



REPORT OF CHANGE IN INCOME/FAMILY COMPOSITION

Head of Household: _____ SSN: _____

Caseworker: _____ Phone #: _____

For which Family Member if not Head of Household: _____

CHANGE BEING REPORTED		REQUIRED DOCUMENTATION (Attach the following)	
New Employment: (Name and complete address of employer) _____ _____ _____		1. Two (2) current and consecutive pay stubs dated within 60 calendar days; OR 2. An original new hire letter with the following information: <ul style="list-style-type: none"> • Date of Hire; • Rate of Pay; and • Hours to Work 	
Current Employment Wages: <input type="checkbox"/> Increased <input type="checkbox"/> Decreased Hours: <input type="checkbox"/> Increased <input type="checkbox"/> Decreased Working: <input type="checkbox"/> Started <input type="checkbox"/> Changed Jobs <input type="checkbox"/> Stopped		1. Two (2) current and consecutive pay stubs dated within 60 calendar days showing the increase/decrease of wages or hours. 2. For termination or layoff, the employer's letter showing the effective date.	
TANF: <input type="checkbox"/> Started <input type="checkbox"/> Stopped <input type="checkbox"/> Increased <input type="checkbox"/> Decreased		Recent printout or current Notice of Action	
SS/SSI: <input type="checkbox"/> Started <input type="checkbox"/> Stopped <input type="checkbox"/> Increased <input type="checkbox"/> Decreased		Letter from Social Security Administration	
Unemployment: <input type="checkbox"/> Started <input type="checkbox"/> Stopped		Recent printout from Employment Security Dept. or check stub	
Child/Spousal Support: <input type="checkbox"/> Started <input type="checkbox"/> Stopped		Copy of check/DA printout/letter/court documents	
REMOVE: Household Member(s)		1. _____ 2. _____ Attach the following if removing a spouse: Divorce Decree or Legal Separation Documents	
TEMPORARY ABSENCE: Reason:		Last Name: _____ First Name: _____ How Long: _____	
ADD – Household Member(s)		Complete below and attach the following: Birth certificate, Social Security card, income verification, picture ID (Drivers License/State ID), signed release form for adults, and other approval documents.	
Last Name: _____		First Name: _____	DOB: _____
Last Name: _____		First Name: _____	DOB: _____
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hawaiian/Other Pacific Islander		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hawaiian/Other Pacific Islander		<input type="checkbox"/> Male <input type="checkbox"/> Female	

Other Changes: _____

Signature: _____ Date: _____

