



**REPORT OF CHANGE**  
State Form 44151 (R10/11-07) / FI 2420

Name of case	Case number
Address (number and name, city, state, ZIP code)	Telephone number 1-800-403-0864

**IMPORTANT INFORMATION**

Your Social Security number is being requested by this State agency in accordance with 45 CFR 205.52, 7 CFR 273.6, and 42 CFR 435.910.

The information obtained on this form is confidential under state and federal regulations, including 470 IAC 1-2-7, 470 IAC 1-3-1, 470 IAC 6-1-1, 405 IAC 1-1-12, 45 CFR 205.50, 7 CFR 272.1(c), and 42 CFR 431.300. This information will not be released except as permitted or required by law or with the consent of the applicant/recipient.

**ALL CHANGES MUST BE REPORTED WITHIN 10 DAYS.**

**1. CHANGE OF ADDRESS**

New address (number and street, city, state, ZIP code)

Date moved	Telephone number ( )	Rent amount: \$	How often paid? <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other (Specify):
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Please check the utilities that YOU pay, which are NOT included in your rent:  
 Electric  Gas  Water  Sewer  Phone  Other (Specify):

The following person / agency assists me with my rent	Amount of assistance: \$
The following person / agency assists me with my utilities	Amount of assistance: \$

**2. CHANGE OF PEOPLE IN YOUR HOUSEHOLD**

Name of Person	In	Out	Date of Birth	Social Security Number	Date of Change
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			

**3. CHANGE IN SOURCE OR AMOUNT OF EARNED INCOME** This includes new employment, raises, promotions.

Name or person	Type of change	Date of change	
Place of employment	Start date	Hourly wage	Expected weekly hours of work

**4. CHANGE IN SOURCE OR AMOUNT OF UNEARNED INCOME**

This includes child support, Social Security, SSI, unemployment, VA benefits, utility checks, contributions, financial aid, etc.

Name of person	Type of change	Date of Change
New amount \$	Frequency of amount: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other (Specify):	

**5. OTHER CHANGES**

Do you expect the changes you have reported to continue beyond this month?  Yes  No

If no, please explain:

Signature	Date (month, day, year)
Telephone number where you can be reached: ( )	Social Security Number

**PLEASE ATTACH PROOF OF YOUR CHANGES, IF POSSIBLE.**

If you have not heard from FSSA within 10 days of turning in your report, please call 1-800-403-0864

(See the back of this form for more information)



# TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) AND MEDICAID

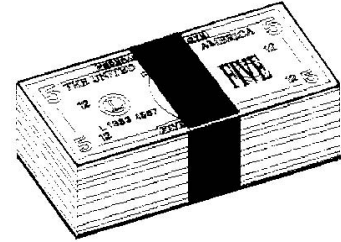
**YOU MUST REPORT ALL CHANGES WITHIN 10 DAYS FROM THE TIME YOU KNOW ABOUT THE CHANGE**

(Below are examples of changes you **MUST** report)

**FOOD STAMPS: YOU WERE INFORMED OF YOUR REPORTING REQUIREMENTS AT THE TIME OF CERTIFICATION. PLEASE REPORT ACCORDING TO THE REQUIREMENTS THAT WERE EXPLAINED TO YOU.**



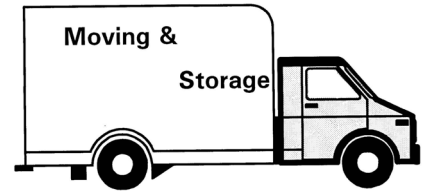
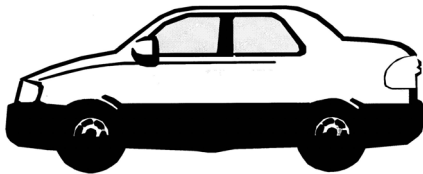
## REPORT TO US



When someone **MOVES IN** or **MOVES OUT** of your home. When someone in your home gets married, has a baby, or dies. When the amount of court-ordered child support you pay changes.

When the total **CASH, BANK ACCOUNTS** or **OTHER ASSETS** of everyone in your home reaches \$1,000 or more for Temporary Assistance for Needy Families (TANF). For Medicaid you must report all changes in assets.

## REPORT TO US



When someone in your home buys or receives a **CAR, TRUCK, MOTORCYCLE**, or other **MOTOR VEHICLE**.

When you **MOVE**.

## REPORT TO US



Any change in a **JOB**, an increase or decrease in pay, or a change in **MONEY** received such as Child Support or Social Security.



**FAILURE TO REPORT CHANGES MAY RESULT IN YOU HAVING TO REPAY BENEFITS**