



CHANGE REPORT

On Waiting List

Current Participant Head of Household

Name: _____ SS#: _____

What Change are you reporting? _____

New Home Address _____ City/State/Zip _____

New Mailing Address _____ City/State/Zip _____

New Phone Number _____ Home Cell Message

Secondary Phone Number: _____ Email _____ @ _____

Employment (Use to report new job, change in wages/hours, or loss of job)

New Job No longer working

Employer: _____

Employer Mailing Address: _____ City/State/Zip: _____

Employer Phone #: _____

Last Day worked at above listed employer: _____

Increase/Decrease in *Hours* from: _____ to _____ per _____ (please indicate by circling)

Increase/Decrease in *Wages* from: _____ to _____ per _____ (please indicate by circling)

Household Income (Use to report change(s) in Social Security, TANF, child support, unemployment, etc.)

Increase explain _____

Decrease explain _____

Household Composition **PLEASE SUPPLY SUPPORTING DOCUMENTS**

ADD/REMOVE	Member Name	Date of Birth	Social Security #
<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE			
<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE			
<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE			

Signature _____ Date _____

