



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

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**, you must always report:

- If your total household received substantial lottery or gambling winnings.

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 moves out of the home.
- A child receiving child care is no longer enrolled.
- You no longer need Child Care assistance.
- 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 like jail, a detention center, prison, halfway house, state hospital, nursing home, or assisted living.
- If you need a new Medicaid card.

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 to the month of the new certification period.

Please explain your changes: _____

Do you expect your change to continue beyond the report month? Yes No

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: \$ _____

You have the right to claim actual utility costs if your costs exceed the standard allowance.

For SNAP, you must obey program rules:

- **All the members of your household must obey the program rules and provide complete and accurate information. Do not provide false information in order to receive benefits. Do not give SNAP benefits to anyone who has no right to use them or purchase ineligible items. Do not use other individuals' SNAP benefits unless you are the authorized representative.**
- **Do not trade or sell an EBT card. Do not use SNAP benefits to buy non-food items, such as alcohol, cigarettes, or to pay on credit accounts. Using SNAP benefits to purchase food on credit could result in a disqualification.**
- **If you break any of these rules, you may be disqualified from receiving SNAP benefits, Child Care or Financial assistance.**
 - **The first time you violate a rule, you may not be eligible for these benefits for 12 months.**
 - **The second rule violation may result in a 24-month disqualification.**
 - **The third time, you may be ineligible permanently for SNAP, Child Care or Financial program benefits. You may also be prosecuted under other laws.**
 - **There may also be a fine up to \$250,000 or a jail sentence up to 20 years.**
 - **The court may also order an additional 18 months of SNAP ineligibility if convicted of a felony or misdemeanor related to inappropriate use of SNAP benefits.**
 - **If a court of law finds you guilty of using or receiving benefits in a transaction involving the sale of a controlled substance, you will not be eligible for benefits for two years for the first offense, and permanently for the second offense.**
 - **If a court of law finds you guilty of having used or received benefits in a transaction involving the sale of firearms, ammunition or explosives, you will be permanently ineligible to participate in the Program upon the first occasion of such violation.**
 - **If a court of law finds you guilty of having trafficked benefits for an aggregate amount of \$500 or more, you will be permanently ineligible to participate in the Program upon the first occasion of such violation.**
 - **If you are found to have made a fraudulent statement or representation with respect to the identity or place of residence in order to receive multiple SNAP benefits simultaneously, you will be ineligible to participate in the Program for a period of 10 years.**
- **Knowingly providing false information or fraudulent participation in any program may result in criminal or civil action and/or administrative claims.**

You can report your changes different ways:

- *Online:* jobs.utah.gov/mycase.
- *By fax:* 1-877-313-4717 or 801-526-9500.
- *By mail:* You can mail to:
 - Department of Workforce Services
 - Imaging Operations
 - PO Box 143245
 - Salt Lake City, UT 84114-3245
- *In person:* You can drop off the copies at your local employment center.

Please write your name and case number on all documents you send.

Customer Signature

Date

Equal Opportunity Employer Program

Auxiliary aids (accommodations) 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.