



COLORADO DEPARTMENT OF HUMAN SERVICES  
FOOD STAMP PROGRAM

CHANGE REPORT FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DEAR: \_\_\_\_\_

DOB: \_\_\_\_\_

PHONE: \_\_\_\_\_

FOR OFFICE USE ONLY	
CASE NUMBER	_____
WORKER	_____
DATE RECEIVED IN OFFICE	_____
CHANGE MADE EFFECTIVE FOR	_____

YOU ARE REQUIRED TO REPORT ANY OF THE FOLLOWING CHANGES IN YOUR HOUSEHOLD CIRCUMSTANCES WITHIN 10 DAYS FROM THE DAY YOU KNOW ABOUT THE CHANGE UNLESS THE FOOD STAMP OFFICE HAS CERTIFIED UNDER LIMITED REPORTING. A WRITTEN NOTICE WILL IDENTIFY THESE SPECIAL REPORTING REQUIREMENTS.

- Changes in your **total employment/self employment earned income when it goes up or down** by more than \$100 a month. (Verification Required)
- Changes in other unearned income of more than \$50. **You don't have** to report changes in your Colorado Works, OAP or **AND checks.** (Verification Required)
- **Changes in any source** of income. (Verification Required)
- A car, or other licensed vehicle, if anyone in your household gets one.
- Increases in your households savings if the total cash and **savings of all household members now** amounts to more than \$2,000. (Verification Required)
- Changes in the number of people in your household.
- Your new address if you move. (Verification Required)
- Your new utility, rent or mortgage costs if you move (Verification Required)
- Changes in legal obligation to pay child support and changes in amount paid. (Verification Required)

**Note:** Failure to report and/or verify any expense will be seen as a statement by your household that you do not want to receive a deduction for that expense.

This will help make sure you get the correct amount of food stamps. Use this form to report, please sign and date back page of form. You can also use this form to report changes in the cost of caring for children or disabled adults, medical expenses for elderly/disabled or changes in shelter costs even if you have not moved. If these expenses go up or down you may be eligible for more or less food stamps. You can also use this form to report changes in the student status of any of your household members or other changes you feel are important.

IF YOU PURPOSELY HOLD BACK INFORMATION ABOUT CHANGES IN YOUR HOUSEHOLD, YOU WILL OWE US THE VALUE OF ANY EXTRA FOOD STAMPS YOU RECEIVE. AS A RESULT, YOU MAY ALSO BE BARRED FROM THE FOOD STAMP PROGRAM FOR 12 MONTHS, 24 MONTHS OR PERMANENTLY, AND BE FINED, IMPRISONED, OR BOTH.

If for some reason you can't mail this form, you can report the changes by calling us at \_\_\_\_\_  
If this number is long distance you may call it collect, or the number will be toll free.

Please Return Completed forms to:

Sincerely,  
\_\_\_\_\_  
TECHNICIAN

**IF YOU DON'T GIVE YOUR SOCIAL SECURITY NUMBERS**

If you have not given social security numbers (SSN) for all household members, list their names, ages and SSNs below.  
Submission of an SSN for all Household members is mandatory for participation under the Food Stamp Act of 1977 as amended by P.L. 97-98. Your SSN, as well as other information you give us, will be subject to verification by Federal, State and local officials using the State Income and Eligibility Verification System, other computer matching programs,

reviews, or audits to make sure your household is eligible for food stamps and, by other Federal assistance programs and Federally assisted State programs, such as School Lunch, Colorado Works and Medicaid. Additionally, your SSN will be used to check the identity of household members, to prevent duplicate participation and to facilitate mass changes. This may involve our contacting your employer, bank or other parties.

Name	Age	Social Security number
1. _____	_____	_____
2. _____	_____	_____

**IF INCOME OR ANY SOURCE OF INCOME CHANGES**

You must tell us if the total employment or self-employment income goes up or down by more than \$100 a month. In figuring the change, use your

households total monthly income before deductions such as taxes or retirement or union dues are taken out.

Who is Working 1.	Where does income come from	Total new amount, before deductions \$	How often received
Address of Employer or source		Phone #	Date income was/will be received
Who is Working 2.	Where does income come from	Total new amount, before deductions \$	How often received
Address of Employer or source		Phone #	Date income was/will be received

**IF THE NUMBER OF CARS OR LICENSED VEHICLES CHANGES**

Has anyone in your household gotten a car, truck, boat, camper, motorcycle or other licensed vehicle since the last time you told us about the vehicles your household owns?

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Fair Market Value \_\_\_\_\_

Has anyone in your household sold or traded in a licensed vehicle since the last time you told us about the cars or other vehicles your household owns?

How much did you get for it? \$ \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Fair Market Value \_\_\_\_\_

**IF YOUR SAVINGS INCREASE**

You must tell us if the total amount of money that the members of your household have in cash, savings accounts, checking accounts and in stocks and bonds increases to more than \$2,000.

How much does your household have now? \$ \_\_\_\_\_

**IF SOMEONE MOVES IN OR CHANGING HEAD OF HOUSEHOLD**

Are there any new members in your household? If so, please list them and complete the blanks below. Include newborn children. Each new adult member must sign below. After completing the blanks, answer the questions below the blanks.

Remember that each new household member must be a U.S. citizen or alien in lawful permanent status. Alien status may be subjected to verification with the U. S. Citizenship and Immigration Services (USCIS) which will require submission of certain information from this change report form to USCIS. Information received from USCIS may affect your household's eligibility and level of benefits.

If your household has an adult parent(s) who have children, regardless of age, or an adult with parental control over children under 18 years of age, you may have an option of designating an adult parent as the head of household. All adult members must agree to the selection. This selection can be changed if household members change. If you are selecting a new head of household, check this box  and enter new head of household in the box entitled "Relationship to Head of Household".

1	LEGAL NAME FIRST, MIDDLE, LAST	AGE	BIRTH DATE MO. DY. YR.	RELATIONSHIP TO HEAD OF HOUSEHOLD	IS THIS PERSON DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY NUMBER
	NAME					
2		SEX <input type="checkbox"/> M <input type="checkbox"/> F	PLACE OF BIRTH		A U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NOT, ALIEN REGISTRATION NUMBER
	LEGAL NAME FIRST, MIDDLE, LAST	AGE	BIRTH DATE MO. DY. YR.	RELATIONSHIP TO HEAD OF HOUSEHOLD	IS THIS PERSON DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY NUMBER
3	NAME					
		SEX <input type="checkbox"/> M <input type="checkbox"/> F	PLACE OF BIRTH		A U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NOT, ALIEN REGISTRATION NUMBER

Please answer the following questions for ALL new members of your household, attach additional sheets of paper if necessary:

- Does he/she own a car?  Yes  No Year, Make and Model \_\_\_\_\_
- Is person working?  Yes  No If yes, go to page 1 and complete section on income.  
Attach most recent pay stubs if employed. If not employed, where and when did person last work?  
Name/Phone number \_\_\_\_\_  
Date of last pay? \_\_\_\_\_
- Is person applying or receiving unemployment benefits?  Yes  No

- Does person receive  Public Assistance grants  SS  SSI  VA  
 Other \_\_\_\_\_
- Is person attending college or school?  Yes  No  
Name of School \_\_\_\_\_
- When and where did person last receive food stamps? \_\_\_\_\_
- What date did he/she enter the household? \_\_\_\_\_

**IF SOMEONE MOVES OUT**

Has any household member moved out or passed away?  
 If so, please list them and complete the blanks out below and  
 be sure to report their SSN in the space provided.

Name	Social Security Number	Age	Date they left or passed away
1.			
2.			

**IF YOU MOVED OR YOUR RENT OR MORTGAGE CHANGED (ATTACH VERIFICATION, RENTAL AGREEMENT OR LEASE)**

If you moved what is your new mailing address? CITY STATE ZIP

If you don't have a street address, tell us how to get to your home Telephone number where you can be reached Do you pay for phone basic rates?  
 Yes  No

If you moved, you must also list your new expenses below.  
 You can also use this section to tell us that your rent or mortgage  
 has gone up.

Rent or mortgage payment	Insurance on home (if not included in mortgage)	Property taxes (if not included in mortgage)
New amount \$	\$	\$

Do you pay anyone for your meals?  Yes  No

**HAVE YOUR UTILITIES, DEPENDENT CARE COSTS, CHILD SUPPORT PAYMENTS CHANGED**

Have your utility bills (gas, oil, electricity, etc.) gone up? Have you **started, paying someone to care for a child or dependent adult or have these costs increased? Is there a change in your legally obligated child support payment?** If so, you may be eligible for more food stamps. Use the space

below to tell which costs have changed, the new amount you are paying and how often you are billed. REMINDER: Your household has the right to claim actual utility costs or the standard utility allowance if you are eligible for the allowance you may change only at recertification unless you moved.

Type of cost	New Amount	How often billed/paid
	\$	
	\$	
	\$	

Are your utilities billed separate from your rent?  Yes  No

Do you pay heating or cooling costs?  Yes  No

Have you applied for or received LEAP benefits at this address?  Yes  No If so, when? \_\_\_\_\_

Do you anticipate that you will apply for LEAP?  Yes  No

**IF CERTAIN HOUSEHOLD MEMBERS' MEDICAL EXPENSES GO UP OR DOWN**

Complete this section when total medical expenses of household members age 60 or over or a disabled spouse or a disabled child of a deceased veteran or members who receive Supplemental Security Income (SSI) benefits, Social Security Disability payments, State assistance disability

benefits, veterans disability benefits, government disability retirement benefits or Railroad Retirement. You must verify medical expenses.

List all current medical expenses	Amount	How often is each payment due?
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Please list names of household members who have these expenses, and total paid:

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**PENALTY WARNING**

Anyone in your household who breaks any of these rules on purpose can be barred from the food stamp program for 12 months, 24 months or permanently.

Anyone found to have received multiple benefits by misrepresenting his/her identity or residence can be barred for 10 years. You may also be fined up to \$250,000, imprisoned up to 20 years, or both, and subject to prosecution under other applicable federal laws.

**DO NOT** give false information, or hide information, to continue receiving food stamps.

**DO NOT** trade or sell food stamps to anyone who is not authorized to use them for your household.

**DO NOT** use food stamps to buy ineligible items, such as alcoholic drinks, tobacco or lottery tickets

**DO NOT** use someone else's food stamps for your household.

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**PLEASE READ, ANSWER AND SIGN YOUR SIGNATURE BELOW**

I understand the penalty for hiding or giving false information. I also understand I will owe the value of any extra food stamps I receive because I have not fully reported changes in my household. I agree to prove any changes I report. My answers on this form are correct and complete to the best of my knowledge.

I understand that my signature authorizes Federal, State and Local officials to contact other persons or organizations to verify the information I have provided.

DO YOU EXPECT THE CHANGES YOU HAVE REPORTED TO REMAIN THE SAME NEXT MONTH?  Yes  No If you answered no, please explain

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YOUR SIGNATURE

TODAY'S DATE

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**IF YOUR BENEFITS CHANGE**

We'll use your answers on this form to see if your household benefits will change. If your benefits change, you will be notified. If you don't agree with our decision, you can have a fair hearing. A hearing official will decide if you are right.

In accordance with federal law and the U.S. Department of Agriculture this program is available to all without regard to race, color, sex, age, religion, national origin, political belief, or disability.

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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, WHITTEN BUILDING, 1400 INDEPENDENCE AVENUE, SW, WASHINGTON, DC. 20250-9410 OR CALL (202) 720-5964 (VOICE AND TDD). USDA IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER