



STATE OF NEVADA
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF WELFARE AND SUPPORTIVE SERVICES
<http://dwss.nv.gov>

CHANGE REPORT FORM

THE LAW SAYS YOU MUST REPORT CHANGES TO US WITHIN 10 DAYS AFTER THE CHANGE HAPPENS IF YOU ARE RECEIVING SNAP BENEFITS AND BY THE 5TH OF THE FOLLOWING MONTH FOR TANF AND/OR MEDICAL ASSISTANCE.
 Fill in the spaces below. (You can write an explanation on a separate sheet of paper.) You can mail or bring this report into the office.
PLEASE PROVIDE PROOF OF THE CHANGES.

NAME		SOCIAL SECURITY NO.
ADDRESS	APT #	TELEPHONE
CITY/ZIP CODE		E-MAIL
Is this a new address? <input type="checkbox"/> YES <input type="checkbox"/> NO		
MAILING ADDRESS (if different) _____		

PEOPLE CHANGES: Did someone move in or out or have a baby?

NAME	DATE MOVED IN OR OUT	DATE OF BIRTH	SOCIAL SECURITY NO.	RELATIONSHIP

Is the member moving in a tax filer? YES NO
 Is the member moving in a tax dependent? YES NO
 If yes, who claims this member as a tax dependent? _____

INCOME AND JOB CHANGES

Did someone get a new job or end a job? YES NO Who? _____ When? _____

Did someone change work hours or pay? YES NO

Place of employment _____ Hours worked per week _____ Hourly Rate \$ _____ Date of first paycheck _____

Day of Week Paid _____ Pay is weekly, biweekly, semi monthly or monthly? _____

Are tips received? If so, how much per month? \$ _____

Medical insurance available? YES NO Effective Date: _____

OTHER INCOME CHANGES (Unemployment benefits, Social Security benefits, SSI, disability, child support, etc.)
 Explain type of income and change: _____

How much is received each month? \$ _____ Who receives this income? _____

EXPENSE CHANGES

New rent/mortgage payment? \$ _____ Do you pay utility bills? YES NO

Child Care Expenses? \$ _____

Medical expenses for the elderly (60+) or disabled? _____

Does anyone pay part of these expenses? Explain: _____

New child support you are ordered to pay? \$ _____

RESOURCE CHANGES

You must report any changes in resources (checking/savings accounts, bonds, home/land, boat, life insurance, vehicles, etc.).
 Include specific information about the opening, closing, purchasing, selling of, or changes to resources. Explain:

Other changes not listed above, i.e., pregnancy: _____

PLEASE READ AND SIGN: "I understand the penalty for hiding information or giving false information. I understand that I must repay the value of any benefits I get because I did not report changes or failed to report changes timely. I understand I may be disqualified from getting benefits. I can be fined or prosecuted or both if I do not tell the truth. I agree to provide proof of any changes if asked to do so. My answers on this form are true, correct and complete to the best of my knowledge."

Your Signature _____ Date _____

PROVIDE PROOF OF CHANGES
 IF WE CHANGE YOUR BENEFITS WE WILL SEND YOU A NOTICE.

