiving food stamps.

DO NOT trade or sell EBT cards to anyone who is not authorized to use them for your household.

DO NOT use food stamps to buy ineligible items such as alcoholic drinks and tobacco.

DO NOT use someone else's EBT cards for your household

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## Your Signature

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I understand the penalty for hiding or giving false information. I also understand I will owe the value of any extra food stamps I receive because I don't fully report changes in my household. I agree to prove any changes I report if you ask. My answers on this form are correct and complete to the best of my knowledge.

I understand that my signature authorizes federal, state, and local officials to contact other persons or organizations to verify the information I have provided.

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Do you expect the changes you have reported will remain the same next month?

Yes  No If you answered No, please explain.

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Your signature

Today's Date

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## If your benefits change

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We will use your answers on this form to determine if your household's benefits will change. If your benefits change, we will send you a notice. If you don't agree with the agency's decision, you can have a fair hearing. A hearing official will determine the outcome (or result) of your hearing.