



CHANGE REPORT

Receptionist: _____
Date: _____

Case Name: _____	Eligibility Specialist: _____
Case Number: _____	Daytime Phone Number(s): _____

ALL CHANGES MUST BE REPORTED WITHIN TEN (10) CALENDAR DAYS

NAME *(Attach marriage, divorce or other court document, or Naturalization Certificate)*

Member's name changed from _____
to _____ effective _____

INCOME *(Attach VOE, check stubs, termination letter, or other court document)*

Member's pay [] increased [] decreased When: _____ Amount: _____

Received money for [] child support/alimony When: _____ Amount: _____

Member [] found a job [] quit a job [] laid-off [] terminated
Who: _____ When: _____ Amount: _____

HOUSEHOLD SIZE *(Attach Mayor's verification, birth certificate, picture ID, SS#, immunization card(s), court order, death certificate, obituary, or statement from head of household)*

Person(s) moved in: _____
(Name & Effective Date)

Person(s) moved out: _____
(Name & Effective Date)

Newborn: _____
(Name & Effective Date)

Death: _____
(Name & Effective Date)

ADDRESS *(Attach Mayor's verification, utility bills, lease agreement)*

New Mailing Address: _____

New Residence Address: _____

New Telephone Number: (Home) _____ (Work) _____ (Other) _____

CHILD CARE ARRANGEMENT *(New Provider must complete pages 3 & 4 of Child Care Application)*

Name of Child(ren)	Child Care Need <i>Days, Time & Effective Date</i>	Provider Name	Rate/Charges <i>indicate if increase or decrease / amount & effective date</i>

OTHER CHANGES *(Please indicate in the space below and attach or bring supporting documents):*

I HEREBY ACKNOWLEDGE THAT ALL INFORMATION GIVEN BY ME IS TRUE, CORRECT, AND COMPLETE.

 SIGNATURE DATE