

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 Department of Human Services (DHS) 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 DHS 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.
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## **Our discrimination policy**

The Department of Human Services (DHS) does not discriminate against anyone. This means that DHS 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.<sup>2</sup>

You may file a complaint if you believe DHS 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  
Fax: 503-378-6532  
Email: [DHS.info@state.or.us](mailto:DHS.info@state.or.us)

### **“Equal opportunity is the law!”**

The United States Department of Agriculture (USDA) and the United States Health and Human Services (HHS) are equal opportunity providers and employers. Auxiliary aids and services are available upon request to individuals with disabilities.

To file a complaint with USDA and HHS, please read the “*Client Discrimination Complaint Information*” form (DHS 9001). You can find this form in the “*Information and Referral Packet*” (DHS 6609).

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

<sup>2</sup>Sexual orientation is protected by the State of Oregon, but not federal laws.

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## Change Report

**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: <input type="checkbox"/> Yes <input type="checkbox"/> No

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? \_\_\_\_\_

### Tell us about the community in which you live

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? \_\_\_\_\_

**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
				<input type="checkbox"/> Applied <input type="checkbox"/> Getting	
				<input type="checkbox"/> Applied <input type="checkbox"/> Getting	
				<input type="checkbox"/> Applied <input type="checkbox"/> Getting	

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

Why stopping? \_\_\_\_\_

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

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

Report anyone who moved in or out. If persons moving in have income, report it on page 3.

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 ( <i>in or out</i> ):	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> In <input type="checkbox"/> Out
Who moved:			
Birth date:			
Social Security number**:			
Relationship to you:			
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
U.S. citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Want benefits:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Purchases and prepares food with you:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received TANF in another state since 1996:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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:

**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: \_\_\_\_\_

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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.**

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**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.

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Printed name, signature and phone number

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Date