

NAME OF WORKER Title of Worker Name of Office (address) (address)



Fax (optional) e-mail: (optional)

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Phone

Fax (optional) e-mail: (optional) Please call me to report changes

Call between 8 and 4:30 Monday-Friday. If I'm not available, leave a message. Remember, you must report changes promptly. Failure to report could cause loss of benefits.

Some changes you need to report are on the back.



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Iowa Department of **Human Services** NAME OF WORKER Title of Worker Name of Office (address) (address)

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Some things to report:

- Changes in wages or hours worked, starting or stopping a job or self employment
- Changes in other income (Unemployment, child support, Social Security, private pension, gifts/inheritances, etc.)
- Changes in who is living in your home
- Moving to a new address, the new rent or mortgage costs, and
- Changes in resources (for example: different vehicle, new 5. checking/savings account, savings bonds, etc.)
- Changes in child-care costs or child-support paid
- Changes in health insurance
- Changes in school expenses or school attendance of children

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