

**MARYLAND DEPARTMENT OF HUMAN RESOURCES
FAMILY INVESTMENT ADMINISTRATION
CHANGE REPORT FORM**

Date Received (Agency use only)

LDSS Office		Programs receiving		AU ID #s	
Case Manager's Name					
Your Name (Last, First, Middle)			Home Telephone		Work Telephone
Where do you live? (Number and Street)			Apt. #	City	State Zip Code
Your Social Security Number				Your Date of Birth	

What language do you speak? English Spanish Other _____
If you do not speak English and need free translation services, call your case manager or call 1-800-332-6347.

PART 1: REPORTING SOMEONE WHO HAS LEFT OR JOINED THE FAMILY

Remove: _____ Birth Date: _____ How Related to you: _____

Reason for removing? _____

New Person: _____ Birth Date: _____ How Related to you: _____

Social Security # _____ Is This Person a U.S. Citizen? Yes No

If adding a child under 18, please complete the following:

Name of Mother: _____ Name of Father _____

Address: _____ Address: _____

Are you willing to take support action against any parent of that child who is not living in the home? Yes No

PART 2: REPORTING A CHANGE OF ADDRESS AND/OR SHELTER COST

New Address: _____ Apartment #: _____ City: _____

State: _____ Zip Code: _____ Date of Move: _____ Public Housing? Yes No Section 8? Yes No

Mailing Address (if different) _____

Is anyone in your household paying for any of the following? Check all those paid and answer the questions.

√	Expenses	Amount	How Often ?	Who Pays?	√	Expenses	Amount	How Often?	Who Pays?
	Rent					Water			
	Mortgage					Sewer			
	Electric					Garbage			
	Gas					Wood/Coal			
	Oil					Property Tax			
	Coop/Condo/ Assoc. fees					Homeowner's insurance			
	Telephone					Other			

Is heat included in your rent? Yes No

Do you pay an electric bill for lights or cooking? Yes No

If heat is not included in the rent, what is your source of heat? _____ Do you pay for air conditioning? Yes No

Does someone help you with your utility costs? Yes No If yes, who? _____

Are you sharing any of the shelter costs listed above? Yes No If yes, with whom? _____ Your share? _____

Have you received Energy Assistance at your current address within the past 12 months? Yes No

Are you living with other people who are not on your grant? Yes No If yes, who? _____

Do you purchase your meals separately from these other people? Yes No

PART 3: REPORTING A CHANGE IN ASSETS

I now have:

Checking Account Savings Account

Report assets below for Medical Assistance only:

Life Insurance Trust Fund
 Property Accident Settlement
 Stocks/Bond Other Assets _____

Amount or value of asset(s): _____

I no longer have:

Checking Account Savings Account

Report assets below for Medical Assistance only:

Life Insurance Trust Fund
 Property Accident Settlement
 Stocks/Bond Other Assets _____

Amount or value of asset(s): _____

PART 4: REPORTING A CHANGE IN UNEARNED INCOME

I now have:

- Social Security Child Support/Alimony
- SSI Unemployment Benefits
- Insurance Settlement Lottery Winnings
- Railroad Retirement Contributions from Others
- Other (*specify*) _____
- Other (*specify*) _____

Date of Payment: _____
 Amount: \$ _____ Weekly Bi-weekly Monthly
 Other _____
 Date of First Check: _____ Amount of First Check: \$ _____

I no longer have:

- Social Security Child Support/Alimony
- SSI Unemployment Benefits
- Insurance Settlement Lottery Winnings
- Railroad Retirement Contributions from Others
- Other (*specify*) _____
- Other (*specify*) _____

Date of Last Payment: _____

PART 5: REPORTING A CHANGE IN EXPENSES

- Do you or anyone in you household have expenses you are required to pay such as:
- Medical bills such as doctor bills, prescriptions or insurance? Yes No If yes, list the type and amount: _____
 - Educational bills? Yes No If yes, list the type and amount: _____
 - Court ordered child support to a child who is not in the food supplement household? If yes, list the name of the child and the amount:
 Child's Name _____ Amount \$ _____
 Child's Name _____ Amount \$ _____
 - Child/adult care? Yes No Name of person in care: _____
 Care provider: _____ Address: _____
 Amount paid to provider \$ _____ Paid: Daily Weekly Bi-weekly Monthly

PART 6: REPORTING A CHANGE IN EARNINGS

- Does anyone in your household receive any earnings from a **new job**? (such as full or part-time employment, self-employment, baby-sitting, odd jobs, days work, roomer/boarder payments, etc.) Yes No If yes, list all gross earnings **before deductions**
 Date employment began: _____ Date first check received: _____ Gross amount of that check \$ _____

NAME	EMPLOYER NAME ADDRESS AND PHONE NUMBER	RATE OF PAY	NUMBER OF HOURS WORKED PER WEEK	AMOUNT PER PAY PERIOD	HOW OFTEN RECEIVED (daily, weekly, biweekly, monthly)

- Have you or anyone in you household **lost a job**? Yes No If yes, Name of person who lost the job _____
 Last day of employment _____ Date of last pay _____

I swear or affirm under penalty of perjury, that all the information I gave is true, correct, and complete to the best of my ability, belief and knowledge.

YOUR SIGNATURE	DATE
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If you purposely hold back information about changes in your household, you and any other adult in your household will owe us the value of any extra food benefits that you get. You may also be barred from the Food Supplement Program for one year after the first time, 2 years after the second time and permanently after the third time. A judge can also fine you up to \$250,000, imprison you for up to 20 years, or both. A judge can also bar you for an additional 18 months. You may also have to face further prosecution under other federal laws.

- **For cash and medical assistance, report all changes within 10 days.**
- **Note: When you report a change for any program, your case manager will make the change for all programs.**
- For the **Food Supplement Program** (formerly food stamps)
 - You are required to report when your family's entire gross income is more than the amount listed in the Change Reporting Guide for your household size. You must report this change no later than 10 days from the end of the month in which your income goes up. Add up the gross income that your household got for the month. Be sure to include both earned and unearned income.
 - If you are an able-bodied adult between the ages of 18-47 and have no children in the home, you must also report when your hours of work decrease to less than 80 hours monthly.
 - You are not required to report any other changes for your food supplement case. (But, if you think a change will increase benefits for your family, you should report it.)