

# FOOD STAMP CHANGE REPORT FOR ASSISTANCE GROUPS WITH NO EARNED INCOME

	To be Completed by Caseworker	
Name	Assistance Group Number	
Street Address	Date Change Report Form Provided To Assistance Group	
City, State, Zip Code	Date Received by County	Case District

Dear \_\_\_\_\_:

Use this form to report any of the following changes in your assistance group.

- Changes in the source of your assistance group's income. This includes starting or stopping a job or changing jobs.
- Change of **more than \$25** in your assistance group's **total gross monthly income**. You do not have to report changes in your OWF or DA check.
- Changes in the number of people in your assistance group.
- Change of address.
- Changes in rent or mortgage costs, utility costs and other shelter costs if you move.
- Increases in your assistance group's savings if the total cash and savings of all assistance group members amount to \$2,000 or more.
- Changes in the legal obligation to pay child support, the obligated amount, and the amount of legally obligated child support and the assistance group member who pays to a non-household member.
- Changes in work hours that bring an individual below 20 hours per week, 80 hours monthly, if you are an able-bodied adult without dependents (ABAWD) and receiving time-limited benefits.

You must report these changes within 10 days of the time you learn of them. This will help make sure you get the correct amount of food stamps. If for some reason you cannot mail this form, you can report the changes by calling your caseworker at the telephone number given below.

You are not required to report the following changes but may do so if you wish. If these expenses go up, you may be eligible for more food stamp benefits.

- Changes in medical costs
- Changes in the cost of caring for children or disabled adults
- Changes in shelter costs even if you have not moved

To receive a deduction for the following expenses, you must report and provide verification to your caseworker of: rent or mortgage payment, utility and/or other shelter costs, medical expenses, dependent care expenses and legally-obligated child support paid to a non-household member. Failure to report or verify any of the above listed expenses will be seen as a statement by your household that you do not want to receive a deduction for the unreported expense.

You may claim actual utility costs in lieu of the standard utility allowance.

Your answers on this form will be used to see if your assistance group's food stamp benefits will change. Before your benefits are changed, you will receive a notice explaining what will happen. If you do not agree with the decision, you can ask for a fair hearing. It will be determined in the hearing decision who is right.

Sincerely,

Caseworker	Telephone Number
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**CHANGE IN SOURCE OR TOTAL ASSISTANCE GROUP INCOME:** You must tell us if the source of your assistance group's income changes. You must tell us if the total gross monthly income received by your assistance group changes by more than \$25 a month. To figure changes in unearned income and earned income, use your assistance group's total monthly unearned and total monthly earned income before deductions for taxes, retirement, union dues, Medicare premiums, etc. Report source of income and amount of income changes on the chart below for the name of the assistance group member and indicate how often the income is received. For members currently on strike, enter the income earned before the strike.

Name of Assistance Group Member	Source of Income	Total New Amount	How Often Received

**CHANGE IN THE NUMBER OF PEOPLE IN ASSISTANCE GROUP:** Has any assistance group member moved out or died? Are there new members in your assistance group? If yes, list them below and complete the chart. Include newborn children.

Name	Check One	If Entered, give date of birth	Is this person disabled?	If entered, give amount of income before deductions
	<input type="checkbox"/> Entered <input type="checkbox"/> Left		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> Entered <input type="checkbox"/> Left		<input type="checkbox"/> YES <input type="checkbox"/> NO	

**CHANGE OF ADDRESS OR RENT OR MORTGAGE:** Complete this section if you moved.

Street Address			If you do not have a street address, give us directions to your home:	
City	State	Zip Code		
Telephone Number Where You Can Be Reached ( )				

If you have moved, you must report your new expenses in this section. You may also report changes in rent or mortgage payments even though you have not moved.

New Amount of Rent or Mortgage Payment	Insurance on Home (if not included in mortgage)	Property Taxes (if not included in mortgage)
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**INCREASE IN SAVINGS:** You must tell us the total amount of money members of your assistance group have in cash, savings accounts, checking accounts and in stocks and bonds.....

Total Amount Your Assistance Group now has: \$ _____
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**CHANGE IN UTILITY COSTS, DEPENDENT CARE COSTS, OR LEGALLY OBLIGATED CHILD SUPPORT PAYMENTS:**

Have your utility bills (gas, oil, electricity, etc.), the amount you are paying someone to care for a child or dependent adult, or the amount of your legally obligated child support payments changed? If these expenses have gone up, you may be eligible for more food stamp benefits. Use the space below to tell us which costs have changed, the new amount you are paying, and how often you are billed.

Type of Cost	New Amount	How Often Billed	Type of Cost	New Amount	How Often Billed

**SOCIAL SECURITY NUMBER:** If you have not given social security numbers for all assistance group members applying for food stamp benefits, list their names, ages and social security numbers (SSN) below.

Name	Age	Social Security Number	Name	Age	Social Security Number

**NEXT MONTH:** Do you expect the changes you reported to remain the same next month?  Yes  No If no, explain in the space below:

**PENALTY WARNING:** The information provided on this form will be subject to verification by federal, state and local officials. If any is found inaccurate, you may be denied food stamp benefits, and/or be subject to criminal prosecution for knowingly providing false information. If your assistance group receives food stamp benefits, it must follow the rules listed below. Any member of your assistance group who breaks any of these rules on purpose can be barred from the Food Stamp Program for 12 months for the first violation, 24 months for the second and permanently for the third violation; fined up to \$250,000, imprisoned up to 20 years, or both; and subject to prosecution under other applicable federal laws. A court can also bar you from the Food Stamp Program for an additional 18 months. Any individual found guilty of food stamp trafficking by a federal, state or local court shall be barred for 24 months for the first offense and permanently for a second offense involving the sale of a controlled substance for food stamp benefits and permanently barred for the first offense involving the sale of firearms, ammunition, or explosives for food stamp benefits or trafficking of food stamp benefits of \$500 or more. An individual found to have made a false statement or knowingly provided false information with respect to identity and residence in order to receive more than one benefit at the same time can be barred from the Food Stamp program for 10 years.

- Do not give false information or withhold information in order to continue receiving food stamp benefits.
- Do not give, trade or sell food stamp benefits, authorization cards or any authorization document.
- Do not alter authorization cards or any other authorization document to get food stamp benefits you are not entitled to receive.
- Do not use food stamp benefits to buy unauthorized items such as alcoholic beverages, tobacco, paper products, pet foods, soap and other cleaning goods.
- Do not use someone else's food stamp benefits, authorization cards, or any other authorization document for your assistance group.

**YOUR SIGNATURE:** I understand the penalty for withholding information. I also understand I would owe the value of any extra food stamp benefits I should receive because I do not fully report changes in my assistance group. If asked, I agree to provide proof of changes I report. My answers on this form are correct and complete to the best of my knowledge.

Signature	Date
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