

CAO NAME AND ADDRESS

CASE IDENTIFICATION				
CO	RECORD NUMBER	CAT	CSLD	DIST
RECORD NAME				DATE

## SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) CHANGE REPORT

This SNAP Change Reporting Form may be used to report changes in your household's circumstances. If you need help translating it, contact your county assistance office. Language assistance will be provided free of charge.

Este formulario de informe de cambios para el SNAP se puede utilizar para reportar cambios en las circunstancias de la unidad familiar. Si necesita ayuda con la traducción comuníquese con la oficina de asistencia del condado (CAO) que le corresponde. La asistencia bilingüe es gratuita.

Your Name and Address Information:

### PLEASE SEE THE BLOCK THAT IS CHECKED BELOW FOR THE CHANGES YOU MUST REPORT

- IF YOU ARE ENROLLED IN SEMIANNUAL REPORTING (SAR), YOU MUST REPORT THE FOLLOWING:**
- Changes in total monthly household income that exceeds 130% of the Federal Poverty Income Guidelines. Your caseworker should tell you your income limit. If you do not know, ask your caseworker.
  - If your household contains an Able Bodied Adult Without Dependents (ABAWD), you must also report if the work hours fall below an average of 20 hours weekly or 80 hours per month.

**Households must report these changes within 10 days following the month of change. This will help make sure you get the correct amount of SNAP benefits.**

**If you do not know if your reporting requirements are for a SAR household, contact your caseworker.**

You can use this form to report changes in the cost of day care or for the care of a disabled adult.

**IF YOU PURPOSELY HOLD BACK INFORMATION ABOUT CHANGES IN YOUR HOUSEHOLD, YOU WILL OWE US THE VALUE OF ANY EXTRA SNAP BENEFITS YOU RECEIVE AS A RESULT. YOU MAY ALSO BE BARRED FROM THE SNAP PROGRAM FOR 12 MONTHS, 24 MONTHS OR PERMANENTLY, AND BE FINED, IMPRISONED OR BOTH.**

If you can't mail this form, you can report the changes by calling us at

\_\_\_\_\_ .

You can also report changes by calling the Statewide Customer Service Center at 1-(877) 395-8930. If you live in the Philadelphia area, you should call the Customer Service Center at 1-(215) 560-7226.



## IF SOMEONE MOVES IN OR OUT OR IF YOU DIDN'T GIVE YOUR SOCIAL SECURITY NUMBER(S)

If you have not given social security numbers (SSN) for all household members, list their names, ages and SSNs below.

Has any household member left the household? Are there any new members in your household (include newborn children)? If so, please list them and complete the blocks below.

Remember that each new household member must certify, under penalty of perjury, that he/she is a U.S. citizen or non-citizen in lawful permanent status. Citizenship status may be subject to verification with the U.S. Citizenship and Immigration Services (USCIS) which will require submission of certain information from this change report form to USCIS. Information received from USCIS may affect your household's eligibility and level of benefits.

**I CERTIFY**, under penalty of perjury, by signing my name below, that I am a U.S. citizen or alien in lawful immigration status. Adult household members must sign the statement for members under 18 years of age. In the absence of an adult in the household the applicant may sign for non-adults.

FOR NEW HOUSEHOLD MEMBERS OR SOCIAL SECURITY NUMBERS ONLY							
HOUSEHOLD MEMBERS	CITIZEN	NON-CITIZEN	DATE OF BIRTH	DISABLED ?		SOCIAL SECURITY NUMBER	GROSS INCOME
	(CHECK ONE)			YES	NO		
1	NAME						
	SIGNATURE						
2	NAME						
	SIGNATURE						
3	NAME						
	SIGNATURE						

## IF THE SOURCE OF YOUR INCOME OR THE AMOUNT OF YOUR INCOME CHANGES

USE THE **GROSS INCOME** AMOUNT. **GROSS INCOME** IS THE AMOUNT BEFORE DEDUCTIONS (TAXES OR RETIREMENT OR UNION DUES) ARE TAKEN OUT. YOU DON'T HAVE TO REPORT CHANGES IN YOUR CASH ASSISTANCE, BUT YOU HAVE TO REPORT CHANGES IN ANY OTHER SOURCE OF INCOME.

#	NAME	WHERE DOES THE INCOME COME FROM	NEW GROSS AMOUNT	HOW OFTEN RECEIVED
1			\$	
2			\$	
3			\$	

## IF YOUR RESOURCES CHANGE

For households containing a disqualified/sanctioned member or an elderly disabled member with income above 200 percent of the Federal Poverty Income Guidelines, you may tell us if the total amount of money that the members of your household have in cash, saving and checking accounts, stocks and bonds increase to more than \$2,250 or \$3,500 if at least one household member is disabled or age 60 or older.

How much does your household have now? \$ \_\_\_\_\_

DID ANYONE IN YOUR HOUSEHOLD BUY A CAR, TRUCK, BOAT, CAMPER, MOTORCYCLE OR OTHER VEHICLE SINCE THE LAST TIME YOU TOLD US ABOUT THE VEHICLES YOUR HOUSEHOLD OWNS?	MAKE	MODEL	YEAR	
HAS ANYONE IN YOUR HOUSEHOLD SOLD OR TRADED IN A VEHICLE SINCE THE LAST TIME YOU TOLD US ABOUT THE CARS OR OTHER VEHICLES YOUR HOUSEHOLD OWNS?	MAKE	MODEL	YEAR	HOW MUCH DID YOU GET FOR IT?

## IF YOUR ADDRESS HAS CHANGED

What is your new address?		
Do you rent a room from someone?	▶ <input type="checkbox"/> YES <input type="checkbox"/> NO	Telephone Number
What is your new monthly rent or mortgage amount?	▶	What are your insurance costs if you own your home? ▶
What are your property taxes if the taxes are not included in your mortgage? ▶		
List all utilities that you must pay, such as electric, oil, gas, water, sewer:		
Check the boxes for the costs that you must pay: <input type="checkbox"/> Heating costs <input type="checkbox"/> Cooling cost/air conditioner		

## VOTER REGISTRATION (OPTIONAL)

If you are not registered to vote where you live now, would you like to apply to register to vote here today?  Yes  No  
**IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

**To register, you must: 1) Be at least 18 on the day of the next election; 2) Be a citizen of the United States for at least one month PRIOR TO THE NEXT ELECTION; 3) Reside in Pennsylvania and the voting district at least 30 days prior to the next election.**

**Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.** If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. Please contact the county assistance office if you would like help. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of the Commonwealth, PA Department of State, Harrisburg, PA 17120. (Toll-free telephone number 1-877-VOTESPA.)

### COUNTY ASSISTANCE OFFICE STAFF WILL COMPLETE THIS BOX BASED ON YOUR RESPONSE ABOVE

<input type="checkbox"/> Given to Client __/__/__	<input type="checkbox"/> Sent to voter registration __/__/__
<input type="checkbox"/> Mailed to Client __/__/__	<input type="checkbox"/> Declined, not interested __/__/__
<input type="checkbox"/> Not a U.S. citizen __/__/__	<input type="checkbox"/> Declined, already registered __/__/__

### IF YOUR RESPONSIBILITY TO PAY RENT/MORTGAGE OR UTILITY COSTS HAS CHANGED, BUT YOU HAVE NOT MOVED

What is your new rent amount? ▶	What new utility must you pay for?
Do you now pay for heating, cooling/air conditioning costs? <input type="checkbox"/> YES <input type="checkbox"/> NO	What utility don't you have to pay for anymore?

### IF YOUR DEPENDENT CARE FOR A CHILD OR CARE OF A DISABLED ADULT COSTS CHANGE

Type of cost	New Amount \$	How often billed
Type of cost	New Amount \$	How often billed

### IF THERE ARE CHANGES TO COURT ORDERED CHILD SUPPORT PAID TO A NON-HOUSEHOLD MEMBER

Effective date of the court order change(s): ▶	New Amount \$	Effective date court ordered support is not required: ▶
--	------------------	---

## PENALTY WARNING

Anyone in your household who breaks any of these rules on purpose can be barred from the SNAP program for 12 months, 24 months, or permanently; fined up to \$250,000, imprisoned up to 20 years, or both; and subject to prosecution under other applicable federal laws.

DO NOT give false information, or hide information, to continue receiving SNAP benefits.

DO NOT trade or sell SNAP benefits or your EBT card to anyone.

DO NOT use SNAP benefits to buy ineligible items, such as alcoholic drinks and tobacco.

DO NOT use someone else's EBT card for your household.

## YOUR SIGNATURE

I understand the penalty for hiding or giving false information.

I also understand I will owe the value of any extra SNAP benefits I receive because I have not fully reported changes in my household. I agree to prove any changes I report if you ask.

My answers on this form are correct and complete to the best of my knowledge.

I understand that my signature authorizes federal, state and local officials to contact other persons or organizations to verify the information I have provided.

DO YOU EXPECT THE CHANGES YOU HAVE REPORTED TO REMAIN THE SAME NEXT MONTH?



YES  NO

\_\_\_\_\_  
*Your signature*

\_\_\_\_\_  
*Today's date*

## IF YOUR SNAP BENEFITS CHANGE

We will use your answers on this form to see if your household's SNAP benefits will change. If your SNAP benefits change, you will be notified. If you do not agree with our decision, you can have a fair hearing. A hearing official will decide if you are right.

### USDA Nondiscrimination Statement

#### SNAP and FDPIR state or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

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, audiotope, 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](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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.