	on of County Operations	ices
	CHANGE REPORT	County Office Address & Phone Number
IF YOU NEED THIS INFORMATION IN A D SUCH AS LARGE PRINT, CONTACT THE D (Si necesita este formulario en Español, llame al 1- versión en Español.)	HS COUNTY OFFICE.	
You may call or email the DHS County Office at t webmail address shown to report changes for your provided if the DHS County Office number is long	TEA, Medicaid, or SNAP case	e(s). Please use the toll-free number
Name:	Date of	Birth:
Budget Unit ID Number:	Medicaid ID Num	ber:
Check all that you receive: TEA	Medicaid SNAP	
Enter yourAddress:	Hearing Impa	nired Phone #
Is this a new address? YES NO If your address changes, you should report your ne correspondence from DHS.	·	

INSTRUCTIONS: You may use this form to report the following changes in your household's circumstances.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM ONLY

- You must report changes in your total household income when it exceeds the limit for your household size. (*You do not have to report changes in your TEA benefit amount.*)
- You must report increases in your household's cash and savings if the total cash and savings of all household members now equals or exceeds \$2,250 or more.

TEA AND MEDICAID PROGRAMS ONLY

- You must report any change in income you receive regardless of the amount received or how often you expect to receive it.
- For Medicaid, you must report increases in your household's savings if the total amounts to \$2,000 or more.
- For TEA Cash Assistance, you must report increases in your household's savings if the total amount exceeds \$3,000.

The following changes must be reported in the following Programs: SNAP, Medicaid and TEA Cash Assistance

- You must report changes in any source of income.
- You must report cars, or other licensed vehicles if anyone in your home get one.
- You must report changes in the number of people in your household.
- You must report if you move to a new residence.
- If you move, you must report your new rent (or mortgage) and utility costs.
- You should always report any address changes even if you do not move.

NOTICE TO SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM HOUSEHOLDS SUBJECT TO SEMI-ANNUAL REPORTING OR ANNUAL REVIEW: See the ADDENDUM for an explanation of your reporting requirements. You may use this *Change Report* to report if your income begins to exceed the limit for your household size or if certain people in your home begin working less than 20 hours per week. Those are the changes that you are required to report. However, you may use this form to report a change if you would like to do so. YOU OR ANYONE IN YOUR HOME WHO GETS CASH ASSISTANCE OR MEDICAID MUST CONTINUE TO REPORT CHANGES AS SHOWN ABOVE. IF THESE CHANGES AFFECT YOUR SNAP CASE, WE WILL LET YOU KNOW.

SECTION 1 - DID YOUR INCOME CHANGE?

New Income: Complete this section if you or anyone in your household started working or began getting income from a new source. Report the income of new members here.

Name of Household Member	Source of New Income (Company, Agency, Person, etc.)	Date Income Was First Received	Amount
			\$

Income Stopped: Complete this section if you or anyone in your household stopped working or income stopped from any source.

Name of Household Member	Source of Income That Stopped (Company, Agency, Person, etc.)	Date Income Was Last Received	Reason Income Stopped

Income Went Up or Down: Complete this section if income received by you or anyone else in your household changed.

Name of Household Member	Source of Income That Changed	Date Income	New	How Often
	(Company, Agency, Person, etc.)	Changed	Amount	Received?
			\$	

Required Proof: You must send proof of the change in income. Send award letters, check stubs, cash receipts, or any other documentation that shows the new amount of income, and for income that stopped, the last date paid. If your income from work changed, send proof of all cash, checks, etc. received in the last 30 days.

SECTION 2 - DID YOUR SAVINGS INCREASE?

You must tell us if the total amount of money that you or anyone else in your household has in liquid resources (cash, savings accounts, checking accounts, stocks, bonds, etc.) increases to \$2,250 if you receive SNAP benefits, to \$2,000 or more if you receive Medicaid, or to more than \$3,000 if you receive TEA cash assistance. This includes all accounts with the name of a household member on the account even if the money belongs to someone else.

State the current amount of your liquid resources. \$

SECTION 3 - DID YOU GET A NEW VEHICLE?

boat, camper, motorcycle or other vehicle, you must report the make, model and					If a vehicle was sold or traded at the same time, you may wish to tell us the make, model, and year of the vehicle that was sold or traded.		
Make	Model	Year	Licensed	Value	Make	Model	Year
			YES 🗆 NO 🛛	\$			

SECTION 4 - DID YOUR HOUSEHOLD COMPOSITION CHANGE?

If a member of your household moved out or passed away, you must complete this section. (Use a sheet of paper if you need more room to report.)

Name of Member Who is	Date Member	Social Security	Date of	State Reason Member is
NO Longer in Home	Left Home	Number	Birth	NO Longer in Home

If someone moved into your home or if a member of your household had a baby, you must complete this section. (Use a sheet of paper if you need more room to report.) Each new household member must declare a social security number and/or citizenship status before he or she is allowed to receive SNAP benefits. Check below to indicate citizenship status. Also, you must complete the information on page 3 of this form.

Name of New Household Member	Date Member Entered Home	Social Security Number	Date of Birth	Relationship	U.S. Citizen	Legal Alien	Other	
And near the second district and the second district and the TEA and the second district and 9 VES 🗖 NO 🗖								

Are new members currently receiving SNAP, Medicaid, and/or TEA cash assistance? YES D NO D If yes, who is receiving benefits? _____ Where are they getting benefits? _____

What benefits do they receive?

Are any new members pregnant? **YES** \square **NO** \square If Yes, expected due date? (mm/dd/yyyy)

Number of babies expected in the pregnancy?

Do the new members plan to file a federal income tax return NEXT YEAR? YES D NO D

Will they file jointly with a spouse? YES □ NO □ If Yes, name of spouse:

Will they claim any dependents on their tax return? YES **NO I** If Yes, list names of dependents:

Will the new household member be claimed as a dependent on someone's tax return? YES INO I If Yes, please list the name of the tax filer: ______ How are they related to the tax filer?_____

SECTION 5 - SNAP HOUSEHOLDS ONLY - DID YOU MOVE TO A NEW RESIDENCE?

Check here if you moved to a new residence:	Check here if your address changed:
Enter new rent or mortgage payment here: \$	If yes, give your new address:
Enter insurance on home here: \$	
(If not included in payment)	
Enter annual real estate taxes here: \$	Home Phone
(If not included in payment)	Message Phone
List your new utility costs:	
Heating fuel (Butane, natural gas, etc.)	Will you be using an air conditioner? YES □ NO □
Electricity \$ Water/Sewer \$	How will you be heating your home?
Telephone \$ Garbage Pickup \$	
Other \$ Explain	Will anyone be paying part of your shelter costs?
	YES \square NO \square If ves. who?

NOTE: We use your utility expenses to determine your SNAP benefit amount. Usually, you may choose to use a utility standard or your actual verified utility costs only at application. Once you have chosen between the standard and actual costs, you may not switch to the other option until your next application. Contact your worker if you need more information.

SECTION 6 - DID YOUR DEPENDENT CARE COSTS CHANGE?

Dependent care costs are payments for the care of a child or an adult aged 60 or older and/or an individual with a disability to allow someone in the household to work, look for work, or attend school or a training course. You are allowed, but not required, to report changes in dependent care costs.

Name of Person Who Pays this Cost	Name of Person Who is Paid	New Amount Paid	How Often Paid?
		\$	

<u>SECTION 7 - SNAP HOUSEHOLDS ONLY - DID THE MEDICAL EXPENSES OF AGED AND/OR</u> <u>INDIVIDUALS WITH DISABILITIES INCLUDED IN THE HOUSEHOLD CHANGE?</u>

We can deduct the medical expenses of household members who are age 60 or older or who are receiving disability benefits including: 1) social security disability, 2) SSI, 3) VA benefits paid for a permanent and total disability, or 4) permanent disability payments from a state or federal agency. (This includes charges for doctors, dentists, hospitals, Medicare, Medipak, other health insurance, prescription drugs*, dentures, hearing aids, glasses, attendants or nurses, transportation for medical care, and many other medical costs.) You are allowed, but not required, to report changes in medical expenses. If you choose to report a change in medical expenses, you must send proof of the new amount.

Name of Person With Medical Costs	Type of Expense	New Amount Paid	How Often is this Payment Due?

* You may wish to provide a printout from the drugstore or a list of the prescription drugs you take each month.

SECTION 8 - DID SOMEONE START PAYING CHILD SUPPORT?

Report here if you or anyone else in your household began paying child support to someone living outside your home.

Who pays child support?

To whom is support paid? Name

Address

Are the child support payments court ordered? **YES NO D**

How often do they pay?

How much do they pay? \$

Telephone___

SECTION 9 – HEALTH COVERAGE

Is anyone in the household enrolled in health coverage? YES D NO D If Yes, please state who has health coverage and the type of coverage that they have. (Examples: Employer insurance, TRICARE, Medicare) Use a sheet of paper if you need more room to report.

coverage that they have. (Examples: Employer instrance,	(RICARE, Weddare) Use a sheet of paper if you need more room to report.
Person's name:	Coverage Type:
Person's name:	Coverage Type:
Person's name:	Coverage Type:

SOCIAL SECURITY NUMBERS (SSNs)

Households must provide or apply for an SSN for each household member who will be participating in Medicaid, Supplemental Nutrition Assistance Program, and TEA. Failure or refusal to provide for or to supply a social security number will result in that individual's disqualification.

PENALTY WARNINGS

Information on this form may be verified by Federal, State and local officials through computer matching. If any information is found to be incorrect, TEA, Medicaid, and/or SNAP benefits may be denied or stopped. Also, the applicant/recipient may be subject to criminal prosecution for knowingly providing incorrect information.

If you receive Medicaid and intentionally withhold information or misrepresent facts, you may be referred for criminal prosecution. For TEA, your family may be disqualified from the program for 1 year after the first violation, 2 years after the second violation, and permanently for more than two violations.

Any member of your household found to have intentionally broken SNAP rules will be disqualified from the Supplemental Nutrition Assistance Program for 1 year after the first violation, 2 years after the second violation and permanently after the third violation. The SNAP rules are:

- Do not give false information or withhold information in order to get or to continue getting SNAP benefits.
- Do not alter any authorization document to get SNAP benefits you are not eligible to receive.
- Do not use SNAP benefits to buy non-food items like alcoholic drinks, beer, or household supplies.
- Do not trade or sell SNAP benefits or allow unauthorized use of electronic benefit transfer (EBT) cards.
- Do not use someone else's EBT card for your household's benefit.

Additional SNAP Violation Penalties:

- A court of law can ban anyone who intentionally breaks SNAP rules from getting SNAP benefits for an additional 18 months and can impose fines of up to \$25,000, or send the violator to jail for up to 20 years or both.
- Any member of your household found to have made a fraudulent statement or representation about their identity or residence in order to get SNAP benefits in two locations in the same month may be disqualified for 10 years.
- No individual will be eligible to receive SNAP benefits as long as he or she is classified as a fleeing felon and/or a parole or probation violator.

The following individuals are permanently disqualified from receiving SNAP benefits:

- Violators found guilty in a court of law of buying or selling firearms, ammunition, explosives, or controlled substances in exchange for SNAP benefits.
- Violators found guilty in a court of law of trafficking SNAP benefits in excess of \$500.
- Individuals who were found guilty of or who pled guilty or nolo contendere (no contest) to any state or federal offense classified as a felony by the law or jurisdiction involved, and which has as an element of the offense the distribution or manufacture of a controlled substance.

YOUR SIGNATURE

I understand the penalty for hiding or giving false information. I also understand I must repay extra SNAP, TEA, or Medicaid benefits that I receive because I did not fully report changes in my household. I agree to provide verification of any reported changes if I am asked to do so. As necessary to verify information contained in this report, I hereby authorize my employer(s), any banks, savings and loans, lending institutions, etc., and/or Federal or State agencies to release information about me or my circumstances to the Division of County Operations. I certify under penalty of perjury that my answers on this form are correct and complete to the best of my knowledge and that all household members are either U.S. citizens or aliens with legal immigration status.

Do you expect the changes that you reported will remain the same next month? YES D NO D

If you answered no, please explain:

* SIGN HERE _____

Today's Date

IF YOUR BENEFITS CHANGE

We will use the information you provided on this form to determine if your household's benefits must change. If we must change your benefits, we will send you a notice explaining the action. If you do not agree with our decision, you may have a hearing to appeal the decision. Your notice will tell you how to ask for a hearing.

CIVIL RIGHTS

The Arkansas Department of Human Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, political affiliation, or veteran status. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination in the Supplemental Nutrition Assistance Program, write: USDA, Director, Office of Civil Rights, Room, 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410. (Telephone and TDD for Hearing Impaired - 1-202-720-5964)

VOTER REGISTRATION

Would you like to register to vote or change your voter registration address? YES D NO D

If you marked yes, please complete the attached Voter Registration application and return it to your local DHS office or mail to the address listed on the form.

ARKANSAS VOTER REGISTRATION APPLICATION

Check will hat spey: Office Use Only The is an underse change. Office Use Only The is an underse change. It actigned ID Address Where You Live (See Section *C* Below) Apt or Lafe Op/form County State [2IP Code Address Where You Receive Mail ID Efferent From Above Apt or Lafe Op/form County State [2IP Code I Market Change ID Address Where You Receive Mail ID Efferent From Above Apt or Lafe Op/form County State [2IP Code I Market Change ID Address Underse ID State [2IP Code State [2IP Code State [2IP Code I Market Change ID Address Underse ID State [2IP Code State [2IP Code State [2IP Code I Market Change ID Address Underse ID State [2IP Code State [2IP Code State [2IP Code I Market Change ID Address Underse ID State [2IP Code State [2IP Code State [2IP Code I Market Change ID Market Change ID St	T								•••						
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Date of Birth		•			•	-				Agency Co	ode (For	Officia	al Use C	only)	
Month Day Year Month Previous Last Name Jr. Sr. First Name Middle Name Mrs. Previous Last Name Jr. Sr. First Name Middle Name B Previous House Number and Street Name Apt. or Lot# City/Town County State ZIP Code If you live in a rural area but do not have a house or street number, or if you have no address, please show on the map where you live. IDENTIFICATION REQUIREMENTS C • Write in the names of the crossroads (or streets) nearest where you live. IDENTIFICATION REQUIREMENTS • Daw an "X" to show where you live. • Grocery IMPORTANT: If your voter registration application form is submitted by mail and you are registering for the first time, and you do not have a valid Arkanas driver's license number or social security number, in order to avoid the additional identification requirements upon voting for the first time you must submit with the mailed registration form: (a) a current and valid photo identification; or (b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document	• Yol	u wish to change	the name or a	iddress on	your curi	rent reg	gistra	ation.							
Mr. Mrs. Ms. Previous Last Name Jr. II. III. IV. Sr. II. III. IV. First Name Middle Name B Previous House Number and Street Name Apt. or Lot# City/Town County State ZIP Code If you live in a rural area but do not have a house or street number, or if you have no address, please show on the map where you live. Iono address, please show on the map where you live. IDENTIFICATION REQUIREMENTS C • Write in the names of the crossroads (or streets) nearest where you live. IDENTIFICATION REQUIREMENTS • Use a dot to show any schools, churches, stores or other landmark. NORTH IDENTIFICATION REQUIREMENTS Example • Grocery Store • Grocery Woodchuck Road • Grocery Woodchuck Road • MORTH • D D IMPORTANT: If your voter registration application form is submitted by mail and you are registering for the first time, and you do not have a valid Arkansas driver's license number or social security number, in order to avoid the additional identification requirements upon voting for the first time you must submit with the mailed registration form: (a) a current and valid photo identification; or (b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document	Date		//												
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Arkansas Secretary of State PTTN: Voter Registration P.O. BOX 8111 Little Rock, Arkansas 72203-8111

Class Postage Required	
First	From:

Deadline Information

To qualify to vote in the next election, you must apply to register to vote 30 days before the election. If you mail this form, it must be postmarked by that date. You may also present it to a voter registration agency representative by that date. If you miss the deadline you will not be registered in time to vote in that election. *Please don't delay. Make sure your vote counts.*

If you are qualified and the information on your form is complete, you will be notified of your voting precinct by your local County Clerk.

<u>To Mail</u>

Fold form on middle perforation, remove plastic strip, seal at bottom, stamp and mail.

Questions? Call your local County Clerk or Arkansas Secretary of State Mark Martin Elections Division – Voter Services 1-800-482-1127

Contact your County Clerk if you have not received confirmation of this application within two weeks.

ARKANSAS VOTER REGISTRATION INFORMATION

Section 7 of the National Voter Registration Act (NVRA) of 1993 requires that each state provide the opportunity to register to vote with every application for public assistance and every recertification, renewal and change of address. This Voter Registration packet is an opportunity for you to register to vote or change your voter registration address. 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 in 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 voter registration application form in private.

No information relating to a declination to register to vote in connection with an application may be used for any purpose other than voter registration.

If you believe that someone has interfered with your right to: 1) Register to vote; 2) Decline to register to vote; 3) Privacy in deciding whether to register or in applying to register to vote; or 4) Choose your own political party or other political preference,

You may file a complaint with:

Secretary of State Room 256 State Capitol Little Rock, Arkansas 72201 1-800-482-1127

Mailing Instructions for Voter Registration

You have two options to submit your Voter Registration form.

- You can submit the registration form in person or mail the registration form along with your SNAP or Medicaid application to your local county DHS office. The address for your county office can be found on the last page of this packet. Some applications (DCO-151 & DCO-152) must be mailed to the Jefferson County DHS office. If you are using one of these forms, you can mail the Voter Registration form with your application to that office. Upon receipt at any county office, that office will mail the form to the Secretary of State's office for you.
- 2. You may also mail the Voter Registration form directly to the Secretary of State's Office. To mail the form directly to the Secretary of State's office, separate the form from your application/renewal, fold the form along the middle perforation, seal the bottom with tape or staple, and mail to the address on the form. A stamp or stamped envelope is required for mailing.

County	Address	City	Zip	County	Address	City	Zip	County	Address	City	Zip
Arkansas	100 Court Square	DeWitt	72042	Grant	PO Box 158	Sheridan	72150	Ouachita	PO Box 718	Camden	71711
Arkansas	PO Box 1008	Stuttgart	72160	Greene	809 Goldsmith Rd	Paragould	72450	Perry	213 Houston Ave	Perryville	72126
Ashley	PO Box 190	Hamburg	71646	Hempstead	116 N. Laurel	Норе	71802	Phillips	PO Box 277	Helena	72342
Baxter	PO Box 408	Mt. Home	72654	Hot Spring	2505 Pine Bluff St	Malvern	72104	Pike	PO Box 200	Murfreesboro	71958
Benton	900 SE 13th Court	Bentonville	72712	Howard	PO Box 1740	Nashville	71852	Poinsett	PO Box 526	Harrisburg	72432
Boone	PO Box 1096	Harrison	72602	Independence	100 Weaver Ave	Batesville	72501	Polk	PO Box 1808	Mena	71953
Bradley	PO Box 509	Warren	71671	Izard	PO Box 65	Melbourne	72556	Роре	701 N Denver	Russellville	72801
Calhoun	PO Box 1068	Hampton	71744	Jackson	PO Box 610	Newport	72112	Prairie	PO Box 356	DeValls Bluff	72041
Carroll	PO Box 425	Berryville	72616	Jefferson	PO Box 5670	Pine Bluff	71611	Pulaski East	PO Box 8083	Little Rock	72203
Chicot	PO Box 71	Lake Village	71653	Johnson	PO Box 1636	Clarksville	72830	Pulaski Jax.	PO Box 626	Jacksonville	72078
Clark	PO Box 969	Arkadelphia	71923	Lafayette	2612 Spruce St.	Lewisville	71845	Pulaski No.	PO Box 5791	N. Little Rock	72119
Clay	PO Box 366	Piggott	72454	Lawrence	PO Box 69	Walnut Ridge	72476	Pulaski So.	PO Box 2620	Little Rock	72203
Cleburne	PO Box 1140	Heber Springs.	72543	Lee	PO Box 309	Marianna	72360	Pulaski Sw.	PO Box 8916	Little Rock	72219
Cleveland	PO Box 465	Rison	71665	Lincoln	101 W. Wiley St.	Star City	71667	Randolph	1408 Pace Rd	Pocahontas	72455
Columbia	PO Box 1109	Magnolia	71754	Little River	90 Waddell St.	Ashdown	71822	Saline	PO Box 608	Benton	72018
Conway	PO Box 228	Morrilton	72110	Logan-1	#17 W. McKeen	Paris	72855	Scott	PO Box 840	Waldron	72958
Craighead	PO Box 16840	Jonesboro	72403	Logan-2	398 East 2 nd St.	Booneville	72927	Searcy	106 School St	Marshall	72650
Crawford	704 Cloverleaf Circle	Van Buren	72956	Lonoke	PO Box 260	Lonoke	72086	Sebastian	616 Garrison Ave	Ft. Smith	72901
Crittenden	401 S. College Blvd	W. Memphis	72301	Madison	PO Box 128	Huntsville	72740	Sevier	PO Box 670	DeQueen	71832
Cross	803 Hwy 64E	Wynne	72396	Marion	PO Box 447	Yellville	72687	Sharp	1467 Hwy 62/412 Ste. B	Cherokee Village	72529
Dallas	1202 W. 3rd St.	Fordyce	71742	Miller	3809 Airport Plaza	Texarkana	71854	St Francis	PO Box 899	Forrest City	72336
Desha	PO Box 1009	McGehee	71654	Mississippi 1	1104 Byrum Rd.	Blytheville	72315	Stone	1821 E Main	Mountain View	72560
Drew	PO Box 1350	Monticello	71657	Mississippi 2	437 S Country Club	Osceola	72370	Union	123 W 18th St.	El Dorado	71730
Faulkner	1000 East Siebenmorgan Road	Conway	72032	Monroe-1	PO Box 354	Clarendon	72029	Van Buren	449 Ingram Street	Clinton	72031
Franklin	800 W Commercial	Ozark	72949	Monroe-2	301½ N New Orleans	Brinkley	72021	Washington	4044 Frontage	Fayetteville	72703
Fulton	PO Box 650	Salem	72576	Montgomery	PO Box 445	Mount Ida	71957	White	608 Rodgers Drive	Searcy	72143
Garland	115 Stover Lane	Hot Springs	71913	Nevada	PO Box 292	Prescott	71857	Woodruff	PO Box 493	Augusta	72006
				Newton	PO Box 452	Jasper	72641	Yell	PO Box 277	Danville	72833

*If you live in Pulaski County please check the zip code listing below to ensure that you mail or return your application to the appropriate Pulaski County DHS Office.

Pulaski East: 72016, 72053, 72126, 72135, 72201, 72202, 72203, 72205, 72207, 72212, 72223, 72227 Pulaski North: 72046 (England), 72113, 72114, 72115, 72117, 72118, 72119, 72142 (Scott), 72190, 72231 Pulaski Jacksonville: 72023 (Cabot), 72076, 72078, 72099, 72106, 72116, 72120, 72124 Pulaski South: 72204, 72206 (Shared with Southwest) Pulaski Southwest: 72002, 72065, 72103, 72208, 72209, 72210, 72211, 72164, 72180, 72183, 72206 (Shared with South)