

# Change Report

Case Number:

Date:

Worker Name:

Worker Phone No.:

Worker Address:

Worker E-mail:

The following questions are about changes you must report for Food Assistance.

## How do I report a change?

You must report the changes listed on this form within 10 days of the time you know about them. To tell us about a change:

- Fill out this form.
- Mail or bring your form to us at the address above, or call the number above. We will accept collect calls.
- Include proof of what you report.

## What changes do I have to report?

Tell us about your change. **You only need to fill out and return this form if you have one of the changes below.**

If you would answer "Yes" to the question, fill in the blanks below each question to tell us about your change. If you would answer "No" to the question, you can skip to the next question.

### Household Members

1. Did someone move in or out?

Person's name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Birth date \_\_\_\_\_ Date moved in or out \_\_\_\_\_

### Expenses

2. Did you move?

New address \_\_\_\_\_ Rent \_\_\_\_\_

Phone number \_\_\_\_\_ Mortgage \_\_\_\_\_

Insurance \_\_\_\_\_ Property taxes \_\_\_\_\_

Utilities \_\_\_\_\_

3. Did anyone in your household start paying court-ordered child support or did the amount of court-ordered support change?

Name of person paying support \_\_\_\_\_

Name of person getting support \_\_\_\_\_

Name of child the support is for \_\_\_\_\_

Amount paid monthly \_\_\_\_\_

**Money You Get**

4. Did anyone start or stop getting money?

Name of person getting the income or name of person whose income stopped \_\_\_\_\_

Type of Income \_\_\_\_\_

Monthly amount of income or date income ended \_\_\_\_\_

5. Did unearned income (like SSI, unemployment benefits, child support, or social security) change by more than \$50 a month?

Name of person whose income changed \_\_\_\_\_

Type of income that changed \_\_\_\_\_

Date income changed \_\_\_\_\_

New monthly amount of income \_\_\_\_\_

6. Did earned income (like income from a job or self-employment) change by more than \$100 a month?

Name of person whose income changed \_\_\_\_\_

Name of employer \_\_\_\_\_

Date income changed \_\_\_\_\_

New monthly amount of income \_\_\_\_\_

**Only for Households With No Children Under Age 18**

7. Are the work hours of someone who is age 18 through 49 below 80 hours a month?

Person's name \_\_\_\_\_

Name of employer \_\_\_\_\_

Month when hours went below 80 \_\_\_\_\_

## **Assets**

8. Did anyone get a car, truck, boat, camper, motorcycle or other licensed vehicle?

Make \_\_\_\_\_

Model \_\_\_\_\_

Year \_\_\_\_\_

9. Did anyone get a new bank account or did the amounts in accounts you already have increase?

Total amount in all bank accounts \_\_\_\_\_

## **What changes can I choose to report?**

*You do not have to report the answers to the questions here.* If you do report these, you may get more Food Assistance.

10. If you did not move, did your rent or mortgage go up?

New amount of rent or mortgage \_\_\_\_\_

Date you started paying new amount \_\_\_\_\_

11. Did you start paying child or dependent care or did the costs you pay increase?

Amount of child or dependent care \_\_\_\_\_

Date you started paying new amount \_\_\_\_\_

## **Will the changes I report continue?**

12. Do you expect the changes you reported on this form to be the same next month?  Yes  No

## **Rules of the Food Assistance Program**

Follow these rules:

- **Don't** hide or give wrong information on purpose to get Food Assistance benefits.
- **Don't** use Food Assistance benefits to buy non-food items like alcohol or tobacco.
- **Don't** trade or sell Food Assistance benefits.
- **Don't** use someone else's Food Assistance benefits for yourself.

## **Penalties of the Food Assistance Program**

Anyone who breaks the above rules:

- May not get Food Assistance benefits for **1 year for the first time, 2 years for the second time, and forever for the third time;**
- May be fined up to \$250,000 or jailed up to 20 years, or both; and
- May be kept off Food Assistance for an additional 18 months if court ordered.

If a court finds you guilty of buying, selling or trading more than \$500 in Food Assistance benefits, you may not get Food Assistance forever.

If a court finds you guilty of trading Food Assistance benefits for firearms, ammunition, or explosives, you will lose benefits forever.

If a court finds you guilty of trading Food Assistance benefits for controlled substances, you will lose benefits for two years the first time and forever the second time.

You will not get Food Assistance for 10 years if you are found guilty of getting or trying to get Food Assistance in more than one household at a time. This penalty happens if you give wrong information about who you are or where you live.

***Giving wrong information on purpose may result in us taking legal action against you, either criminal or civil. It might also mean we reduce your benefits or take money back from you.***

## **You Have the Right to Appeal**

You or the person helping you may request a hearing either verbally or in writing if you do not agree with any action taken on your case. You may contact your county DHS office about legal services that are available based on your ability to pay. You may also phone Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, phone 243-1193.

## **You Will Not Be Discriminated Against**

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, 1400 Independence Ave SW, Washington, D.C. 20250-9410 or call (800) 795-3272 (Voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

## **Your Signature and Understanding**

I understand what can happen if I hide information or give wrong information.

I agree to give proof of any changes I report.

Federal officials, the Food Assistance office, the Quality Control unit, and other state officials may contact other people or organizations to get proof of my information.

I understand my expenses may be used to figure out how much Food Assistance I get. By not reporting or giving proof of any expenses, I have chosen not to claim the expense. I can report and give proof of the expenses later. If I report and prove them later, they will be used for future months only.

I understand that I may have these expenses included in my Food Assistance benefit calculation by reporting and giving proof of the expenses.

I certify, under penalty of perjury, that my answers are correct and complete to the best of my knowledge.

Signature/Mark

Today's Date