Change of Circumstances

YOUR NAME	CLIENT ID OR SOCIAL SECURITY NUMBER

Read all sections carefully. **Check all boxes that apply to your household.** Sign, date, and return this form to your local office. If you have any questions, or if you need a postage paid envelope to return this form by mail, contact your local office.

Your Responsibilities: If your household gets cash, Basic Food or medical assistance, you must report changes as described under WAC 388-418-0005, 182-504-0105 and 182-504-0110 based on the benefits you receive. For cash and food assistance programs, you must tell us about these changes by the 10th day of the month after the date the change happened. For medical assistance, you must tell us within 30 days of when the change happened. If you tell us about a change that you do not have to tell us about, we must look at how this impacts your benefits. This may result in fewer benefits, or your benefits may end. For Basic Food, if you voluntarily report a move to a new residence, you must also report your new shelter costs in Section 2, even if you have not been billed for them yet. If you do not give us your new shelter costs, we will use $0. This could cause you to receive fewer benefits.

1. ☐ My address changed.

☐ I moved. Date of move: ________________ ☐ My mailing address changed. ☐ I am homeless.

My new living address is:	My new mailing address (if different) is:
APARTMENT NUMBER (IF ANY)	APARTMENT NUMBER (IF ANY)
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE

2. ☐ My shelter costs changed.

For Basic Food, report **only if** you have an increase or you move to a new residence. Report any other changes in shelter costs at **your next mid-certification or eligibility review**. Check all that apply.

☐ I am renting.		☐ I am buying.	☐ I am on subsidized housing.
MONTHLY RENT AMOUNT $	YOUR SHARE, IF DIFFERENT $	MONTHLY MORTGAGE AMOUNT $	MONTHLY PAYMENT AMOUNT (LIST YOUR SHARE ONLY) $

I pay separately for (check all that apply):

☐ Heating/cooling costs	☐ Telephone	☐ Home insurance	☐ Property taxes
I pay: $ ______________ per month.	I pay: $ ______________ per month.	I pay: $ ______________ per month.	I pay: $ ______________ per month.

3. ☐ Some moved in or out of my home. Check all that apply and indicate the date of the move.

☐ Someone moved INTO my home. Date: __________
List all who moved in (including newborns):

NAME(S)	SEX	RELATIONSHIP TO ME	SOCIAL SECURITY NUMBER

I purchase and prepare meals with my roommates (check box that applies): ☐ Yes ☐ No

I want to include someone in my:
☐ Cash ☐ Basic Food ☐ Child care
☐ Medical assistance

If so, who? List names.

☐ Someone moved OUT OF my home. Date: ________
List all who moved out:

NAME(S)	RELATIONSHIP TO ME

I expect the person(s) will move back in with me (check box that applies): ☐ Yes ☐ No

If so, who? List names:

When do you expect the person(s) to move back in?

4. ☐ My household's resources changed. I or someone in my household got (check all that apply):

☐ A bank account (check all that apply): ☐ Checking ☐ Savings ☐ CD's ☐ Money Market
Amount in account: $___________ Date account opened: __________

☐ A vehicle: Year: _______ Make: ______________ Model: __________________ Date received: ____________

☐ A tax refund: $_________Date received: ___________How much was Earned Income Tax Credit (EITC): ________

☐ A lump sum (includes retroactive benefits, settlements, or an inheritance): ____________Date received: _________

☐ Other resources (list):

5. ☐ My household's income has changed. Examples of income include earnings or wages from a job or self-employment, unemployment benefits, Social Security, SSI, Labor and Industries (L&I), child support, veterans benefits (VA), gifts, or loans. Check all that apply.

☐ **Income or Job STARTED.** Date income started: ___________ Who's income started: ___________
Gross amount (before taxes): $___________ per ☐ hour ☐ month ☐ Full-time ☐ Part-time
Income type: ___________ Name of employer (if any): ___________
Date(s) person gets income (i.e., 1st and 15th of each month or every Friday): ___________

☐ **Income or Job ENDED.** Date income stopped: ___________ Who's income stopped: ___________
Reason why income stopped: ___________

☐ **Income or Job INCREASED.** Date income increased: ___________ Who's income started: ___________
Gross amount (dollar amount before taxes) $___________ per ☐ hour ☐ month
Income type: ___________ Name of employer (if any): ___________
If working, is this a change from **part-time** to **full-time**? ☐ Yes ☐ No

☐ **Income or Job DECREASED.** Date decreased started: ___________ Who's income started: ___________
Gross amount (dollar amount before taxes): $___________ per ☐ hour ☐ month
Income type: ___________ Name of employer (if any): ___________

6. ☐ My household has other changes. Check all that apply.

☐ My child care (babysitting) costs changed from: $___________ /month to $___________ /month.
☐ Pregnancy started for: ___________; Expected due date: ___________.
☐ Pregnancy ended for: ___________; Date pregnancy ended: ___________.
☐ Child support payments changed from: $___________ /month to $___________ /month.
Who pays: ___________
☐ Medical expenses increased from: $___________ /month to $___________ /month.
Who pays: ___________
☐ Marital status changed for: ___________ ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
☐ Private medical coverage ended for: ___________; Date coverage ended: ___________
☐ Private medical coverage began for: ___________; Date coverage began: ___________
List insurance company name and phone number if coverage ended or began:
☐ I received a Low Income Home Energy Assistance Act (LIHEAA) payment in the past 12 months. Amount: ___________
☐ Lottery or gambling winnings of $4,250 or more (dollar amount before taxes): $___________;
Who: ___________; Date received: ___________

OTHER CHANGES (DESCRIBE)

7. ☐ I want to terminate my: ☐ Cash assistance ☐ Basic Food ☐ Medical assistance ☐ Child care

Voter Registration

The Department offers voter registration services as required by the National Voter Registration Act of 1993. **Applying to register or declining to register to vote will not affect the services or amount of benefits that you may be provided by this agency.** If you would like help in filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with: Washington State Elections Office PO Box 40229, Olympia, WA 98504-0229 (1-800-448-4881).

Do you want to register to vote or update your voter registration? ☐ Yes ☐ No
If you do not check either box, you will be considered to have decided not to register to vote at this time.

Declaration and Signature

I state under penalties of perjury that the information I give is true and complete to the best of my knowledge. I understand that if I give false, misleading, or incomplete information, I may be penalized under law (RCW 74.08.055 and RCW 74.08.331). I understand that the information I give is subject to verification and agree to provide the verification. If I can't provide the needed proof, I authorize DSHS to contact other persons or agencies to get the proof on my behalf. My signature on this form means that I have reported all changes that I must report.

SIGNATURE	DATE	TELEPHONE NUMBER
SIGNATURE OTHER ADULT HOUSEHOLD MEMBER OR REPRESENTATIVE	DATE	TELEPHONE NUMBER