

**Georgia Department of Human Services  
CHANGE REPORT FORM**

Please use this form to report changes in your household circumstances to the Department of Family and Children Services. **If you need help filling out this form, ask us or call 1-877-423-4746. If you are deaf or hard of hearing, please call GA Relay at 1-800-255-0135. Our services are free.**

**DO NOT RETURN THIS FORM UNLESS YOU ARE REPORTING A CHANGE IN CIRCUMSTANCES.**

Name: \_\_\_\_\_ Client ID# \_\_\_\_\_

Address: \_\_\_\_\_ Case# \_\_\_\_\_

\_\_\_\_\_ Worker Phone# \_\_\_\_\_

**Simplified Reporting Households must report:**

- When their total gross income is more than 130% of the income level for their household size.
- When an Able Bodied Adult without Dependents (ABAWD) work hours fall below 20 hours per week or 80 hours per month.

**Changes must be reported no later than 10 days from the end of the month in which the increase or change occurred.**

My household had total gross monthly income (earned - before deductions, AND unearned) that is more than the 130% income limit.

In what month/year did the household's income exceed the 130% amount? \_\_\_\_\_

What is the total gross monthly income amount? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

My household had an ABAWD member whose work hours fell below 20 hours per week.

I, \_\_\_\_\_, am an unemployed ABAWD who was working 20-29 hours per week or 80 hours per month. My work hours have decreased to \_\_\_\_\_ hours per week.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Although your household only has simplified reporting requirements, you may report any of the following changes:

**Check the changes that you are reporting and complete the questions on the back of the form.**

- Change in who lives in home because someone moved in or out
- Household moved to a new address
- Household member(s) started to work
- Household member(s) stopped working
- Household member(s) has a change in hourly pay rate or hours
- Household member(s) started to receive or stopped receiving SSI, social security, VA, pension, retirement, disability, money from friends or relatives, child support, unemployment, etc.
- Someone starts or stops paying your household bills
- You or someone in your household has resources of \$2,000 or more

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**Do you have other changes to report?**

\_\_\_\_\_

\_\_\_\_\_

**I N C O M E**

- Who had a change in income or employment? \_\_\_\_\_  
Explain \_\_\_\_\_
- Where does the income come from? \_\_\_\_\_
- What is the new amount of income? \_\_\_\_\_
- How often is the income received? \_\_\_\_\_
- When did the income/employment start or stop? \_\_\_\_\_

**A D D R E S S**

- My household has moved to a new address. The new address is \_\_\_\_\_  
\_\_\_\_\_
- New Rent or Mortgage Amount \$ \_\_\_\_\_ If a mortgage, the annual property tax is \$ \_\_\_\_\_ and the amount for homeowner's insurance is \$ \_\_\_\_\_.
- Does anyone help you pay your rent, mortgage or utilities?  Yes  No If yes, who?  
\_\_\_\_\_
- At your new address, what utilities do you pay? \_\_\_\_\_
- Do you have to pay for heating or air conditioning?  Yes  No

**H O U S E H O L D C O M P O S I T I O N**

- Who moved in? \_\_\_\_\_ Who moved out? \_\_\_\_\_
- When did the person move in or out? \_\_\_\_\_

**C H I L D S U P P O R T**

- You or someone in your household is reporting that the amount of child support paid to someone who does not live in your home has changed from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.

**R E S O U R C E S**

You or someone in your household has more than \$2,000 in savings, cash, stocks, bonds or credit union accounts.  
How much \$ \_\_\_\_\_ Where \_\_\_\_\_

I understand and agree that DHS and authorized Federal Agencies may verify the information I give on this form. I will report any change in my situation according to Food Stamp Program requirements. If any information is incorrect, benefits may be reduced or denied and I may be subject to criminal prosecution or disqualified from the program for knowingly providing incorrect information. I understand that I can be prosecuted if I provide false information or hide information. I understand that if I fail to tell you about some of my expenses at my application or renewal interview that DHS will not budget that expense in calculating the amount of my food stamp benefits. I understand that the information I provide on this report may result in a change in my benefits, including a lower amount of benefits or no benefits. I certify under penalty of perjury that all information that I have given on this report is true and correct to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_