Clear Form

DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES

DHS-2402B-ENG 9-25

Change Report Form for the Supplemental Nutrition Assistance Program

NAME	CASE NUMBER		
STREET ADDRESS	CITY	STATE	ZIP CODE
WORKER NAME	WORKER PHONE NUMBER		

Instructions

You may use this form to report required changes to your county agency or Tribal Nation. **Report changes by the 10th of the month following the month of the change**. For example, if a change happens in March, you must report the change by April 10. You may be asked to provide proof of your changes. If proof of certain information is requested and not provided, your case may close, and your benefits may stop. You may also call your worker to report a change. If you're unsure whether to report a change, contact your worker.

What you are required to report

Return this form and proofs right away.

- Changes of more than $125 in the amount of your household's monthly **unearned** income.
- Changes of more than $125 in the amount of your household's monthly **earned** income.
- Changes in the source of income, including starting or stopping a job if the change in employment results in a change of income.
- Change in people in my home.
- Change to where you live and any related changes to your housing or utility costs.
- Change in your legal obligation to pay child support.
- If you are a Time-limited Recipient (TLR), formerly called Able Bodied Adult Without Dependents, report when your work hours drop below 80 hours a month.
- Lottery or gambling winnings of $4,500 or more.

Note – Return completed form to your county agency or Tribal Nation

STREET ADDRESS	CITY	STATE	ZIP CODE

Remember to sign and date. Use a separate sheet if you need more room. If you do not know your county agency or Tribal Nation address, call your worker.

Change in income (types of proof: pay stubs, stop work form, etc.)

☐ Check here if this is not applicable

Started work

NAME			DATE STARTED	DATE OF FIRST PAYCHECK
EMPLOYER'S NAME	CHILD OR ADULT CARE NEEDED ◯ Yes ◯ No	$ PER HOUR	HOW OFTEN PAID	HOURS WORKED PER WEEK

Stopped work

NAME	DATE LAST WORKED	DATE LAST CHECK RECEIVED
REASON FOR STOP WORK	EMPLOYER'S NAME	

Change in $125 or more in monthly income you or your household members receive from WORK? Work includes self-employment, commissions, bonuses , overtime, etc.

NAME		REASON	
CHANGE IN WAGES ◯ Increase ◯ Decrease	NEW PAY RATE PER HOUR	DATE OF FIRST PAY DATE WITH CHANGE IN WAGES	
CHANGE IN HOURS ◯ Increase ◯ Decrease	NEW HOURS PER WEEK	DATE HOURS CHANGED	FIRST PAY DATE WITH CHANGE

Change in $125 or more in monthly income you or your household members receive from sources other than work (types of proof: copies of checks or benefit statements)

NAME	START DATE	AMOUNT	END DATE

☐ Supplemental Security Income (SSI) ☐ Social Security (RSDI) ☐ Rental income
☐ Unemployment Insurance ☐ Worker's Compensation ☐ Child or spousal support
☐ Retirement, pension or annuities ☐ Interest or dividends ☐ Trust payments
☐ Advance Child Tax Credits ☐ Day trading proceeds ☐ Tribal payments
☐ Student Financial Aid ☐ Contract for deed
☐ Any other income _____

Change in people in my home

☐ Check here if this is not applicable **Total number of people now in my home:** _____

NAME	RELATIONSHIP TO YOU	MOVED ◯ Yes ◯ No	MARRIED ☐	DIED ☐	BORN ☐	DATE OF CHANGE	DATE OF BIRTH
SOCIAL SECURITY NUMBER	HAS INCOME? ◯ Yes ◯ No	SOURCE OF INCOME?				HOW OFTEN PAID?	
NAME	RELATIONSHIP TO YOU	MOVED ◯ Yes ◯ No	MARRIED ☐	DIED ☐	BORN ☐	DATE OF CHANGE	DATE OF BIRTH
SOCIAL SECURITY NUMBER	HAS INCOME? ◯ Yes ◯ No	SOURCE OF INCOME?				HOW OFTEN PAID?	

Do any of the new people in your home buy, fix or eat meals with you? ◯ Yes ◯ No

If yes, name(s) _____

Change of address for where you live **(you must send proof of changes)**

☐ Check here if this is not applicable

I/we moved to:

COUNTY MOVED TO		COUNTY MOVED FROM	
ADDRESS			NEW PHONE NUMBER
CITY	STATE	ZIP CODE	DATE MOVED

Have you moved onto a Tribal Nation reservation and live within its boundaries? ◯ Yes ◯ No

Have you moved off a Tribal Nation reservation and now live outside its boundaries? ◯ Yes ◯ No

Are you homeless? ◯ Yes ◯ No

Change in housing costs because you changed where you live **(types of proof: receipt, bill)**

☐ Check here if this is not applicable

Housing costs

◯ Rent ◯ Mortgage	NEW AMOUNT	DATE OF CHANGE	INSURANCE	TAXES
ARE COSTS SHARED OR SUBSIDIZED? ◯ Yes ◯ No	IF YES, TOTAL COST		HOW MUCH DO YOU PAY?	
CHANGES HAVE OCCURRED IN THE FOLLOWING AREAS ☐ Phone ☐ Electricity ☐ Heat ☐ Air Conditioning ☐ Garbage/Trash ☐ Water/Sewer				

Do you get Low Income Home Energy Assistance Program (LIHEAP) funds? ◯ Yes ◯ No

Lottery or gambling winnings **(proof is not required)**

Have you or someone in your home received $4,500 or more in a single lottery or gambling win? ◯ Yes ◯ No

☐ Check here if this is not applicable

NAME	DATE	AMOUNT OF LOTTERY OR GAMBLING WINNING

If you are a Time-limited Recipient (TLR) **formerly called Able-Bodied Adult Without Dependents (ABAWD)**

Did your work hours drop below 80 hours for the month? (work includes paid employment, self-employment, in-kind, and unpaid work.)
◯ Yes ◯ No

☐ Check here if this is not applicable

NAME	START DATE	REASON FOR CHANGE	END DATE

Change in legal obligation to pay Child Support

(Types of proof: pay stubs with Child Support amount or a copy of the Court Order)

☐ Check here if this is not applicable

NAME	START DATE	AMOUNT

NAME OF CHILD/CHILDREN THAT YOU PAY CHILD SUPPORT FOR	Does this child live with you? ◯ Yes ◯ No

The changes I report here ◯ will or ◯ will not continue next month.

Penalty warning: If you get cash or SNAP benefits, you must follow the rules listed below. The state may bar household members who break any of these rules from the cash or SNAP programs. The bar lasts one year for the first fraud, two years for the second fraud and is permanent for the third fraud. The months you are barred from cash assistance for breaking the rules may count toward your 60-month lifetime limit for the Minnesota Family Investment Program. Convictions for public assistance fraud may result in a fine or jail time, or both.

- Do not give false information or hide information to get or continue to get cash or SNAP benefits.
- Do not trade or sell SNAP benefits or Electronic Benefit Transfer (EBT) access card(s).
- Do not use cash or SNAP benefits to buy ineligible items, such as alcohol and tobacco.
- Do not use someone else's EBT access card(s) to get cash or SNAP benefits for your household.

If you get cash or SNAP benefits and give false information or hide information about your identity and/or residence to get multiple benefits for the same period of time, you may be barred from receiving benefits for 10 years.

Acknowledgment: I know what I reported here. It is a true and correct statement of every material point. If I give incorrect information, the county or Tribal Nation may prosecute me for fraud under state law. The county or Tribal Nation may also try me for perjury under state law.

SIGNATURE	PHONE NUMBER	DATE

Civil Rights Notice

Discrimination is against the law. The Minnesota Department of Human Services (DHS) does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- marital status
- age
- disability
- sex
- political beliefs

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a social services agency.

Contact **DHS** directly only if you have a **discrimination** complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
540 Fairview Avenue North, Suite 201
St. Paul, MN 55104
651-539-1100 (voice)
1-800-657-3704 (toll free)
711 or 1-800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion

Contact the **OCR** directly to file a complaint:

Office for Civil Rights
U.S. Department of Health and Human Services
Midwest Region
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Customer Response Center:
Toll-free: 1-800-368-1019
TDD Toll-free: 1-800-537-7697
Email: ocrmail@hhs.gov

NO ENGLISH

651-539-7700

TRS: 711

ATTENTION: If you speak English, free language assistance services are available to you free of charge and without unnecessary delay. Additionally, appropriate auxiliary aids and services to provide information in accessible formats are available free of charge and in a timely manner. Please call the number above or speak to your provider. English

ማሳሰቢያ፦ አማርኛ ተናጋሪ ከሆኑ ፤ ነጻ የቋንቋ ድጋፍ አገልግሎቶች ካለምንም ክፍያ እና ካለአላስፈላጊ? መዘግየት ማግኘት ይችላሉ። በተጨማሪም መረጃን በቀላሉ ለማግኘት በሚያስችል ቅርጸት ለማቅረብ ተገቢ የሆኑ የመስማት ድጋፍ እና አገልግሎቶች ከክፍያ ነጻ በሆነ እና ግዜውን በጠበቀ መልኩ ማግኘት ይችላሉ። እባክዎ ከላይ ባለው ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ። Amharic

تنبيه: نقدم لمتحدثي اللغة العربية خدمات مساعدة لغوية مجانية وفورية، بالإضافة إلى وسائل وخدمات مساعدة مناسبة، وبصيغة معلومات سهلة بدون تكلفة وبشكل سريع. يرجى التواصل على الرقم الموضح أعلاه أو مراجعة مقدم الخدمة المباشرة. Arabic

মনোযোগ: আপনি যদি বাংলায় কথা বলেন, তাহলে আপনার জনয্ ভাষা সহায়তা পরিষেবা বিনামূলেয্ এবং অপর্য়োজনীয় বিলমব্ ছাড়াই পাওয়া যায়। এছাড়াও, একটি সহজলভয্ ফমর্য়াটে তথয্ পর্দানের জনয্ উপযুক্ত সহায়ক সরঞ্জাম এবং পরিষেবা বিনামূলেয্ এবং সময়োপযোগীভাবে পাওয়া যায়। উপরের নমব্রে কল করুন অথবা আপনার পের্াভাইডারের সাথে কথা বলুন। Bengali

သတိပြုရန် – အကယ်၍ သင်သည် မြန်မာဘာသာစကား ပြောဆိုသူဖြစ်လျှင် အခမဲ့ ဘာသာစကားဆိုင်ရာ ပံ့ပိုးထောက်ပံ့ပေးမှု ဝန်ဆောင်မှုများအား မလိုအပ်သည့် နှောင့်နှေးကြန့်ကြာမှုများ မရှိစေဘဲ သင် အခမဲ့ ရရှိနိုင်မည် ဖြစ်သည်။ ထို့ပြင် အချက်အလက်များအား အလွယ်တကူ ဝင်ရောက်ရယူနိုင်စေသော ဖောမတ်ပုံစံများဖြင့် ထောက်ပံ့ပေးထားသည့် သက်ဆိုင်ရာ ဖြည့်စွက် ထောက်ပံ့မှုများနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့၊ အချိန်မီ ရရှိနိုင်စေရန် စီမံပေးထားပါသည်။ ကျေးဇူးပြုပြီး အထက်ဖော်ပြပါ ဖုန်းနံပါတ်သို့ ခေါ်ဆိုပါ သို့မဟုတ် သင်၏ ထောက်ပံ့သူဖြင့် ပြောဆိုဆွေးနွေးပါ။ မြန်မာဘာသာစကား Burmese

យកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (ខ្មែរ)
សេវាកម្មជំនួយភាសាឥតគិតថ្លៃមានផ្តល់ជូនអ្នកដោយមិនគិតថ្លៃ និងដោយគ្មានការពន្យារពេលមិនចាំបាច់ឡើយ។
លើសពីនេះ ជំនួយ និងសេវាកម្មដែលសមស្របក្នុងការផ្តល់ព័ត៌មានក្នុងទម្រង់ដែលអាចចូលប្រើ
បានគឺអាចរកបានដោយឥតគិតថ្លៃ និងទាន់ពេលវេលា។ សូមហៅទូរសព្ទទៅលេខខាងលើ
ឬនិយាយជាមួយអ្នកផ្តល់សេវារបស់អ្នក។ ភាសាខ្មែរ (ខ្មែរ) Cambodian (Khmer)

注意：如果您　說簡體中文，您可以免費獲得語言協助服務，且不會有　不必要的延誤。此外，還能免費及時獲取以無障礙格式提供資訊的適當輔助　工具和服務。請撥打上面的電話號碼，或與您的服務提供商溝通。
Cantonese (Traditional Chinese)

Á, DÉ YAWÁ PO! Dakhód'iyaye héčiŋhaŋ, iyápi-wóokiye išíčhona yaŋké. Ka nakúŋ wanáȟ'uŋpi-wóokiye išíčhona yaŋké. Héčhed wónaȟ'uŋ kiŋ iyóhiphiča dó. Wóokiye kiŋ dená išíčhona ičúphiča naháŋ yuthéhaŋšniyaŋ ičúphiča dó. Wičhóiye kiŋ dená iwáŋkab, wóiyawa waŋ yaŋké kiŋ mas'ákiphapi na wóokiye-wičháša kičhí wóhdaka po. Dakota

PAUNAWA: Kung nagsasalita ka ng Filipino, ang mga libreng serbisyo ng tulong sa wika ay magagamit sa iyo nang walang bayad at walang hindi kinakailangang pagkaantala. may mga angkop na pantulong na kagamitan at serbisyo upang maibigay ang impormasyon sa naaangkop na anyo, nang libre at sa tamang oras. Mangyaring tawagan ang numero sa itaas o makipag-usap sa iyong provider. Filipino

NO ENGLISH

651-539-7700

TRS: 711

ATTENTION: Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition, sans frais et sans délai. En outre, des aides et services auxiliaires appropriés pouvant fournir des informations dans des formats accessibles sont disponibles gratuitement et rapidement. Veuillez appeler le numéro ci-dessus ou contacter votre fournisseur. French

સાવધાન: જો તમે ગુજરાતી બોલો છો, તો ભાષા સહાયની મફત સેવાઓ તમારા માટે નિ:શુલ્ક અને બિનજરૂરી વિલંબ વગર ઉપલબ્ધ છે. વધુમાં, સુલભ પ્રારૂપમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક મદદ અને સેવાઓ નિ:શુલ્ક અને સમયસર ઉપલબ્ધ છે. કૃપા કરીને ઉપરના નંબર પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો. Gujarati

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निशुल्क भाषा सहायता सेवाएँ निशुल्क और बिना किसी अनावश्यक देरी के उपलब्ध हैं। इसके अतिरिक्त, सुलभ पर्यारूपों में जानकारी पर्दान करने के लिए उपयुक्त सहायक साधन और सेवाएँ निशुल्क और समय पर उपलब्ध हैं। कृपया ऊपर दिए गए नंबर पर कॉल करें या अपने पर्दाता से बात करें। Hindi

CEEB TOOM: Yog koj hais lus Hmoob, muaj kev pab txhais lus dawb rau koj siv. Koj tsis tas them nqi thiab yuav tsis qeeb. Kuj muaj cuab yeej thiab kev pab los pab koj nyeem cov ntaub ntawv kom yooj yim nkag siab. Koj hu tau rau tus xov tooj saum toj no lossis nrog koj tus kws kho mob tham. Hmong

ဟ်သူဉ်ဟ်သး– နမ့်ကတိၤကညီကျိာ်အဃိ, နမၤန့်ၤ ကျိာ်တၢ်ဆိဉ်ထွဲမၤစၢၤ လၢတလၫ်ဘူဉ်လၫ်စ့ၤ ဒီးတအိဉ်ဒီး တၢ်မၤယံာ်မၤနီၣ်သးဘဉ်နၣ်လီၤ. အါန့်ၤအနၣ်, တၢ်အိဉ်စ့ၢ်ကီးဒီး တၢ်မၤစၢၤတၢ်နၢ်ဟူဒီး တၢ်မၤစၢၤတၢ်မၤတဖဉ် လၢကဟ့ဉ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢပှၤအါဂၤန်ၢ်ပၢၢ်အီၤသ့ လၢတအိဉ်ဒီးအဘူးအလဲ ဒီးချူးဆၢချူးကတိၢ်နၣ်လီၤ. ဝံသးစူၤ ကီးနိဉ်ဂံၢ်လၢထး မ့တမ့ၢ် တဲသကိးတၢ်ဒီး ပှၤလၢအဟ့ဉ်နၤတၢ်မၤစၢၤ တက့ၢ်. ကညီကျိာ် Karen

안내: 한국어를 사용하시는 분께는 언어 지원 서비스를 무료로, 지체 없이 제공해 드립니다. 또한, 정보 접근성을 위한 적절한 보조 기구 및 서비스가 무료로, 시의적절하게 제공됩니다. 위에 있는 번호로 전화하시거나 담당자에게 말씀해 주십시오. Korean

ئاگاداری: ئەگەر تۆ بە زمانی کو ﻭﻳ ﻳﺴﻮﺍﺭﻧﻰ ﻗﺴﻪ ﺩﻩﻛﻪﻳﺖ، ئەوا خزمەتگوزاری هاوکاریی زمان بە بێبەرامبەر و بەبێ دواکەوتنی ناپێویست لەبەردەستتدایە. جگە لەوەش، هاوکاری و خزمەتگوزارییە یارمەتیدەر ﻩ گونجاوەکان بۆ دابینکردنی زانیاری بە شێوەی گونجاو بەبێ بەرامبەر و هاوکات بەردەستن. تکایە پەیوەندی بەو ژمارەیە ﻳﺴﻪﻭﻩ بکە یان لەگەڵ دابینکەرەکەتدا قسە بکەن.

Kurdish Sorani کوردی سۆرانی

BALDARÎ: Heke hûn bi Kurdîya Kurmancî diaxivin, xizmetên alîkarîya ziman bêpere û bêyî derengmayîneke nehewce ji we re peyda dibin. Her wiha, hevkariyên guncaw û karûbarên alîkar bêpere û di heman demê de ji bo dabînkirina agahdariya guncaw hene. Ji kerema xwe bi jimareya jorîn re telefon bikin an jî bi dabînkerê xwe re biaxivin. Kurdish Kurmanji

Á, LÉ YAWÁ PO! Lakȟól'iyaye héči, iyápi-wóokiye iší̌chola yaŋké. Naháŋ nakúŋ wanáȟ'uŋpi-wóokiye iší̌chola yaŋké. Héčhel wónaȟ'uŋ kiŋ iyóhiphiča yeló. Wóokiye kiŋ lená iší̌chola ič̌úphiča naháŋ yutȟéhaŋšniyaŋ ič̌úphiča yeló. Wič̌hóiye kiŋ lená iwáŋkab, wóiyawa waŋ yaŋké kiŋ mas'ákipȟapi na wóokiye-wič̌háša kič̌hí wóglaka po. Lakota

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ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານຈະໄດ້ຮັບບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າ ແລະ ບໍ່ມີການຊັກຊ້າທີ່ບໍ່ຈຳເປັນ. ນອກຈາກນັ້ນ, ເຄື່ອງມືຊ່ວຍເຫຼືອແລະ ບໍລິການເສີມທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ເຂົ້າເຖິງໄດ້ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍ ແລະ ທັນເວລາ. ກະລຸນາໂທຫາເບີໂທລະສັບຂ້າງເທິງ ຫຼື ສົນທະນາກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ. Lao

注意：如果您说简体中文，您可以免费获得语言协助服务，且不会有不必要的延误。此外，还能免费及时获取以无障碍格式提供信息的适当辅助工具和服务。请拨打上面的电话号码，或与您的服务提供商沟通。
Mandarin (Simplified Chinese)

PALɛ RↃ PINY: Mi ruaci kɛ thok Nuärä, luäk mi lↃr kɛ kuic thuok kɛnɛ lät tin jiëkɛ tëë thin baaŋ a thiɛl mi yuↃr kɛ piny kä thiɛlɛ mi gaal jɛ. Min dëë nyↃk kɛ mat thin, ɛ luäk mi dↃdiɛn kɛnɛ lät tin kↃkiɛn tin nööŋ kɛ läri kɛ duↃp min jiëkɛ kɛɛ tëë kɛ thin baaŋ thilɛ mi yuↃrkɛ piny kɛ kuicdiɛn kɛ guath mi gↃa. Mi nhↃk i jɛ yↃtni nämbär ɛmↃ tëë nhial ↄ ikä kiɛ ruacni kɛ ram min luäkdu. Nuer

MAH BIZ'SIN'DAN: Keesh'pin, keen Ojibwe'mo, kaa'ween ina'gin'de wiiji'kaa'kii'ki'do miina'waa ke'nebe-naa'ta'maw chi'nis'too'ta'man noon'goom. Da'kon'an, wee'chi'ma'zinaa'beke'webene'kan'an ozhe'che'kan miina'waa kinah ozhee'bee'geh ma'zenah'egan'an kaa'ween ina'gin'de miina'waa da'daa'ta'be'bee'an. Da'gah'na'sa ka'noozh aseh'ge'beh'egan ish'peh'meng ge'maa kee'kidoon wii'doo'kaa'geh. Ojibwe

HUBADHAA: Yoo Afaan Oromoo dubbattu ta'e, tajaajila gargaarsa turjumaana afaanii biliisaan akkasumas turtii barbaachisaa hin taane hambisu danda'u isiniif dhihaatee jira. Dabalataanis, odeeffannoo haala salphaan argamuu danda'an dhiyeessuuf gargaarsa fi tajaajiloota deeggarsaa qama midhamtootaaf mijatoo ta'an, kaffaltii tokko malee fi yeroo isaa eeggatee kennamu dhihaatee jira. Odeeffanno dabalataaf lakkoofsa armaan oliitti fayyadamuun namoota gargaarsa kana isiniif kennan qunnamaa. Oromo

ATENÇÃO: Se fala português, tem à sua disposição serviços de assistência linguística gratuitos e sem demoras desnecessárias. Além disso, estão disponíveis, gratuitamente e numa forma atempada, ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Por favor, contacte o número acima ou fale com o seu prestador de serviços. Portuguese

ВНИМАНИЕ: Если вы разговариваете на русском языке, воспользуйтесь услугами языковой поддержки бесплатно и без лишних проволочек. Также бесплатно и незамедлительно предоставляются соответствующие вспомогательные средства и услуги по обеспечению информацией в доступных форматах. Позвоните по указанному выше номеру или обратитесь к своему поставщику услуг. Russian

PAŽNJA: Ako govorite srpski, besplatne usluge jezičke pomoći su vam dostupne besplatno i bez nepotrebnog odlaganja. Pored toga, odgovarajuća pomoćna sredstva i usluge za pružanje informacija u pristupačnim formatima dostupne su besplatno i blagovremeno. Molimo vas da pozovete gore navedeni broj ili razgovarate sa vašim pružateljem usluga. Serbian

FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, waxaa si bilaash ah kuugu diyaar ah adeegyada caawinada luuqadeed oo aan lahayn daahitaan aan munaasib ahayn. Intaas waxaa dheer, waxaa la heli karaa adeegyada iyo kaabitaanka naafada ee haboon si macluumaadka loogu bixiyo qaabab la adeegsan karo oo bilaash ah laguna bixinayo waqqigeeda. Fadlan wac lambarka kore ama la hadal adeegbixiyahaaga. Somali

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ATENCIÓN: si habla español, tiene a su disposición los servicios gratuitos de traducción sin costo alguno y sin demoras innecesarias. Además, se encuentran disponibles de forma gratuita y oportuna ayuda y servicios auxiliares adecuados con el fin de brindarle información en formatos accesibles. Llame al número indicado anteriormente o hable con su proveedor. Spanish

ZINGATIO: Ikiwa unazungumza Kiswahili, huduma za msaada wa lugha zinapatikana kwa ajili yako bila malipo na bila ucheleweshaji usio wa lazima. Aidha, vifaa saidizi vya mawasiliano na huduma kwa walemavu ili kutoa habari katika miundo inayofikika zinapatikana bila malipo na kwa wakati. Tafadhali piga simu kwa namba ya hapo juu au zungumza na mtoa huduma wako. Swahili

መተሓሳሰቢ:- ትግርኛ ተዛራቢ እንተኾይኖም ፤ ናጻ ናይ ቋንቋ ሓገዝ ግልጋሎታት ብዘይምድንጓይ ምርካብ ይኽእሉ እዮም። ብተወሳኺ ሓበሬታ ብቐሊሉ ምርካብ ብዝከኣል ቅርጽታት ንምቕራብ ፤ ግቡእ ናይ ምስማዕ ሓገዝን ግልጋሎታትን ካብ ክፍሊት ናጻ ብዝኾነን ግዚኡ ብዝሓለወን መልክዕ ይርከቡ። በይዝኣም ኣብ ላዕሊ ናብ ዘሎ ቑጽሪ ይደውሉ ወይድማ መቕረቢኡም የዘራርቡ። Tigrinya

УВАГА: Якщо ви розмовляєте українською мовою, ви можете скористатися послугами мовної підтримки безкоштовно та без зайвих зволікань. Ви також можете безкоштовно та оперативно отримати відповідні допоміжні засоби та послуги з надання інформації у доступному форматі. Зателефонуйте за вказаним вище номером або поговоріть зі своїм постачальником послуг. Ukrainian

LƯU Ý: Nếu bạn nói tiếng Việt, bạn có thể được hỗ trợ ngôn ngữ miễn phí mà không phải chờ đợi lâu. Ngoài ra, các thiết bị hỗ trợ và dịch vụ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng có sẵn miễn phí và kịp thời. Vui lòng gọi số điện thoại phía trên hoặc trao đổi với nhân viên y tế của bạn. Vietnamese

ÌKÉDE PÀTÀKÌ: Tí o bá leè sọ èdè Yorùbá, àwọn ètò ìrànlówọ́ èdè wà fún ọ ní ọ̀fẹ́ tí kò sì ní ìdènà nínú. Ní àfikún, àwọn ìlànà isẹ́ àti ohun èlò ìrànlówọ́ tó pé ye wá ní ẹ̀kúnrẹ́rẹ́ láti pèsè àlàyé èyíkéyìí tí o bá nílò ní ọ̀fẹ́ àti ní òrèkóòrè. Jọ̀wọ́, pe ẹ̀rọ Ìbánisọ̀rọ̀ tó wà lókè tàbí kí o bá aṣojú rẹ sọ̀rọ̀. Yoruba

LB (7-25)

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