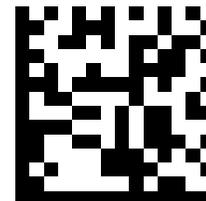




State of Utah
Department of Workforce Services
CHANGE REPORT FORM



Name: _____ SSN: _____ Case #: _____

We no longer need the following types of assistance: Financial Medicaid
 SNAP Child Care

D10819900440102

Reason: _____ Signature: _____

Complete and sign this form only if you have a change. You are required to report different things depending on what kind of benefits you receive. If you have questions about how to fill out **this form**, call **1-866-435-7414**. For Medical, Child Care and Financial, you are required to report the changes listed below within 10 days. For SNAP, you are required to report the changes below by the 10th day of the month following the change. Any false or unreported information that is discovered may result in an overpayment and/or prosecution for fraud. Do not delay reporting changes.

For **SNAP and Financial**, you must always report:

- If your total household income (before anything is taken out) becomes more than: \$_____ per month

If you receive **SNAP** and you are able-bodied between the ages of 18-49 with no children living in your household you must also report:

- If your employment hours fall below 20 hours per week.

If you receive **Financial Assistance** you must also report:

- If you move or change your address
- If a parent, stepparent, or spouse moves into the home
- A change in marital status
- If a child moves in or moves out of the home
- A child in the home is adopted
- If a child in the home becomes eligible for foster care or subsidized adoption financial assistance
- If there is a change in the student status of a child in the home
- If a client receiving Transitional Cash Assistance (TCA) is no longer employed or is working less than an average of 30 hours per week
- If there is a change in disability status of a client receiving General Assistance
- If a client receiving General Assistance becomes employed

If you receive **Child Care Assistance** you must report:

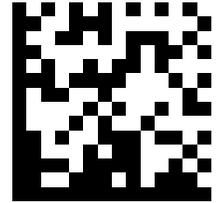
- If you move or change your address.
- A child receiving Child Care Assistance moves out of the home.
- You no longer need Child Care Assistance or the child stops attending.
- If you change your child care provider.
- If your gross income exceeds 85% state median income for your household size.

If you receive **Medical Assistance** you must report:

- Change in an income source (only required at review for UPP and Targeted Adult Medicaid).
- Change of more than \$25 in gross monthly income (only required at review for UPP, CHIP and Targeted Adult Medicaid).
- Receipt of a lump sum, such as SSA benefits, insurance payments, and accident, or injury awards (only required at review for UPP, CHIP and Targeted Adult Medicaid).
- A change in expenses paid, such as child care.
- A change in assets, such as gaining or losing a vehicle, opening a bank account (not required for Child or Family Medicaid, CHIP, UPP and Targeted Adult Medicaid).
- Gain or loss of health insurance coverage or a change in the health insurance premium or plan.
- Change in household size, address, living arrangement, marital, or pregnancy status.
- Change in the type of residence, such as entering or leaving an institution.

AND if you receive **Child, Family or Targeted Adult Medicaid, CHIP, UPP and Adult Expansion** you must also report:

- Change in tax filing status or the number of dependents claimed on your taxes (only required at review for UPP, CHIP and Targeted Adult Medicaid).
- Change in earnings of a child (only required at review for UPP or CHIP).
- Change in student status of a child (only required at review for UPP or CHIP).
- For CHIP, a recipient having access to coverage under a health insurance plan.
- For CHIP, the changes you are required to only report at review are still reportable up until the month of the new certification period.



D10819900440202

You can report your changes online at <https://jobs.utah.gov/mycase>, by phone, by mail, fax or in person at your local DWS office.

Please explain your changes: _____

If you have moved:

What is your new address? _____

City: _____ State: _____ Zip Code: _____

How much do you pay for rent/mortgage? \$ _____ per month

What utilities do you pay? Heating Cooling Phone
 Electric Water/Sewer/Garbage

Is someone else helping you pay these expenses (family member, organization, state agency, etc.)?.... Yes No

If yes, who? _____ Your portion: \$ _____ Their portion: \$ _____

Agreement to report:

I, _____, read or had read to me the statements above. I understand those statements. I understand I must report changes in my situation within 10 days of the day I learn of the change to my local Department of Workforce Services or Bureau of Eligibility Services office. I understand I will then have 10 days to provide verification of the reported change. I understand that any false or unreported information that is discovered may result in prosecution for fraud. I understand that I may request a fair hearing if I disagree with any action made on, my case.

Customer Signature

Date

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.