

# Change Report Form

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

## Purpose

This form is to report changes to your county agency or tribal office which may affect your eligibility or benefit level.

## Instructions

Fill out this form only if you have changes to report. If you get cash assistance or health care, **report any change within 10 days.** If you get Supplemental Nutrition Assistance Program (SNAP) benefits, **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 also call your worker to report a change. If you don't know whether to report a change, call your worker.

### Note – Return completed form to your county agency or tribal office

STREET ADDRESS	CITY	STATE	ZIP CODE
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Remember to sign and date. Use a separate sheet if you need more room. If you do not know your county agency or tribal office address, call your worker.

## Change in address (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 reservation?  Yes  No      Have you moved from a reservation?  Yes  No

## 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 <input type="radio"/> Yes <input type="radio"/> No	MARRIED <input type="checkbox"/>	DIED <input type="checkbox"/>	BORN <input type="checkbox"/>	DATE OF CHANGE	DATE OF BIRTH
SOCIAL SECURITY NUMBER	HAS INCOME? <input type="radio"/> Yes <input type="radio"/> No	SOURCE OF INCOME?			HOW OFTEN PAID?		
NAME	RELATIONSHIP TO YOU	MOVED <input type="radio"/> Yes <input type="radio"/> No	MARRIED <input type="checkbox"/>	DIED <input type="checkbox"/>	BORN <input type="checkbox"/>	DATE OF CHANGE	DATE OF BIRTH
SOCIAL SECURITY NUMBER	HAS INCOME? <input type="radio"/> Yes <input type="radio"/> 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 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 <input type="radio"/> Yes <input type="radio"/> 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 pay or work hours

NAME		REASON		
CHANGE IN WAGES <input type="radio"/> Increase <input type="radio"/> Decrease	NEW PAY RATE PER HOUR	DATE OF FIRST PAY DATE WITH CHANGE IN WAGES		
CHANGE IN HOURS <input type="radio"/> Increase <input type="radio"/> Decrease	NEW HOURS PER WEEK	DATE HOURS CHANGED	FIRST PAY DATE WITH CHANGE	

### Other income

NAME OF FAMILY MEMBER	START DATE	AMOUNT	END DATE
<input type="checkbox"/> Social Security <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> VA <input type="checkbox"/> Retirement <input type="checkbox"/> Child Support <input type="checkbox"/> Personal Injury <input type="checkbox"/> School, grants, etc. <input type="checkbox"/> Other _____			

## Change in shelter costs (types of proof: receipt, bill)

Check here if this is not applicable

### Housing costs

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

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

## Change in savings or property (types of proof: bank statement, property statement)

Cash and health care only  Check here if this is not applicable

<input type="checkbox"/> Savings/checking, certificates of deposit, IRAs, etc. <input type="radio"/> Open    \$ _____ <input type="radio"/> Closed				
<input type="checkbox"/> Land or buildings	PLACE	<input type="radio"/> Bought <input type="radio"/> Sold	AMOUNT PAID/RECEIVED	DATE PAID/RECEIVED

## Change in vehicles (types of proof: bill of sale, title certificate)

Cash and health care only  Check here if this is not applicable

Report if you bought, sold, traded, were given or gave away any vehicles (examples: cars, vans, trucks, motorcycles, off-road vehicles, boats).				
<input type="checkbox"/> Bought by or given to someone in your home		<input type="checkbox"/> Sold, transferred, or given away by someone in your home		
HOUSEHOLD MEMBER		DATE OF TRANSACTION	MONEY RECEIVED IF SOLD	
TYPE OF VEHICLE	MAKE	MODEL	YEAR	VALUE

## Other changes

Check here if this is not applicable

Changes have occurred in the following areas:				
<input type="checkbox"/> Medical insurance	<input type="checkbox"/> Medical costs	<input type="checkbox"/> Legal action	<input type="checkbox"/> Child or adult care costs	
<input type="checkbox"/> Other _____				
EXPLAIN				
<input type="checkbox"/> Received Social Security card for _____ on _____ SSN is _____				

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 may prosecute me for fraud under state law. The county may also try me for perjury under state law.

SIGNATURE	PHONE NUMBER	DATE
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