

Change Report Form



NAME		CASE NUMBER	
ADDRESS			
WORKER NAME		WORKER PHONE NUMBER	

Purpose: This form is to report changes to your county human services agency which may affect your eligibility or benefit level.

Instructions: Fill out this form **only if you have changes to report. Report any change within 10 days.** Use a separate sheet if you need more room. 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 your completed form to your county human services agency. Remember to sign and date it. If you do not know your county agency's address, call your worker. **Do not** return this form to the Minnesota Department of Human Services Issuance Operation Center (IOC) in St. Paul.

You must send proof of changes

Change in address

I (we) moved to:	COUNTY MOVED TO	COUNTY MOVED FROM		
ADDRESS				NEW PHONE NUMBER
CITY		STATE	ZIP CODE	DATE MOVED

Have you either moved on to a reservation or left a reservation in the last month? Yes No

Change in people in my home

Total number of people now in my home: _____

NAME	RELATIONSHIP TO YOU	Moved	Married	Died	Born	Date of change	Has income?
SSN	BIRTH DATE	In <input type="checkbox"/> Out <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No
Source of income? _____		How often paid? _____					
NAME	RELATIONSHIP TO YOU	Moved	Married	Died	Born	Date of change	Has income?
SSN	BIRTH DATE	In <input type="checkbox"/> Out <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> 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 savings or property

Types of proof: bank statement, property statement

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

Change in vehicles

Types of proof: bill of sale, title certificate

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 PURCHASE	MONEY RECEIVED IF SOLD	
TYPE OF VEHICLE	MAKE	MODEL	YEAR	VALUE

This information is available in other forms to people with disabilities by calling your county worker. For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

Change in income*Types of proof: paystubs, award letters*

Started work	NAME OF FAMILY MEMBER	DATE STARTED	DATE OF FIRST PAYCHECK
EMPLOYER'S NAME	CHILD OR ADULT CARE NEEDED <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ PER HOUR	HOW OFTEN PAID?
EXPENSES FOR JOB			HOURS WORKED PER WEEK

Stop work	NAME OF FAMILY MEMBER	DATE LAST WORKED	DATE LAST CHECK RECEIVED
REASON FOR QUIT			

Change in pay or work hours	NAME OF FAMILY MEMBER	REASON
CHANGE IN WAGES <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	NEW PAY RATE PER HOUR \$	DATE OF FIRST PAY DATE WITH CHANGE IN WAGES
CHANGE IN HOURS <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	NEW HOURS PER WEEK	DATE HOURS CHANGED
		FIRST PAY DATE WITH CHANGE

Other income	NAME OF FAMILY MEMBER	BEGIN 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*

Housing costs	<input type="checkbox"/> Rent <input type="checkbox"/> Mortgage	NEW AMOUNT \$	DATE OF CHANGE	INSURANCE \$	TAXES \$
ARE COSTS SHARED OR SUBSIDIZED? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, TOTAL COST \$		HOW MUCH DO YOU PAY? \$	
Utilities you must pay for separately	<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			
ARE COSTS SHARED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, HOW MUCH DO YOU PAY? \$	Do you get Low Income Home Energy Assistance Program (LIHEAP) funds? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Note: For Food Support you may claim actual utility costs, ask your worker. (Choose one)					
<input type="checkbox"/> I choose the Standard Utility Deduction. <input type="checkbox"/> I choose actual utility costs.					

Other changes

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 food support benefits, you must follow the rules listed below. The State may bar household members who break any of these rules from the cash or Food Support programs. The bar lasts one year for the first fraud, two years for the second fraud and is permanent for the third fraud. The maximum penalty is a fine of \$250,000 or a jail term of 20 years, or both.

- Do not give false information or hide information to get or continue to get cash or food support benefits.
- Do not trade or sell food support benefits or electronic benefits transfer (EBT) access cards.
- Do not use food support benefits to buy ineligible items, such as alcohol and tobacco.
- Do not use someone else's EBT access cards to get cash or food support benefits for your household.

If you get cash or food support 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 for 10 years.

You can also be barred from state medical programs and the same penalties apply.

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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