IDAHO DEPARTMENT OF HEALTH & WELFARE

HW0592
Rev. 6/20008

Reporting Changes

Complete this Section

To ensure you receive the correct benefit amount each month, report any changes in your living situation. The table on the back of this form lists the changes you must report.

1. Complete this form to report a change.
2. Sign the form.
3. Mail the form or return it to your local **I**daho **D**epartment of **H**ealth and **W**elfare (IDHW) office. You may also report a change by calling your local IDHW office. For a list of IDHW offices, visit our website at www.healthandwelfare.idaho.gov, or call the Idaho CareLine by dialing 2-1-1 or 1-800-926-2588.

First and Last Name:

Case Number or Social Security Number:

Briefly describe what changed:

Date change occurred, or will occur:

Will this change continue next month? ☐ Yes ☐ No If No, describe why not:

Phone Number: Other Means of Contact:

Penalty for Misrepresentation

Failure to accurately report changes in your situation may result in a loss or reduction of benefits and legal action to recover overpayments. Under penalty of perjury, I swear or affirm that the information I provide is true and complete.

Signature *Date*

Important Information

Provide proof of the reported change(s) by the following date:

Provide the following as proof of the change:

1.	
2.	
3.	
4.	

If you have trouble providing the proof requested, ask your caseworker for help.

Print Form

Directions: Use the following table to identify which changes to report depending on the type of benefits you receive. If you have questions, please contact your caseworker.

Changes to Report Table						
Report the changes listed in this column:	**Food Stamps for Simplified Reporting Household**	**Food Stamps for Change Reporting Household**	**Health Coverage for Children**	**Health Coverage or Cash for Adults**	**Child Care**	**Temporary Cash Assistance for Families**
Income Changes						
When your total income exceeds the limit.	√					
When your work income increases or decreases more than $100.		√		√	√	√
When income from other sources increases or decreases more than $50.		√		√	√	√
When the hours you work are less than 80 per month (if you are an able-bodied adult between the ages of 18–50, who does not receive Food Stamps in conjunction with anyone under age 18.)	√					
Resource Changes						
Vehicles, bank accounts, and/or real estate.		√		√		√
Expense Changes						
Subsidized housing.						√
Child care costs.				√	√	√
Child care provider.					√	
Court-ordered child support you must pay.				√	√	√
Personal Information Changes						
Marital status or Social Security Number.				√	√	√
Change of address.	√	√	√	√	√	√
Household composition (who lives in your home).		√		√	√	√
Start, stop, or change in hours for education or training programs.					√	√
Health insurance coverage, including Medicare.			√	√		
Disability status.				√		√
When your pregnancy ends.				√		