

**PORTAGE COUNTY DJFS
FAMILY EMPLOYMENT AND SUPPORT SERVICES**

CHANGE REPORT FORM

TYPE OF ASSISTANCE PROGRAM: OWF/TANF _____ CSEA _____ MED _____ FS _____ DAYCARE _____

CUSTOMER'S NAME: _____ REPORT DATE: _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM TO REPORT ANY CHANGES IN YOUR CIRCUMSTANCES WHICH MAY AFFECT YOUR ELIGIBILITY. YOU ARE RESPONSIBLE FOR GIVING COMPLETE AND CORRECT INFORMATION REGARDING YOUR SITUATION. VERIFICATION MAY BE REQUIRED BY YOUR CASEWORKER. YOU WILL BE NOTIFIED OF ALL ADDITIONAL INFORMATION WHICH MAY REQUIRE A VERIFICATION.

CHANGE OF ADDRESS: _____ NO _____ YES, COMPLETE THIS SECTION

OLD: _____

NEW: _____

TOTAL MONTHLY HOUSING COSTS OF NEW RESIDENCE (IF LIVING WITH OTHERS) \$ _____

NUMBER OF ROOMS: _____ NUMBER OF PEOPLE IN HOUSEHOLD: _____

AMOUNT OF RENT YOU PAY \$ _____

TELEPHONE NUMBER (OR NUMBER AT WHICH YOU CAN BE REACHED): _____

NEW LANDLORD'S NAME AND ADDRESS:

DO YOU PAY UTILITIES: _____ NO _____ YES, WHICH ONES _____

LIST OTHER PEOPLE IN THE HOME:

NAME	RELATIONSHIP	DATE OF BIRTH	ANY INCOME

OVER

CHANGE IN INCOME: _____ NO _____ YES, COMPLETE THIS SECTION

NAME OF PERSON RECEIVING INCOME: _____ HOW OFTEN RECEIVED: _____

GROSS AMOUNT OF INCOME \$ _____ DO YOU PAY FOR CHILD CARE? _____ NO _____ YES
IF YES, VERIFICATION FROM PROVIDER IS REQUIRED

EMPLOYMENT INCOME:

NAME OF EMPLOYER: _____ STARTING DATE: _____

ADDRESS OF EMPLOYER: _____ NUMBER OF HOURS/WEEK: _____

RATE OF PAY PER HOUR \$ _____ EXPECTED DATE OF FIRST PAY: _____

OTHER INCOME:

SSI, UNEMPLOYMENT, ETC. (PLEASE SPECIFY): _____

OTHER CHANGES:

INCREASE IN RESOURCES:

AMOUNT OF SAVINGS \$ _____ AMOUNT OF CHECKING \$ _____ AMOUNT OF CASH \$ _____

AMOUNT OF LIFE INSURANCE \$ _____

NEWLY ACQUIRED VEHICLES: MAKE: _____ MODEL: _____

HAVE YOU SOLD, TRANSFERRED OR JUNKED ANY VEHICLES WITHIN THE LAST SIX MONTHS? _____ NO _____ YES

IF YES, TO WHOM: _____ AMOUNT RECEIVED \$ _____

OTHER CHANGES IN YOUR SITUATION (PLEASE SPECIFY):

YOUR SIGNATURE:

I UNDERSTAND THE PENALTY FOR WITHHOLDING INFORMATION OR GIVING FALSE INFORMATION. MY ANSWERS AND INFORMATION GIVEN ON THIS FORM ARE CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____

DATE: _____

SOCIAL SECURITY NUMBER: _____