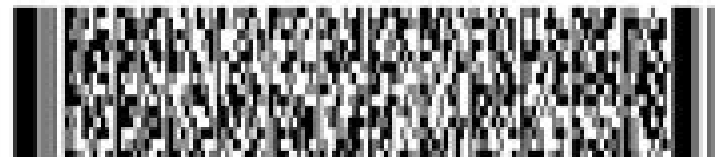




State of Illinois Department of Human Services
Supplemental Nutrition Assistance Program
(SNAP) CHANGE REPORT FORM
(formerly the Food Stamp Program)



22w00002-0347-40100-03407-1-00000000040

THIS IS NOT AN APPLICATION. Use this form to report **CHANGES ONLY**.

Last Name: _____ First Name: _____ Case Number (if known): _____

Address: _____ City: _____ County: _____ State: _____ Zip: _____

You must report the following changes within **TEN (10) days** from the time you learn of the change if your household is not a Mid-Point Reporting Unit:

- * **CHANGES IN THE SOURCE OR TOTAL OF EARNED INCOME OF MORE THAN \$125 A MONTH, OR UNEARNED INCOME OF \$125 A MONTH, UP OR DOWN.** (You **DO NOT** have to report changes in your cash benefits paid by DHS);
- * **PEOPLE WHO MOVE IN OR OUT OF YOUR HOUSEHOLD, INCLUDING NEWBORNS.** (List names, birth dates, social security numbers and income.);
- * **IF YOU HAVE MOVED, YOUR NEW ADDRESS, TELEPHONE NUMBER AND CHANGES IN RENT OR MORTGAGE AND UTILITIES; and/or**
- * **IF YOU RECEIVE A DEDUCTION FOR CHILD SUPPORT PAYMENTS, REPORT WHEN THE SUPPORT ORDER CHANGES OR ENDS.**
- * **IF YOU OR ANYONE IN YOUR HOUSEHOLD IS REQUIRED TO MEET WORK REQUIREMENTS, REPORT ANY CHANGES IN WORK HOURS THAT FALL BELOW 20 HOURS PER WEEK, AVERAGED MONTHLY.**

Mid-Point Reporting Units

If you choose to report changes, you may use this Change Report Form to report your change to the local office.

LIST CHANGE(S) AND THE DATE OF THE CHANGE(S) BELOW: (Use an additional sheet, if necessary.)

1. _____
2. _____
3. _____

Do you expect the change(s) you are reporting to continue next month? ☐ YES ☐ No If "NO", please explain:

PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW:

I understand the penalty for hiding information or giving false information. I also understand that I will owe the value of any extra SNAP benefits I receive if I do not fully report changes in my household. I agree to provide proof of any changes I report if asked. My answers on this form are correct and complete to the best of my knowledge.

YOUR SIGNATURE

DATE

TELEPHONE



PLEASE TURN THE PAGE
FOR IMPORTANT INFORMATION.

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M Walker



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