

Branch:	Case number:	Worker ID:
Case name:		




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# Change Report

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**Keep this for future use. It explains what needs to be reported.  
You must report changes within 10 days of the start of the change.**

## How to use this form

- Use this form to report changes for Supplemental Nutrition Assistance Program (SNAP) food benefits, Temporary Assistance for Needy Families (TANF) cash and medical.
- Attach proof of income changes.
- Complete only the parts that describe your changes.
- Sign and date the form.

If a change affects your benefits, the Oregon Department of Human Services (ODHS) will send you a notice. We usually make changes the month after you report them. Mail this form, bring it to the office or report changes by calling your worker.

## What to Report

- Changes in members of the household (if someone gets married, moves in or out).
- If anybody starts or stops working.
- Other change in source of income that is expected to continue (someone starts or stops receiving child support, SSI, unemployment compensation, etc.).
- These changes in the amount of income:
  - ▶ For SNAP and TANF, report changes of more than \$100 a month in income from working.
  - ▶ For SNAP and TANF, report changes of more than \$50 a month in income that is not from a job.
  - ▶ For SNAP, report lottery and gambling winnings of \$3,500 or more.
  - ▶ For medical benefits, report any changes in the amount of any type of income.
  - ▶ For Employment Related Day Care (ERDC), report a change on ODHS 0862.
- A change in address (for SNAP, please include new rent and utility costs you pay).
- Change in the legal obligation to pay child support.

- Changes in how much you have in cash, savings, checking or other things of value.
- If anybody buys, sells or trades vehicles.
- For medical benefits, if you get or lose private health insurance (this includes employer-sponsored insurance).
- **For SNAP benefits, if you live in Benton, Clackamas, Clatsop, Deschutes, Jackson, Lane, Linn, Marion, Multnomah, Polk, Tillamook, Washington or Yamhill County, report a reduction in the work hours to less than 20 hours per week. Working can be for pay or unpaid or by bartering. Bartering is working in exchange for a service, such as working off rent. Only report this change if the working person is age 18 through 49 and there is no child under age 18 in the household.**
- For medical or TANF benefits, a new pregnancy and when a pregnancy ends.
- For TANF, changes in your filing group. This includes getting married or divorced and if your 18 year old child stops attending high school or the equivalent. If you have questions about whether this applies to you, ask your worker.

## Our discrimination policy

The Oregon Department of Human Services (ODHS) does not discriminate against anyone. This means that ODHS will help all who qualify and will not treat anyone differently because of age, race, color, national origin, gender, religion, political beliefs,<sup>1</sup> disability or sexual orientation.

You may file a complaint if you believe ODHS treated you differently for any of these reasons.

To file a complaint with the state, you can call the Governor's Advocacy Office at 1-800-442-5238 (TTY 711) or write to their office at:

Governor's Advocacy Office  
 500 Summer Street NE, E17  
 Salem, OR 97301  
 Email: [GAO.info@odhs.oregon.gov](mailto:GAO.info@odhs.oregon.gov)

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs,<sup>1</sup> or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or

have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling 833-620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

Mail:  
 Food and Nutrition Service, USDA  
 1320 Braddock Place, Room 334  
 Alexandria, VA 22314; or  
 Fax: 833-256-1665 or 202-690-7442; or  
 Email: [FNSCivilRightsComplaints@usda.gov](mailto:FNSCivilRightsComplaints@usda.gov)

This institution is an equal opportunity provider.

<sup>1</sup>SNAP clients are protected against political belief discrimination.

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## Change Report

### Home

If you moved, complete the section below.

New home address:	City:	ZIP code:	Date of move:	New rent/mortgage amount: \$
New mailing address (if different):	City:	ZIP code:	New phone number:	Shared housing: Yes No

### Utilities

Do you have heating costs separate from rent at the new address? Yes No

If no, what utilities do you pay? \_\_\_\_\_

Does anyone pay all or part of your expenses? Yes No

If yes, who? \_\_\_\_\_ How much? \_\_\_\_\_

### Community

Do you live on one of the following?

Indian Reservation Yes No  
If yes, which? \_\_\_\_\_

Dependent Indian community (such as Celilo Village) Yes No  
If yes, which? \_\_\_\_\_

Indian allotment Yes No  
If yes, which? \_\_\_\_\_

### Income

**Does anyone get paid for working?** (Students: include work study) Yes No

If yes, complete below and attach proof.

If self-employed, check here	Job 1	Job 2	Job 3
Name of person(s) employed:			
Name of employer or business:			
Employer phone:			
Job title:			
Date job started:			
Current hourly wage:	\$	\$	\$
Current hours per week:			
Tips per week:	\$	\$	\$
If you are not paid by the hour or if you receive overtime pay, bonuses or commissions, explain here:			

If anyone's income (other than from working) has changed or will change, please list below and attach proof. Some sources of other income are:

- Unemployment compensation
- Money for school
- Child support
- Workers' compensation
- Trusts
- Loans
- Lottery and/or gambling winnings
- Money from family/friends
- Social Security/SSI
- Veteran's benefits

Paid to	For whom	Source of income	How often paid	Applied for or getting now	Amount of each payment
				Applied Getting	
				Applied Getting	
				Applied Getting	

If income is starting, date of first payment: \_\_\_\_\_ If income is stopping, date of last payment: \_\_\_\_\_

Why is the income stopping? \_\_\_\_\_

For SNAP only, if you live in Benton, Clackamas, Clatsop, Deschutes, Jackson, Lane, Linn, Marion, Multnomah, Polk, Tillamook, Washington or Yamhill County, report a reduction in the work hours (paid or unpaid) to less than 20 hours per week for persons age 18 through 49 where there is no child under age 18 in the household.

Name of the person	Hours per week	Name of the person	Hours per week

### Volunteer work

For SNAP only, if you live in Benton, Clackamas, Clatsop, Deschutes, Jackson, Lane, Linn, Marion, Multnomah, Polk, Tillamook, Washington or Yamhill County, does anyone in your household work as a volunteer?

Name of the volunteer	Hours per week	Name of the volunteer	Hours per week

### Household members

Report anyone who moved in or out. If a person moving in has income, report it on the next page. You do not have to give a Social Security number for household members who are not seeking benefits.\*\*

	Person 1		Person 2		Person 3	
Date moved (in or out):	In	Out	In	Out	In	Out
Who moved:						
Birth date:						
Social Security number**:						
Relationship to you:						
Sex:	Male	Female	Male	Female	Male	Female
U.S. citizen:	Yes	No	Yes	No	Yes	No
Student:	Yes	No	Yes	No	Yes	No
Want benefits:	Yes	No	Yes	No	Yes	No
Purchases and prepares food with you:	Yes	No	Yes	No	Yes	No
Received TANF in another state since 1996:	Yes	No	Yes	No	Yes	No

## Assets

If total cash, savings and other assets have changed, write the new amounts below.

Type of assets	Amount	Account number	Location/description
Checking account:			
Savings account:			
Other ( <i>Describe. Examples: stocks, bonds, time certificates, individual retirement accounts, etc.</i> ):			
Cash on hand:			

If anyone buys, sells or trades vehicles such as the following, complete the section below.

- Cars
- Trucks
- Buses
- Motorcycles
- Boats or jet skis
- Campers or trailers

Make of vehicle bought:	Model:	Year:	Amount bought for: \$	Name of new owner:
Make of vehicle sold or traded:	Model:	Year:	Amount sold for: \$	Item traded for:

## Other changes

**What else happened?** Complete the section below to report changes not already covered.

Some examples are:

- Addition or loss of health insurance
- New phone number
- Other changes required to report
- Anything else you want to report

Explain: \_\_\_\_\_  
\_\_\_\_\_

If you are not registered to vote where you live now, would you like to apply to register to vote today?      Yes      No  
**Applying to register or declining to register to vote will not affect the amount of assistance you will be provided by this agency.**

## Your signature:

By signing this form, I affirm under penalty of perjury, I have given true and complete information. I realize that making false statements or hiding information may subject me to state and federal penalties. I have read this form and understand it. I affirm I have honestly reported the citizenship of myself and anyone under age 18 whom I am applying for. This is legally binding.

Printed name, signature and phone number

Date

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact ONE Customer Service Center at Oregon.Benefits@odhsoha.oregon.gov or 1-800-699-9075 (voice/text). We accept all relay calls.