

**OHIO DEPARTMENT OF JOB AND FAMILY SERVICES**

**FOOD STAMP CHANGE REPORT  
FOR ASSISTANCE GROUPS WITH EARNED INCOME**

|                       |  |               |
|-----------------------|--|---------------|
|                       | <b>To be Completed by Caseworker</b>                 |               |
| Name                  | Assistance Group Number                              |               |
| Street Address        | Date Change Report Form Provided to Assistance Group |               |
| City, State, Zip Code | Date Received by County                              | Case District |

**IF YOUR ASSISTANCE GROUP HAS AN INCREASE IN EARNED AND/OR UNEARNED INCOME, YOU MUST SEE IF YOUR ASSISTANCE GROUP'S TOTAL GROSS MONTHLY INCOME IS WITHIN THE GROSS INCOME LIMIT FOR YOUR ASSISTANCE GROUP SIZE:**

- \* Gross monthly income means the amount of all earned and unearned income received by your assistance group:
  - \* **Gross earned income** includes wages and salaries received (before taxes, insurance, garnishments or union dues are taken out) for work performed as an employee and/or the gross income from self-employment.
  - \* **Unearned income** is all other types of income payments that are not considered as earnings. Some examples are: child support, Social Security, Supplemental Security Income (SSI), annuities, pensions, retirement, veterans' or disability benefits.

**\*\*\*\*\*CHECK YOUR TOTAL GROSS MONTHLY INCOME AT THE END OF EVERY MONTH \*\*\*\*\***

**WE WILL PROVIDE YOU WITH YOUR GROSS MONTHLY INCOME LIMIT AT THE TIME OF YOUR APPROVAL BASED ON YOUR ASSISTANCE GROUP SIZE. IF YOUR GROSS MONTHLY INCOME IS MORE THAN THE AMOUNT SHOWN ON YOUR APPROVAL NOTICE, YOU MUST REPORT THIS INCREASE TO YOUR CASEWORKER WITHIN 10 DAYS AFTER THE LAST DAY OF THE MONTH IN WHICH THE CHANGE FIRST HAPPENS, PROVIDED YOU HAVE AT LEAST 10 DAYS TO REPORT THE CHANGE.  
\*IF YOU HAVE VERIFICATION OF YOUR NEW INCOME AMOUNT, PLEASE SEND PAY STUBS, AWARD LETTER(S), LETTER FROM YOUR EMPLOYER, COURT SUPPORT ORDER, ETC.**

If you were determined to be "categorically eligible" at the time of your last application approval, you have met your income reporting requirement until your next application, reapplication or reported change. **"Categorically eligible"** means: All members of your assistance group are authorized to receive Ohio Works First (OWF), Supplemental Social Security Income (SSI), and/or Disability Financial Assistance (DFA); or at least one member of your assistance group is authorized to receive benefits or services from the Prevention, Retention and Contingency (PRC) Program.

**Assistance Groups Containing Able-Bodied Adults Without Dependents (ABAWDs)**

**All Able-Bodied Adults Without Dependents (ABAWDs) who are working must report if their work hours fall below 20 hours per week during any week in the month. If the work hours fall below 20 hours per week, you must report this to your caseworker within 10 days after the last day of the month in which the change first happens, provided you have at least 10 days to report the change.**

**Will the change(s) you reported continue beyond the report month?     Yes     No    If no, explain in this space:**

**You are not required to report any other changes for food stamps.** This does not change your reporting requirements for other programs. Examples of your reporting requirements are listed on the following page. You will also find a blank space for you to check your income information and ABAWD work hours.

You may report your change(s) in gross monthly income by calling your caseworker, or by returning this form.

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR CASEWORKER.**

|                    |                  |
|--------------------|------------------|
| Caseworker's Name: | Telephone Number |
|--------------------|------------------|

**Example #1**

\*\*\*\*\*

Assistance group size is 3 (Mom, Dad & Child). Dad is working. Mom receives \$200 every 2 weeks child support. Their monthly gross income limit is **\$1,585**. In December, Dad gets a promotion & a raise in his wages. On December 31<sup>st</sup> the assistance group adds up their income:

| <u>Gross Earned Income</u>          | <u>Unearned Income</u>          |
|-------------------------------------|---------------------------------|
| 1 <sup>st</sup> paycheck: \$ 240.00 | 1 <sup>st</sup> week: \$ 0      |
| 2 <sup>nd</sup> paycheck: \$ 300.00 | 2 <sup>nd</sup> week: \$ 200.00 |
| 3 <sup>rd</sup> paycheck: \$ 320.00 | 3 <sup>rd</sup> week: \$ 0      |
| 4 <sup>th</sup> paycheck: \$ 340.00 | 4 <sup>th</sup> week: \$ 200.00 |
| Total: \$ 1,200.00                  | Total: \$ 400.00                |

\$ 1,200 Gross Earned Income  
 + \$ 400 Unearned Income (Child Support)  
**\$ 1,600 Total Gross Income**

The assistance group's total gross income for December is more than the **\$1,585** limit. They **must report this change** to their caseworker no later than January 10<sup>th</sup>.

**Example #2**

\*\*\*\*\*

Assistance group size is 3 (Mom, Dad & Child). Dad is working. Mom receives \$200 every 2 weeks child support. Their monthly gross income limit is **\$1,585**. On April 30<sup>th</sup> they add up their income for the month of April:

| <u>Gross Earned Income</u>          | <u>Unearned Income</u>          |
|-------------------------------------|---------------------------------|
| 1 <sup>st</sup> paycheck: \$ 240.00 | 1 <sup>st</sup> week: \$ 0      |
| 2 <sup>nd</sup> paycheck: \$ 240.00 | 2 <sup>nd</sup> week: \$ 200.00 |
| 3 <sup>rd</sup> paycheck: \$ 240.00 | 3 <sup>rd</sup> week: \$ 0      |
| 4 <sup>th</sup> paycheck: \$ 240.00 | 4 <sup>th</sup> week: \$ 200.00 |
| Total: \$ 960.00                    | Total: \$ 400.00                |

\$ 960 Gross Earned Income  
 + \$ 400 Unearned Income (Child Support)  
**\$ 1,360 Total Gross Income**

The assistance group's total gross income for April is less than the **\$1585** limit so **they do not have to report anything**.

**Example #3**

\*\*\*\*\*

Assistance group size is 3 (Mom, Dad & Child). Dad is working. Mom receives \$200 every 2 weeks child support. Their monthly gross income limit is **\$1,585**. In March, Mom's sister moves into the assistance group. The sister receives \$100.00 per week unemployment benefits. Dad's last paycheck for March was received on April 2<sup>nd</sup>. They added up their income for March.

| <u>Gross Earned Income</u>          | <u>Unearned Income</u>          |                     |
|-------------------------------------|---------------------------------|---------------------|
|                                     | <u>Child Support</u>            | <u>Unemployment</u> |
| 1 <sup>st</sup> paycheck: \$ 240.00 | 1 <sup>st</sup> week: \$ 0      | \$ 100.00           |
| 2 <sup>nd</sup> paycheck: \$ 240.00 | 2 <sup>nd</sup> week: \$ 200.00 | \$ 100.00           |
| 3 <sup>rd</sup> paycheck: \$ 240.00 | 3 <sup>rd</sup> week: \$ 0      | \$ 100.00           |
| 4 <sup>th</sup> paycheck: \$ 240.00 | 4 <sup>th</sup> week: \$ 200.00 | \$ 100.00           |
| Total: \$ 960.00                    | Total: \$ 400.00                | Total: \$ 400.00    |

\$ 960 Gross Earned Income  
 \$ 400 Unearned Income (Child Support)  
 + \$ 400 Unearned Income (Unemployment)  
**\$ 1,760 Total Gross Income**

The assistance group's total gross income for March is **more** than the **\$1585** limit. They **must report this change** to their caseworker no later than April 12<sup>th</sup>.

**Example #4**

\*\*\*\*\*

Assistance group size is 3: Husband, age 58, Wife, age 59 and Wife's brother, who has no children. The Wife's brother is an Able-Bodied Adult Without Dependents (ABAWD) and he is working 20 hours per week. The husband is working and his wife participates in a work activity. Their monthly gross income limit is **\$1,585**. Since the assistance group contains an Able-Bodied Adult Without Dependents, they must **also** report if this person's work hours fall below **20 hours per week**. On June 30<sup>th</sup>, the assistance group checks their income and the number of hours the brother worked for the month of June:

|                                     | <u>Earned Income</u> |                                       | <u>Hours Worked</u> |
|-------------------------------------|----------------------|---------------------------------------|---------------------|
|                                     | <u>Husband</u>       | <u>Brother</u>                        | <u>ABAWD only</u>   |
| 1 <sup>st</sup> paycheck: \$ 240.00 | \$ 103.00            | 1 <sup>st</sup> week: 20 hours        |                     |
| 2 <sup>nd</sup> paycheck: \$ 230.00 | \$ 206.00            | 2 <sup>nd</sup> week: 40 hours        |                     |
| 3 <sup>rd</sup> paycheck: \$ 200.00 | \$ 51.00             | 3 <sup>rd</sup> week: <b>10 hours</b> |                     |
| 4 <sup>th</sup> paycheck: \$ 300.00 | \$ 103.00            | 4 <sup>th</sup> week: 20 hours        |                     |
| Total: \$ 970.00                    | \$ 463.00            |                                       |                     |

\$ 970 Gross Earned Income  
 \$ 463 Gross Earned Income  
**\$ 1,433 Total Gross Income**

**Since the brother's work hours were below 20 hours in the 3<sup>rd</sup> week in June, they must report this reduction in hours to their caseworker no later than July 10<sup>th</sup>.**

**Check your income monthly.**

\*\*\*\*\*

For the month of: \_\_\_\_\_

|                                    | <u>Earned Income</u>           | <u>Unearned</u> |
|------------------------------------|--------------------------------|-----------------|
|                                    | <u>Gross Amount</u>            | <u>Income</u>   |
| 1 <sup>st</sup> paycheck: \$ _____ | 1 <sup>st</sup> week: \$ _____ |                 |
| 2 <sup>nd</sup> paycheck: \$ _____ | 2 <sup>nd</sup> week: \$ _____ |                 |
| 3 <sup>rd</sup> paycheck: \$ _____ | 3 <sup>rd</sup> week: \$ _____ |                 |
| 4 <sup>th</sup> paycheck: \$ _____ | 4 <sup>th</sup> week: \$ _____ |                 |
| 5 <sup>th</sup> paycheck: \$ _____ | 5 <sup>th</sup> week: \$ _____ |                 |
| Total: \$ _____                    | Total: \$ _____                |                 |

Add the total amount of all earned & unearned income:

\$ \_\_\_\_\_ Gross Earned Income  
 + \$ \_\_\_\_\_ Unearned Income  
 \$ \_\_\_\_\_ **Total Gross Income**

**Is this total more than the gross monthly income limit for your assistance group size?**

**\* If yes, you must report this to your caseworker no later than the 10<sup>th</sup> day following the month in which the change first happens, provided you have at least 10 days to report the change.**

**\* If no, you do not have to do anything.**

**If your assistance group contains an Able-Bodied Adult Without Dependents (ABAWD), make sure that their hours worked are at least 20 hours per week.**

For Able-Bodied Adults Without Dependents (ABAWDs) only:

1<sup>st</sup> week: \_\_\_\_\_ hours worked      2<sup>nd</sup> week: \_\_\_\_\_ hours worked  
 3<sup>rd</sup> week: \_\_\_\_\_ hours worked      4<sup>th</sup> week: \_\_\_\_\_ hours worked  
 5<sup>th</sup> week: \_\_\_\_\_ hours worked

**Is there any week that the ABAWD individual worked less than 20 hours?**

**\* If yes, you must report this to your caseworker no later than the 10<sup>th</sup> day following the month in which the change first happens, provided you have at least 10 days to report the change.**

**\* If no, you do not have to do anything.**

**► Please read the penalty warning on the back of this page before signing, dating and returning this form.**

**Reminder:** \* You may claim actual utility costs in lieu of the standard utility allowance.

- \* 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, 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 must verify the social security number for all assistance group members applying for food stamp benefits.

### **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 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 prove changes I report. My answers on this form are correct and complete to the best of my knowledge.**

|                 |       |                  |
|-----------------|-------|------------------|
| Your Signature: | Date: | Telephone Number |
|-----------------|-------|------------------|