



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
CHANGE REPORT

USE THIS FORM ONLY TO REPORT CHANGES

RETURN COMPLETED FORM TO YOUR LOCAL FSD OFFICE

FROM	CONTRACTED AGENCY	TELEPHONE NUMBER	DATE
	AGENCY OFFICE ADDRESS (STREET, CITY, STATE, ZIP CODE)		
TO	APPLICANT NAME		
	ADDRESS (STREET)		
	CITY	STATE	
RE	PROGRAM TYPE		DCN

If your household circumstances change in any of the ways listed below, Federal law requires you to report the changes to your contracted agency county office within ten (10) days. You may use this form to report the changes or you may write, phone or visit the contracted agency office to report the changes.
-392-1261.

A. NEW HOUSEHOLD MEMBERS List income and resources (savings, vehicles, etc.) in C, D & E below.

NAME	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY NO.	DATE MOVED IN	DISABLED?
			- -		
			- -		

SOCIAL SECURITY NUMBERS:

You must provide the Social Security Number (SSN) of all persons applying for or receiving assistance as a condition of eligibility. The SSN will be used to determine eligibility and level of benefits, verify information, prevent duplicate issuances, and to facilitate mass changes in Federal benefits. (FS Act of 1977 & Public Law 97-98).

B. HOUSEHOLD MEMBERS NO LONGER LIVING WITH YOU

NAME	DATE LEFT	NAME	DATE LEFT

C. CHANGE IN INCOME (ATTACH VERIFICATION))

EARNED INCOME: (Earned income includes wages, salaries and income from self-employment)

YOU MUST REPORT THE FOLLOWING CHANGES:

- Any changes in the source of any type of earned income for any household member.
- Any changes in the base rate of pay for any employed household member.
- Any permanent change in the number of hours worked that is expected to continue for any employed household member.
- If you become employed or if you lose your job.

UNEARNED INCOME: (Unearned income includes Social Security, Supplemental Security Income-SSI, Veterans benefits, child support, alimony, etc.)

YOU MUST REPORT:

- Any changed in unearned income

NAME	SOURCE OF INCOME	DID INCOME	NEW AMOUNT	RATE OF PAY	NO. HOURS
		☐ START ☐ STOP ☐ OTHER DATE CHANGE			
		☐ START ☐ STOP ☐ OTHER DATE CHANGE			
		☐ START ☐ STOP ☐ OTHER DATE CHANGE			
		☐ START ☐ STOP ☐ OTHER DATE CHANGE			

D. INCREASE IN CASH SAVINGS, STOCKS, BONDS, CHECKING ACCOUNTS, ETC.					
HOW MUCH DOES YOUR HOUSEHOLD NOW HAVE IN CASH/SAVINGS? (FOR ASSISTANCE YOU MUST REPORT WHEN YOUR RESOURCES EXCEED \$3,000.00) (FOR ASSISTANCE YOU MUST REPORT ALL CHANGES IN RESOURCES.)					
E. IF YOU HAVE MOVED					
WHEN?				TELEPHONE NUMBER WHERE YOU CAN BE REACHED - -	
NEW MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)					
HAVE YOU MOVED IN WITH SOMEONE ELSE? ☐ YES ☐ NO ARE YOU A BOARDER? ☐ YES ☐ NO					
IF YES, PLEASE LIST HOUSEHOLD MEMBERS AT THIS ADDRESS					
NAME	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY NO.	DATE MOVED IN	DISABLED? Y/N
			- -		
			- -		
			- -		
F. CHILD SUPPORT EXPENSE: List any legally binding child support paid to NON-HOUSEHOLD members (includes current payments, arrearages, and health insurance).					
DEPENDENT'S NAME			AMOUNT PAID	HOW OFTEN PAID	
1.					
2.					
3.					
G. OTHER - PLEASE REPORT ANY OTHER CHANGES HERE: Examples: Change in, a marriage or divorce, etc.					
H. WILL THE CHANGE(S) BE FOR MORE THAN ONE MONTH? ☐ YES ☐ NO					
IF YOU PURPOSELY HOLD BACK INFORMATION ABOUT CHANGES IN YOUR HOUSEHOLD, YOU WILL OWE US THE VALUE OF EXTRA BENEFITS YOU RECEIVE AS A RESULT. PENALTY WARNING: Any information provided on this form is subject to verification by federal, state, and local officials. If any is inaccurate, you may be denied benefits and/or be subject to criminal prosecution for knowingly providing false information. I understand the penalty for hiding or giving false information. I also understand I will owe the value of any extra benefits I receive because I do not fully report changes in my household. My signature below certifies under the penalty of perjury that all declarations made on this change report are true, accurate, and complete.					
APPLICANT SIGNATURE			TELEPHONE NUMBER - -	DATE	