FOR OFFICE USE ONLY:
Case Number:______________________ Date Received:______________
How Received: ☐Mail ☐Fax ☐Walk-In ☐Telephone ☐CWP
Received By: ________________________________

CHANGE REPORTING FORM

Name: _________________________________ **Case Number:** _______________________ **Contact Number:** ________________________

☐ NEW ADDRESS/PHONE NUMBER CHANGES

Home Address: County:

Mailing Address:

Cell Phone Number: ____________________ Email Address: ____

Home Phone Number:___________________

☐ EXPENSE CHANGES – Attach Verification

☐Rent/Mortgage $____________ ☐Lot Rent $____________
If paid separately from your mortgage: ☐Home Insurance $_______ ☐Property Taxes $________
Has the expense: ☐Started ☐Stopped ☐Changed Date of change: ____/____/_____
How often billed: ☐Daily ☐Weekly ☐Biweekly ☐Semi-monthly ☐Monthly
Name of Person Paying the Expense: ____

Do you pay a heating and/or cooling expense? ☐Yes ☐No
If you are not billed a heating and/or cooling expense, list the amounts you are billed, if any, for the following:
Electricity $________ Gas $________ Water $________ Phone $________ Garbage $________ Other $_________
Name of Person Paying the Expense: ____

☐Medical $_______________ (***Household member must be 60 or older or disabled to claim out of pocket medical expenses.)***
☐Drugs ☐Medical/Dental ☐Hospital Bills ☐Nursing Care ☐Medicare Premium ☐Transportation
☐Medical Supplies/Equipment ☐Eye Glasses/Contacts ☐Other Medical_____________________
Has the expense: ☐Started ☐Stopped ☐Changed Date of change: ____/____/_____
How often billed: ☐Daily ☐Weekly ☐Biweekly ☐Semi-monthly ☐Monthly
Name of Person Paying the Expense: ____

☐Child Support $___________ (***Must be court ordered and paid outside of the household.)***
Has the expense: ☐Started ☐Stopped ☐Changed Date of change: ____/____/_____
How often billed: ☐Daily ☐Weekly ☐Biweekly ☐Semi-Monthly ☐Monthly
Name of Person Paying the Expense: ____

☐Child Care $___________
Has the expense: ☐Started ☐Stopped ☐Changed Date of change: ____/____/_____
How often billed: ☐Daily ☐Weekly ☐Biweekly ☐Semi-monthly ☐Monthly
Name of Person Paying the Expense: ____

☐Other ____ $____________
Has the expense: ☐Started ☐Stopped ☐Changed Date of change: ____/____/_____
How often billed: ☐Daily ☐ Weekly ☐Biweekly ☐Semi-monthly ☐Monthly
Name of Person Paying the Expense: ____

☐ INCOME CHANGES – Attach Verification

Name of Person Receiving Income Change: ____

Type of Income	Income	How Often Received	Total New Gross Per Pay Period
CHECK ONE BOX ONLY ☐Employment ☐Pension ☐Unemployment ☐Disability ☐Child Support ☐Cash Gift ☐Other_____________________	**CHECK ONE BOX ONLY** ☐New ☐Stopped ☐Increase ☐Fired ☐Decrease ☐Quit Date of change:___________	**CHECK ONE BOX ONLY** ☐Daily ☐Semi-monthly ☐Biweekly ☐Weekly ☐Monthly	Amount $ ___________ Hours per week employed ________

Name of Person Receiving Income Change: ____

CHECK ONE BOX ONLY ☐Employment ☐Pension ☐Unemployment ☐Disability ☐Child Support ☐Cash Gift ☐Other_____________________	**CHECK ONE BOX ONLY** ☐New ☐Stopped ☐Increase ☐Fired ☐Decrease ☐Quit Date of change:___________	**CHECK ONE BOX ONLY** ☐Daily ☐Semi-monthly ☐Biweekly ☐Weekly ☐Monthly	Amount $ ___________ Hours per week employed ________

☐ RESOURCE CHANGES – Attach Verification

☐Cash $______________ ☐Stocks $_____________ ☐Bonds $______________

☐Bank Accounts $_____________ ☐Other $____________

Name of Person who Owns Resource: ____

☐ LOTTERY/GAMING WINNINGS – Attach Verification

Date Money Received: _______________ Amount Received: ___________ Name of Winner: ________________________________

☐ HOUSEHOLD MEMBER CHANGES

**PENALTY WARNING: ***A Social Security Number (SSN) must be provided or applied for each person for whom assistance is requested per the Food and Nutrition Act of 2008. SSNs will be verified and used for Federal and State data matches, including but not limited to, Social Security, Internal Revenue Service, VA, MS Department of Employment Security, resource/income verifications, program disqualifications, and for collection of fraud debts. State and federal laws provide for fines, imprisonment or both for any person guilty of obtaining assistance to which he/she is not entitled by willfully withholding or giving false information. Information may be verified through collateral contacts when discrepancies are found. Alien status is subject to verification with United States Citizenship and Immigration Services (USCIS) and will require submission of certain information from this application to USCIS. Only US citizens and qualified aliens are eligible for SNAP benefits. Any non-citizens or non-qualified aliens may be left out of your case. Such persons will not be reported to the Immigration and Customs Enforcement agency. Non-citizens included in your case will have eligibility determined under SNAP rules. The income and resources of all persons in your household will be considered in determining eligibility for persons included in your case.

Name (Last, First)	Moved		Relationship to Head of Household	Social Security Number *SEE DISCUSSION ABOVE	Date of Birth	Age	Sex	**Optional		US Citizen Y or N
	In	Out						Hispanic Y or N	*** Race Choose one or more	

**Information pertaining to Ethnicity and Race is not required and will not be used in determining your eligibility or benefit level. This information will be used to determine how effective the program is in reaching the eligible population.

*** Race Codes **AL** – American Indian/Alaska Native; **AS**-Asian; **BL**-Black or African American; **HP**-Hawaiian or Other Pacific Islander; **WH**-White; **OT**-Other

ADD A HOUSEHOLD MEMBER – For each child whose mother and/or father is absent from the home, enter the information below:

Child's Name	Absent Parent's Name	Absent Parent's Address	Absent Parent's SSN	Absent Parent's		
				DOB	Race	Sex

By signing and dating this form, I am giving consent for the attendance records of the children identified on this application to be disclosed by the Mississippi Department of Education to the Mississippi Department of Human Services for use by the Department of Human Services to determine compliance with school attendance requirements of the Temporary Assistance for Needy Families (TANF) Program. I certify that each person included in my household is a U.S. citizen or alien in lawful immigration status and that the information provided is true to the best of my knowledge. I give permission for the Department of Human Services to make a full review of my case and any necessary contacts to verify my statements. I know that I could be penalized if I knowingly give false information. I certify that I received the Rights and Responsibilities handout from this agency.

____ __________________
Signature of Applicant/Person Reporting the Change Date

____ __________________
** Signature of Second Parent in TANF Date

____ __________________
Signature of Witness, if Signed by Mark Date

****The signature of the TANF Payee and the Second Parent (if applicable) is required to add a household member to the TANF case.**

☐ TANF PROTECTIVE PAYEE

Name________________________ SSN__________________ Date of Birth__________________ Phone________________________

Address____City__________________Zip____________

Signed by Date

☐ CRIMINAL HISTORY

Have you or any member of your household been convicted of any of the following after 02/07/14 (select all that apply):

☐ aggravated sexual abuse ☐ sexual exploitation and other abuse of children

☐ sexual assault ☐ murder

Name of Person who was Convicted: ____

Notes: ____

____

____

VOTER REGISTRATION

If you are not registered to vote where you live now, would you like to apply to register to vote here today? ❑ Yes ❑ No

If you do not check a box, you will be considered to have decided not to register to vote at this time. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency. If you decline to register to vote, this fact will remain confidential. If you do register to vote, the office where your application was submitted will be kept confidential, and it will be used only for voter registration purposes.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with: Mississippi Secretary of State, Elections Divisions, P.O. Box 136, Jackson, MS 39205-0136.

USDA NONDISCRIMINATION STATEMENT

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination 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.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.