

Change Report Form

Use this form to report changes in your household or family. The Division of Public Assistance needs to know about these changes so we can determine your continued eligibility for assistance and benefit amount. Changes must be reported within 10 days of when you know of the change (*5 days when a child leaves the home, if you get Temporary Assistance*). Attach proof of the change if you have it.

If your household only receives Supplemental Nutrition Assistance Program (SNAP) benefits, you only need to report when your household's income before deductions is more than your household's gross income limit.

Name _____ Social Security # _____ Primary Phone # _____

Which type of Public Assistance benefits does your household receive? Please check. Case Number _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Alaska Temporary Assistance | <input type="checkbox"/> SNAP | <input type="checkbox"/> Adult Public Assistance |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Senior Benefits | <input type="checkbox"/> CAMA |

Change in employment

Whose employment changed? _____

Date of the change _____ Job ended Job Started Job is Full-Time Job is Part-Time

Employer's name _____ Employer's phone number _____

Hours per week _____ Rate of pay \$ _____ per hour OR \$ _____ per month

How often paid? _____ (weekly, bi-weekly, twice a month, monthly)

If this is a new job, when is the first check expected? _____

Do you expect this change in employment to last for the next couple of months? YES NO

Change in unearned income more than \$50 a month (*Child support, unemployment, social security, worker's compensation, veterans' benefits, etc.*)

Who receives it? _____ Amount \$ _____

When is it received? _____ What is the source of this income? _____

Someone moved in or out of the household

Who moved? _____ Moved in or moved out? IN OUT When? _____

Relationship to you _____ Does this person buy and prepare food with you? YES NO

Do you want this person included in your benefits? YES NO If yes, provide the following information:

Social Security # _____ US Citizen? YES NO Legal immigrant? YES NO

Change in Pregnancy Status:

Who is pregnant? _____ What is the expected delivery date? _____

How many babies expected this pregnancy? _____

State of Alaska
Department of Health and Social Services
Division of Public Assistance

Moved or got a new mailing address

New home address _____

New mailing address _____

Date of move _____ What are your new housing costs? _____

What utilities are you responsible for paying? _____

Someone got a vehicle (*cars, trucks, boats, motorcycles, RVs, ATVs, snowmobiles, etc.*)

Who? _____ When? _____

Make _____ Model _____ Year _____

Value \$ _____ Amount owed \$ _____

How will this vehicle be used? _____

Did this replace a vehicle? YES NO If yes, explain: _____

Household now has a combined total of \$2000 or more in cash and money in bank accounts

Explain: _____

Change in legal obligation to pay child support

Who in your household pays child support? _____ Amount per month \$ _____

Change in medical coverage (*only for Medicaid recipients*)

Name(s) _____

Did coverage start or stop? START STOP Effective date of change _____

Insurance company name and address _____

Other Changes – Please explain

Please Sign Below

Under penalty of perjury, I certify that the information contained on this form is true and correct to the best of my knowledge. I understand that proof of the changes I reported may be required.

Signature of person completing form _____ Date _____