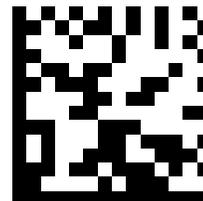




State of Utah  
Department of Workforce Services  
**CHANGE REPORT FORM**



D02914001860102

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Case #: \_\_\_\_\_

We no longer need the following types of assistance:  Financial  Medicaid  
 Food Stamps  Child Care

Reason: \_\_\_\_\_ Signature: \_\_\_\_\_

**Complete and sign this form only if you have a change.** You are required to report different things depending on what kind of benefits you receive. If you have questions about how to fill out this form, call 1-866-435-7414. You must report the following changes within 10 days. Any false or unreported information that is discovered may result in an overpayment and/or prosecution for fraud.

You can also report your changes online at <https://jobs.utah.gov/mycase>.

**YOU MUST ALWAYS REPORT:**

- If your total household income (before anything is taken out) becomes more than: \$ \_\_\_\_\_ per month.

Please explain your changes: \_\_\_\_\_  
\_\_\_\_\_

**AND** If you receive **FINANCIAL ASSISTANCE** you must report:

- If you move.
- If you only have one child receiving cash assistance and that child moves out of your home.

Please explain your changes: \_\_\_\_\_  
\_\_\_\_\_

**AND** If you need **FOOD STAMPS** and you are able-bodied between the ages of 18-49 with no children living in your household you must also report:

- If your employment hours fall below 20 hours per week.

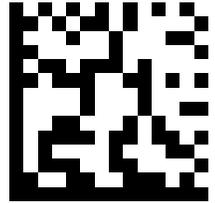
**AND** If you receive **CHILD CARE ASSISTANCE** you must report:

- If you move.
- If a parent, stepparent, spouse or former spouse moves into the home, getting married, a child receiving child care moves out of the home.
- If a parent's and/or child's school schedules change so that child care is no longer needed during the hours of approved employment and/or training activities.
- No longer in an approved training or education program.
- Not meeting minimum work requirements. This includes termination of employment. (Single parents must be employed at least 15 hours per week. In two-parent households, one parent must work at least 15 hours per week while the other parent works at least 30 hours per week.)
- If you change your child care provider.

Please explain your changes: \_\_\_\_\_  
\_\_\_\_\_

**AND** If you receive **MEDICAL ASSISTANCE** you must report:

- If you move.
- Change of an income source.
- Change of more than \$25 in gross monthly income.
- Receipt of a lump sum from any source:
  - Insurance payments
  - Accident or injury awards
- Change in assets:
  - Gaining or losing a vehicle
  - Opening a bank account
- Change of more than \$25 in total allowable deductions.
- Change in health insurance.
- Change in household size, living arrangements or marital status.
- Change in the type of residence such as entering or leaving an institution.



D02914001860202

Please explain your changes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you have MOVED:**

- What is your new address?  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- How much do you pay for rent/mortgage? \$ \_\_\_\_\_ per month
- What utilities do you pay?  
 Heating       Cooling       Electric       Water/Sewer/Garbage       Phone

**Agreement to report:**

I, \_\_\_\_\_, read or had read to me the statements above. I understand those statements. I understand I must report changes in my situation within 10 days of the day I learn of the change to my local Department of Workforce Services or Bureau of Eligibility Services office. I understand I will then have 10 days to provide verification of the reported change. I understand that any false or unreported information that is discovered may result in prosecution for fraud. I understand that I may request a fair hearing if I disagree with any action made on, my case.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

***Equal Opportunity Employer Program***

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.