



REPORT A CHANGE FORM

Use this form to report CHANGES ONLY.

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Last Name (Please Print): _____ First Name (Please Print): _____

Case Number (If known): _____ Social Security Number (last 4): _____

Address: _____

City _____ County: _____ State: _____ Zip: _____

Change in Street Address? Yes No

New Street Address: _____

Apartment Number: _____

City, State, Zip Code: _____

Date You Moved: _____

Do you need your case transferred to another DHS Office? Yes No

If Yes, what City: _____

Change in Housing Cost? Yes No

Do you pay Rent? Yes No Amount: _____ Monthly Annually

Do you pay Mortgage? Yes No Amount: _____ Monthly Annually

Do you pay Property Tax? Yes No Amount: _____ Monthly Annually

Do you pay Insurance? Yes No Amount: _____ Monthly Annually

Do you share payment with anyone? Yes No

If Yes, how much do you pay? \$ _____ Monthly Annually

Change in Utilities? Yes No

Are you billed for utilities? Yes No

Are you billed for Heat or AC separate from rent? Yes No

Are you billed for other utilities separate from rent? Yes No

If Yes, what other utilities: _____

Are you billed for telephone services (including cell phone)? Yes No

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FOR IMPORTANT INFORMATION.



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Change in Household Composition? Yes No

List **ALL** people who currently live in your household: (attach additional sheet of paper if more space is needed)

First Name	Last Name	Relationship	Birth Date (MM-DD-YY)	Social Security Number	Income Type	Check if New to Household	Buy & Prepare Together
		SELF				<input type="checkbox"/>	YES
						<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Change in Household Income? Yes No

Change in employment? Yes No

How did you hear about the job? _____

New Employer Name: _____

New Employer Address: _____

Start Date: _____ End Date: _____

Date of Change: _____ Hours per week: _____ Hourly Rate: \$ _____

Have you applied for Unemployment Benefits? Yes No

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Expenses/Bills have changed? Yes No

Child Support Child Care or Adult Dependent Care Health Insurance

Alimony Job related expenses Medical expenses

Other (such as student loan interest or moving expense): _____

New Amount: \$ _____ How often: _____

Is anyone in the home pregnant? Yes No (This question does not apply to SNAP.)

If Yes, name of person who is pregnant? _____

Estimated Delivery Date (month and year): _____

Other Changes Not Listed Above: (attach additional sheet if needed)

1. _____
2. _____
3. _____

Do you expect the change(s) you are reporting to continue next month? YES No If "NO", please explain:

_____ FCRC Worker Printed Name

_____ FCRC Worker Signature

_____ Date