



# REPORT OF CHANGE IN CIRCUMSTANCES – SSI-RELATED PROGRAMS

<b>TO: SOCIAL SECURITY ADMINISTRATION</b>	<b>From: DHS County</b>
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### 1. Identifying Information

Client's Name	Social Security Number	Case No.	
Address	City	State	Zip Code
Client is: <input type="checkbox"/> Over age 65 <input type="checkbox"/> Blind <input type="checkbox"/> Disabled			Client's Telephone Number
Name of Client's Parent, Guardian, or Conservator			Telephone Number
Address	City	State	Zip Code

### 2. Person to Be Contacted Regarding Client (if need be)

Name	Relationship to Client	Telephone Number	
Address	City	State	Zip Code

### 3. Transfer From One Living Arrangement to Another, Resulting in Change in Amount of SSI

- Essential person becomes eligible in own right (MIL case).
- SSI client enters nursing facility or SNF.
- Nursing facility or SNF client returns to private living arrangement (Medicaid case).
- SSI client transfers from nursing facility or SNF to RCF (Medicaid to Supplementary Assistance Program).
- SSI client transfers from RCF to nursing facility or SNF (Supplementary Assistance Program to Medicaid).
- SSI client deceased. Date of death \_\_\_\_\_
- Other \_\_\_\_\_

Date of Action \_\_\_\_\_

### 4. Report of Change of Address

Old Address	New Address		
Name of New Facility (if applicable)		Telephone Number	
Address of New Facility	City	State	Zip Code

### 5. Comments

### 6. Signature

Income Maintenance Worker	Date	Telephone Number
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### 7. To Be Completed by SSA-DO

Action Taken	
Date of Action	Amount of New SSI Payment