



## 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 total gross income goes over the income limit for your household size, if someone in your household has lottery or gambling winnings of \$4,500 or more in a single game, and if a household member's work hours fall below 20 hours per week if they are subject to the ABAWD time limit.**

Name \_\_\_\_\_ Social Security # or Case Number \_\_\_\_\_

Which type of Public Assistance benefits does your household receive? Please check: Primary Phone # \_\_\_\_\_

☐ Alaska Temporary Assistance

☐ SNAP

☐ Adult Public Assistance

☐ Medicaid

☐ Senior Benefits

### 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 # \_\_\_\_\_ Date of Birth \_\_\_\_\_ US Citizen? ☐ YES ☐ NO

Legal immigrant? ☐ YES ☐ NO Immigration document type and ID# \_\_\_\_\_

### Change in Pregnancy Status:

Who is pregnant? \_\_\_\_\_

What is the expected delivery date? \_\_\_\_\_ How many babies expected this pregnancy? \_\_\_\_\_

**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 \$2,000 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 \_\_\_\_\_

Once completed, this Change Report Form and related proof should be submitted to any [Division of Public Assistance office](#) in person, by mail, by fax, or by email.