

Ten-Day Report of Change for FIP



You must tell us when something changes. You will need to tell us within ten days of the change. If you have applied for FIP, but we have not made a decision on your application yet, you must tell us about your changes within five days of the change. If you don't tell us when changes happen, we may give you too much or not enough FIP or give you benefits you should not have gotten. If so, you will have to pay back what you got in error. **Complete this form only when you have a change.**

If you have proof of the change you reported, send it with this form. This may speed up processing of your reported change.

Tell Us About Yourself

Name (First Last):	Case Number of State ID
Address Line 1:	Last 4 Digits of SSN:
Address Line 2:	Date of Birth:
City and State:	Phone:
Zip Code:	Other Phone:
Email:	
Is this a new address? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Mailing Address (if different):	

Who You Live With

Household Member Changes:

Did someone move in or move out (including a newborn baby or a parent of a child in the home)? Please provide details below.

	Person 1	Person 2	Person 3	Person 4
Name				
Date Moved				
In or Out?	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> In <input type="checkbox"/> Out	<input type="checkbox"/> In <input type="checkbox"/> Out
DOB				
SSN				
Relationship				

For Those Who Moved Out

Is the person who moved out expected to return?

	<input type="checkbox"/> YES <input type="checkbox"/> NO	<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 yes, when are they expected to return?				
Return Date				

Money Your Household Gets

Income and Job Changes

If someone in your household got a new job, ended a job, or if one of the new household members that moved in has a job list details below.

	Job 1	Job 2	Job 3	Job 4
Who				
Employer Name and Address				
Start Date				
Hourly Rate of Pay				
Hours Worked Weekly				
Monthly tips/bonuses or commission				
Date of First Paycheck				

Day of the Week Paid				
Pay Frequency				
If anyone ended a job list details below.				
Who				
Employer Name and Address				
Date of Last Paycheck & Gross Amount of Last Paycheck				
Last Date Worked				
If someone in your household had a change in work hours or pay list details below.				
Who				
Employer Name and Address				
What changed? Rate of pay or hours worked?				
Hourly Rate of Pay				
Hours Worked Weekly				
Monthly tips/bonuses or commission				
Date of first paycheck reflecting this change				

Other income Changes

(Someone in my home will start or stop getting Unemployment Benefits, Social Security Benefits, SSI, disability, pensions, child support or alimony, gifts, loans, school loans or grants, etc.)

Type of Income	Person who receives	Change	Monthly amount
		<input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	
		<input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	
		<input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	
		<input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	

Is anyone in your home expecting to get a one-time payment such as back child support, an inheritance, or an insurance settlement? If yes, explain:

Household Expenses

If someone in your household has a change in income or deductions that they pay, explain below.

Someone in my home:

	Who pays?	How much?	How often?
Is being billed for school expenses or conservator fees			
Pays alimony			
Pays court-ordered child support			
Other expenses Type: _____			

Assets and Resources

You must report any changes in resources (checking/savings accounts, bonds, home/land, vehicles/boat, life insurance, retirement account, etc.) Include specific information about the opening, closing, purchasing, selling of, or changes to resources.

Asset Type	Owned By	Value	Location/Company

Additional Information:

Other Changes

Someone in my household:

Got a Social Security Number

Explain:

Who is under 18, has enrolled in school or dropped out of school

Explain:

Changed immigration status

Explain:

Any other change not already listed

Explain:

By signing this form, I certify under penalty of perjury and false swearing that my answers are correct and complete to the best of my knowledge, including information provided about the citizenship or alien status for each household member applying for benefits. I know I may be subject to penalties under federal law if I provide false or untrue information.

I declare under penalty of perjury under the laws of the United States of America that the information contained in this statement of facts is true, correct, and complete.

Signature	Date
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To report your change by phone, call 1-877-347-5678 between the hours of 7 am and 6 pm Monday through Friday.

If you want to register to vote, you can complete a voter registration form at https://hhs.iowa.gov/sites/default/files/Voter_Registration.pdf. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

To report by mail, fax, or email, send the form to:

DHS, Income Maintenance Customer Service Center, Imaging Center 1 417 E Kanessville Blvd, Council Bluffs, IA 51503
FAX: 515-564-4041 Email: IMCSC@dhs.state.ia.us

You must also report changes and proof of those changes (i.e. address, work, or your ability to work) to your PROMISE JOBS worker.