



CHANGE REPORT FORM

NAME _____ Location: _____

New or Change in Income

Please list any changes to your household income. Including new employment, loss of income, or any increase or decrease to your gross monthly income in excess of \$100. Also include any changes to the payment or receipt of Child Support. Please Provide Income Verification.

Income Type
(Wages, SSI, SSA,
TANF, VA,
Pension,
Retirement, Child
Suppot, etc.) New Gross Income

Name	Employer	New Gross Income Amount	Pay Frequency

New Contact Information:

New Address: _____

New Phone #: _____

SOMEONE MOVES IN OR OUT

If so, please complete the section below. Remember to include newborn children.

Name	Social Security #	Date of Birth	Date Entered Household	Date Left Household

YOUR DEPENDENT CARE COSTS GO UP OR DOWN

Have you started paying someone to care for a child or dependent adult or have these costs changed?

() YES () NO

Name of Dependent	Amount Paid	Payment Frequency

PENALTY WARNING: If you household receives USDA foods, it must follow the rules below. Failure to comply with these rules may result in a monetary claim being filed against your household and/or suspension from STOWW’s Food Distribution Program.

1. Do not make false or misleading statements, misrepresent, conceal or withhold facts regarding income and/or household size.
2. Do not misues (e.g. Trade or Sell) USDA foods.
3. Do not participate simultaneously in the Supplemental Nutrition Assistance Program (SNAP) and Food Distribution Program on Indian Reservations (FDPIR).

Signature

Date:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1.) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- (2.) fax: (202) 690-7442; or
- (3.) email: program.intake@usda.gov.

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