

## FOOD STAMP PROGRAM CHANGE REPORT FORM

**Use this form only when reporting changes that will affect your Food Stamp eligibility or benefits.**

*If you only get Food Stamps and are certified for 4, 5, or 6 months, you have special reporting requirements:* You only have to report those changes that cause your household's gross monthly income to exceed the 130% threshold for your household size. This kind of change must be reported by the 10<sup>th</sup> day after the month in which your household's income rises above the 130% threshold. Refer to DFA Form 215, *Reporting Requirements Handout*, which you received from your Family Services Specialist, for further information.

*If your Food Stamp certification period is not 4, 5, or 6 months OR you also receive cash, Child Care, or Medicaid:* Refer to DFA Form 215, *Reporting Requirements Handout*, for those changes you must report. Those changes listed must be reported within 10 days of when the change actually happens. You may report changes by mail, fax, phone, or in person. The Client Services phone number is shown on the reverse side of this form.

Reporting only those changes that you are required to report will help us make sure that you get the full amount of Food Stamp benefits that you are entitled to receive. Return as much proof of the changes as you can, along with this form, to the address on the back of this form. Examples of proof that would verify your changes are shown on the reverse side of this form.

***If you are unsure about what kinds of changes you should report, please call the number on the back of this form.***

### ***If Your Income Changes***

You **must** report to us when any household member's earned income or unearned income from private sources (child support, alimony, etc.) goes up or down by more than \$100 a month, unless that income has been averaged over your certification period. You **do not** have to report changes in your State Assistance payment.

<u>Name</u>	<u>Source of Income</u>	<u>Total New Amount</u>	<u>How Often Received?</u>
_____	_____	_____	_____
_____	_____	_____	_____

### ***If Someone Leaves or Joins Your Household***

If any individuals join or leave your household, you **must** report the change.

<u>Name</u>	<u>Joined</u>	<u>Left</u>	<u>Disabled</u>	<u>Date of Birth</u>	<u>Gross Income Each Month</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

### ***If You Move or Your Shelter Costs Change***

If you move, you **must** report your new:

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  

New Mailing Address
City
State
Zip Code

If you move, you must list your new expenses below if you would like to receive the deduction. ***If you do not provide your new shelter costs you will not receive a deduction for those costs.***

<u>Type of Costs</u>	<u>Monthly Expense</u>	<u>Type of Costs</u>	<u>Monthly Expense</u>
Rent or Mortgage	\$ _____	Gas for Heating/Cooking	\$ _____
Property Taxes	\$ _____	Oil For Heating	\$ _____
Insurance on Your Home	\$ _____	Water and Sewage Fees	\$ _____
Telephone	\$ _____	Garbage and Trash	\$ _____
Electricity	\$ _____	Other: _____	\$ _____

### ***If Your Dependent Care Costs Change***

**Dependent Care Costs Each Week**

If your household pays for the care of a child or a disabled adult so another member can get to work or training outside the home, and the costs went up, you could possibly qualify for more Food Stamp benefits if you report the change.

\$ \_\_\_\_\_

<p><b>If Your Resources Change</b></p> <p>You <b>must</b> report to us if the total amount of money that the members of your household have in cash, bank accounts and in stocks and bonds increases to more than \$2,000.</p>	<p>How much does your household now have?</p> <p style="text-align: right;">\$ _____</p>
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<p><b>If You Change Cars or Registered Vehicles</b></p> <p>You <b>must</b> report changes in cars, trucks, boats, campers, snow machines, motorcycles, etc. that you own.</p>							
<input type="checkbox"/>	Acquired	<input type="checkbox"/>	Sold for \$	<input type="checkbox"/>	Acquired	<input type="checkbox"/>	Sold for \$
<u>Make</u>	<u>Model</u>	<u>Year</u>		<u>Make</u>	<u>Model</u>	<u>Year</u>	

Do you expect the changes you have reported will remain the same next month?     YES     NO

If no, please explain:

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**EXAMPLES OF PROOF** - Additional or alternative proof may be requested by the District Office.

**Unearned Income.** Copies of checks; check stubs; letter from the private source making the payments.

**Earnings/Work Status.** Most recent pay stubs for at least 4 consecutive weeks; letter from the employer; or our DFA Form 756.

**Employment Expenses.** (Taxes; childcare; transportation, etc.). Pay stubs; receipts; letter from the employer/provider.

**Cash Resources** (balances must be current). Passbooks; bank or credit union statements; broker or trustee statements.

**Personal Property.** (Cars, trucks, campers, boats, motorcycles, snowmobiles). A title and registration; bill of sale.

**Child/Dependent Care Expenses.** Receipts for the cost of care; hours of service provided. Letters from employers or schools indicating employment or training status.

**Real Estate.** (Personal and business property). All documents including deeds, mortgages, tax bills, insurance policies.

**Residence/Shelter Expenses.** (Rent, mortgage payments, taxes, heat, electricity, insurance, telephone, sewage and garbage fees). A current rent receipt signed by your landlord (with your name, address, date, amount of rent and whether heat or utilities are included) or by the person you live with (regarding charges for room or food); canceled checks; or our DFA Form 775 or DFA Form 768.

**PENALTY WARNING AND STATEMENT OF UNDERSTANDING**

Anyone in your household who purposely breaks any of the rules can be barred from the Food Stamp Program for periods ranging from 24 months to permanently, and may be fined up to \$250,000, imprisoned up to 20 years, or both, and may be subject to prosecution under other applicable federal laws. DO NOT:

- give false information in order to continue receiving Food Stamp benefits.
- trade or sell Food Stamp benefits to anyone who is not authorized to use them for your household.
- use Food Stamp benefits to buy ineligible items such as alcoholic drinks and tobacco.
- use any Food Stamp benefits that your household was not entitled to receive.

I understand the penalty for hiding or giving false information. I understand I will owe the value of any extra Food Stamp benefits I receive because I do not fully report changes in my household. I agree to prove any changes I report, when asked. My answers on this form are correct and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

**IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CALL 1-800-852-3345 ext. 9700**

**TTY/TDD Access: Relay NH 1-800-735-2964 or 711**

Return to: Centralized Scanning Unit (CSU), P.O. Box 181, Concord, NH 03301