

Change Report Form

Date _____

Name _____

Address _____

Use this form to report any of the following changes in your household circumstances:

- Changes in sources of income, including starting or stopping a job or changing jobs, if the change in employment is accompanied by a change in income.
- Changes in your unearned income when it goes up or goes down by \$50 or more a month. You don't have to report changes in your RIW or GPA benefit.
- Changes in your gross earned income of \$100 or more from the amount last used to calculate your household's allotment.
- A car, or licensed vehicle, if anyone in your household gets one.
- When cash on hand, stocks, bonds, check cards, and money in a bank account or savings institution total \$2,250 or more (\$3,250 if your household includes a member who is age 60 or over, or is disabled). SNAP/RIW households must report changes in assets when they reach \$1000 or more.
- Changes in the legal obligation to pay child support.
- Changes in the number of people in your household.
- Your new address if you move.

You must report the above changes **within 10 days** of the time you learn of them. This will make sure you receive the correct amount of SNAP/RIW benefits.

If for some reason you cannot mail this form, you can report the changes by calling us at _____.

When the amount of total monthly medical expenses of household members age 60 or over or who receive Supplemental Social Security (SSI) benefits or Social Security Disability payments benefits go up, these expenses could result in more SNAP benefits for your household. Even though reporting changes in medical expenses between recertification is voluntary, you may qualify for additional SNAP benefits if these expenses increase.

You can also use this form to report changes in the cost of caring for children or disabled adults, or changes in shelter costs.

If you report and provide proof of your expenses, you will get the maximum amount of SNAP benefits allowed. Failure to report or provide proof of your expenses will be regarded as your statement that you do not want to receive a deduction for the unreported or unproven expense.

If you purposely hold back information about changes in your household, you will owe us the value of any extra SNAP/RIW benefit you receive as a result. You may also be barred from the Supplemental Nutrition Assistance Program for 12 months, 24 months or permanently, and be fined, imprisoned, or both.

If you didn't give your social security numbers

Name	Age	Social Security Number
1.		
2.		
3.		

If income or any source of income changes

You must tell us of changes in sources of income, including starting or stopping a job or changing jobs, if the change in job(s) is accompanied by a change in income.

You don't have to report changes in your RIW or GPA benefit. Also, you must tell us of changes in your gross earned income of \$100 or more per month from the amount last used to calculate your household's allotment, and of changes in employment that result in a change in income.

You must tell us of changes in your unearned income when it goes up or goes down \$50 or more a month.

Name	Where does income come from	Total New Amount	How Often Received
1.			
2.			
3.			

If the number of cars or licensed vehicles changes

Has anyone in your household purchased/obtained a car, truck, boat, camper, motorcycle or other licensed vehicle since the last time you told us about the vehicles your household owns?

Yes No

Make	Model	Year
------	-------	------

Has anyone in your household sold or traded in a licensed vehicle since the last time you told us about the cars or other vehicles your household owns?

Yes No
How much did you receive for it?

Make	Model	Year
------	-------	------

If your savings increase

You must tell us if the *total* amount of money that the members of your household have in cash, savings accounts, checking accounts, and in stocks and bonds increases to more than \$2,250 (\$3,250 if your household includes a member who is age 60 or over, or is disabled). SNAP/RIW household must report changes in assets when they reach \$1000 or more.

What is the total amount your household has now? \$

If someone moves in or out

Has any household member moved out or passed away? Are there any new members in your household?

If so please list them and provide all of the information requested below and be sure to report their SSNs in the space provided above. Include newborn children.

Name(s)	Left Household	Entered Household	Is This Person Disabled?		Age	Gross Income
			Yes	No		
1.						
2.						
3.						

If you moved or your rent or mortgage changed

If you moved, what is your new mailing address?

Address

City

State

Zip Code

If you don't have a street address, tell us how to get to your home.

Telephone Number(s) where you can be reached:

If you moved, you must also list your new expenses below. You can also use this section to tell us that your rent or mortgage has gone up.

Rent or mortgage payment

Insurance on home
(if not included in mortgage)

Property taxes
(if not included in mortgage)

New Amount

\$

\$

\$

Are you a boarder?

Yes

No

If your utilities or dependent care costs go up

Have your utility bills (gas, oil, electricity, heating and cooling costs etc.) gone up? Have you started paying someone to care for a child or dependent adult or have these costs increased? If so, you may be eligible

for more SNAP benefits. Use the space below to tell us which costs have gone up, the new amount you are paying and how often you are billed.

Type of cost

New Amount

How often billed

\$

\$

\$

If certain household members' medical expenses go up or down

List the medical expenses for all household members over age 60 or who receive Supplemental Security Income (SSI) benefits or Social Security

Disability payments if the total monthly medical expenses have gone up or down more than \$25 per month.

Amount

How often is each payment due?

Medical and dental services

\$

Hospital or nursing care

\$

Health insurance and medical payments

\$

Drugs prescribed by a doctor

\$

Dentures, hearing aids, and eye glasses

\$

Transportation costs to get medical care

\$

Services of an attendant or nurse

\$

Other (*Explain*)

\$

Please list the names of household members who have these expenses.

Penalty Warning

Anyone in your household who breaks any of these rules on purpose can be barred from the Supplemental Nutrition Assistance Program (SNAP) for 12 months, 24 months, permanently; fined up to \$250,000; imprisoned up to 20 years; or both; and subject to prosecution under applicable federal laws. She/he may also be barred from the SNAP for an additional eighteen (18) months if court ordered.

Individuals found by a Federal, State, or local court to have used or received SNAP benefits in a transaction involving the sale of firearms, ammunitions or explosives shall be permanently ineligible for the SNAP program upon the first occasion of such violation.

Individuals found by the Department of having made, or convicted in a Federal or State court of having made, a fraudulent statement or representation with respect to their identity or place of residence in order to receive multiple benefits simultaneously under the SNAP program would be ineligible to participate in the program for a ten (10) year period.

Individuals found guilty by a court of law of using or receiving benefits in a transaction involving the sale of a controlled substance will not be eligible for benefits for two years for the first offense, and permanently for the second offense.

Individuals found guilty by a court of law for buying and selling illegal drugs or certain prescription drugs in exchange for SNAP benefits will be prohibited from participating in the SNAP for 24 months for the first offense and permanently for the second offense.

An individual convicted by a Federal, State or local court of having trafficked benefits for an aggregate amount of \$500 or more shall be permanently ineligible to receive SNAP benefits upon the first occasion of such violation.

DO NOT give false information or hide information to get or continue to get SNAP benefits. **DO NOT** trade or sell EBT cards. **DO NOT** use SNAP benefits to buy ineligible items, such as alcoholic drinks and tobacco. **DO NOT** use someone else's EBT card for your household. **DO NOT** pay for food purchased on credit with SNAP benefits. Doing so could result in disqualification from the program.

NON-DISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

In accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), and Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), the Food and Nutrition Act of 2008, the Age Discrimination Act of 1975, the U.S. Department of Health and Human Services implementing regulations (45 C.F.R. Parts 80 and 84) and the U.S. Department of Education implementing regulations (34 C.F.R. Parts 104 and 106), and the U.S. Department of Agriculture, Food and Nutrition Services (7 C.F.R. 272.6); the Department of Human Services (DHS), does not discriminate on the basis of race, color, national origin, disability, religion, political beliefs, age, religion or gender in acceptance for or provision of services, employment or treatment, in its education and other program activities. Under other provisions of applicable law, DHS does not discriminate on the basis of sexual orientation, gender identity or expression. For further information about these non-discrimination laws, regulations and complaint procedures for resolution of complaints of discrimination, contact DHS at 57 Howard Avenue, Cranston, Rhode Island 02920, telephone number 462-2130 (for deaf/hearing impaired 462-6239 or 711). The Community Relations Liaison Officer is the coordinator for implementation of Title VI, the Office of Rehabilitation Services (ORS) Administrator or his/her designee is the coordinator for implementation of the Title IX, Section 504, and ADA. The Director of DHS or his/her designee has the overall responsibility for civil rights compliance for all agency programs.

Your Signature

I understand the penalty for hiding or giving false information. I also understand I will owe the value of any extra SNAP benefits I receive because I don't fully report changes in my household. I agree to prove any changes I report if you ask. My answers on this form are correct and complete to the best of my knowledge.

I understand that my signature authorizes federal, state, and local officials to contact other persons or organizations to verify the information I have provided.

Do you expect the changes you have reported will remain the same next month?

If you answered No, please explain:

Your Signature

Today's Date

If your benefits change

We will use your answers on this form to determine if your household's benefits will change. If your benefits change, we will send you a notice. If you don't agree with the agency's decision, you can have a fair hearing. A hearing official will determine the outcome (or result) of your hearing.