

FOR AGENCY USE ONLY

County _____ District # _____

Refer to:	<input type="checkbox"/>	SA	<input type="checkbox"/>
WFFA	<input type="checkbox"/>	LIEAP	<input type="checkbox"/>
Food Stamps	<input type="checkbox"/>	Services	<input type="checkbox"/>
MA	<input type="checkbox"/>		

CHANGE IN SITUATION REPORT

Name _____ Case No: _____ Date _____

If your situation changes, you must report this within ten (10) days. If you fail to do so, you may have to pay back some or all of the money you were paid, go to court, or both. If any of the items below have changed, complete this form, sign it, and return it to our office or contact your worker, _____ at this number: _____.

1. Have you moved? No _____ Yes _____

If yes, give your new address _____
Directions to your new address _____

Give your phone number or a number where a message may be left for you: _____

2. Has anyone moved into or out of your home? No _____ Yes _____ If yes list name(s) of person(s) _____ Relation to you _____

3. Are you or anyone in your household receiving:

	No	Yes	If yes, who	Amount
a) unemployment benefits	_____	_____	_____	_____
b) Social Security	_____	_____	_____	_____
c) veteran's benefits	_____	_____	_____	_____
d) worker's compensation	_____	_____	_____	_____
e) retirement	_____	_____	_____	_____
f) support	_____	_____	_____	_____
g) insurance check	_____	_____	_____	_____
h) housing authority payment	_____	_____	_____	_____
i) railroad retirement	_____	_____	_____	_____
j) SSI	_____	_____	_____	_____
k) other	_____	_____	_____	_____

4. Are you working full-time, part-time, or doing anything you get paid money for? No _____ Yes _____. If yes, give name and phone number of employer _____
When did you start working? _____ When is your first pay date? _____
How many hours do you work per week? _____ What are you paid per hour? _____
How often are you paid? _____

5. Has your youngest child reached age 6? No _____ Yes _____

6. Has any child 16 or over stopped school? No _____ Yes _____ If yes, is he/she working?
No _____ Yes _____ If yes, give name of employer _____

7. Have you opened a bank account? No _____ Yes _____ If yes, give name of bank _____

8. Are you buying any land or property? No _____ Yes _____ If yes, Where? County _____
City, town, or township _____ State _____

9. Have you sold any land or property? No _____ Yes _____ If yes, Where? County _____
City, town, or township _____ State _____

10. Other changes _____

Signature of Applicant/Recipient _____

Date _____