

Verification of Change in Situation

Use this form to record changes in situation between reviews or to record changes reported on the Work First Family Assistance Report.

Date: _____ County Name: _____ Worker/Interviewer _____

Head of Household: _____ PDC/ICS No. _____

Method of Report (check): Phone ___ In-person ___ Mail ___ QR ___ Date of Report: _____

1. Change in Income: Gross Amount: \$ _____ Earned Unearned

Source of Income: _____ Frequency: _____

Received by: _____ Relationship to Case Head: _____

2. Change in Residency/Address:

Change in Address Move Out of County Move Out of State Date of Move: _____

New Address: _____

Phone No.: _____ Home Work Messages only

If moved out of county, date of case transfer: _____

3. Change in Household Composition:

A. Someone Moved in Move in Date: _____ A child was born

Name: _____ Date of Birth: _____ Sex: ____ Race: _____

Place of Birth: _____ SSN (if applying for assistance): _____

Parent's Name(s) 1. _____ 2. _____

Relationship to Case Head: _____ Subject to Family Cap: Yes No

If no, reason: _____

Marital Status: _____ Spouse's Name: _____

Included in the Work First Cash Assistance case: Yes No

If no, reason: _____

B. Someone Moved Out Someone is temporarily out of the home (refer to WF Manual Section 1

Name: _____ Relationship to Case Head: _____

Date of Move/Temporary Absence: _____ If Temporary Absence, Return Date: _____

Reason for move/temporary absence: _____

4. Time Limit Extension/Exemption Request:

Hardship Exemption (60 Month Federal) Extension (includes State 24 and State 60 time limits)

Date of Request: _____ Requested by: _____

Reason for Request: _____

5. Administrative Reopen

Date of Request _____ Request by the 10th of the month Yes No

Approved Denied Reason for Denial: _____

6. Other Changes: _____

7. Case Action/Results: _____

By signing this form, I am saying that:

- Everyone I am applying for is a United States citizen or a qualified immigrant.
- I have read and understand my rights and responsibilities, including my right to claim good cause for refusing to cooperate with Child Support.
- All the information I have given is correct.
- I understand that if I choose not to sign this form, Work First Family Assistance may be denied, reduced or terminated.

Case Head's Signature: _____ Date: _____

Interviewer's Signature: _____ Date: _____