

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

**FOOD STAMP CHANGE REPORT FORM**

(Please Print Clearly)

CASE NUMBER

**YOUR RESPONSIBILITY TO REPORT CHANGES****YOU MUST REPORT ANY CHANGES IN YOUR CIRCUMSTANCES  
ACCORDING TO THE RULES LISTED BELOW:**

DATE: \_\_\_\_\_

You may still voluntarily report any change about your household and, if this change will increase your benefit level and you verify this change, we will increase your benefit.

Please be sure to read the following information even if you have no changes to report.

**COMPLETE THIS FORM AND MAIL TO:**

LOCAL DISTRICT NAME AND ADDRESS:

TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Food Stamp Benefits Reporting Rules for households with earned income (six-month reporters):**

- As a household with earned income, you are now only required to report changes about your Food Stamp household at the time of your next recertification, except for the following two situations:
  1. If your household's gross monthly income exceeds 130% of the poverty level, you must report this monthly amount to your social services district by phone, in writing, or in person within 10 days after the end of the month. Gross income is the amount of income before taxes and other deductions are taken out, not the amount you receive when you cash your check. We must use the gross income in figuring your eligibility for Food Stamp Benefits. Your worker will explain what 130% of the poverty level means for a family of your size. Any other kind of income that you receive besides earnings must be added to your gross earned income to know if you are over 130% of the poverty level. Examples of other sources of income that count include child support payments, Unemployment Insurance, Temporary Assistance (TA) payments, Workers Compensation or disability payments such as Social Security, SSI or private disability payments.
  2. If you are an Able-Bodied Adult Without Dependents ("ABAWD"), you must tell us if your work hours go below 80 hours a month. You must tell us this within 10 days after the end of the month when your work hours fell below 80 hours.

Any other changes to your Food Stamp household including who lives with you, rent costs, and gross income changes under 130% of the poverty level do not need to be reported until your next recertification.

If you only report once a year for recertification (12 month certification period), and do not receive TA, 6 months into your certification period you will be required to report all changes in your household on a mail report form that will be sent to you.

**NOTE: If you do not know if you are subject to six-month reporting requirements, ask your worker.**

**Food Stamp Benefits Reporting Rules for households without earned income (change reporters):**

- Households without earned income (those households not subject to six-month reporting requirements) **must** report any changes within 10 days.

**The changes in your household circumstances you must report include:**

- Changes in any source of income.
- Changes in your total household earned income when it goes up or down by more than \$100 a month.
- Changes in your total household unearned income when it goes up or down by more than \$25 a month if received from a public source such as Social Security Benefits or Unemployment Insurance Benefits (UIB) etc.
- Changes in your total household unearned income when it goes up or down by more than \$100 a month if received from a private source such as Child Support Payments or Private Disability Insurance Payment etc.
- Changes in child support paid if more than \$50 a month.
- Changes in the number of people in your household.
- Your new address if you move.
- Your new rent or mortgage costs if you move.
- A new or different car, or other vehicle.

- Increases in your household's cash, stocks, bonds, money in the bank or savings institution if the total cash and savings of all household members now amounts to \$2000 or more. (\$3000 or more if one household member is 60 years old or older).
- Any changes in your household that would result in a penalty as described on Page 5.
- You are not required to report changes in your medical expenses during your certification period. However, you may voluntarily report changes in your medical expenses for household members that are:
  - 60 years old or older
  - disabled spouses or children of a deceased veteran
  - getting Supplemental Security Income (SSI)
  - getting Social Security Disability payments
  - getting veterans' disability benefits
  - getting government disability retirement benefits
  - getting Railroad Retirement disability benefits
  - getting disability-based medical assistance.

If you report and verify an increase in your medical expenses, you may be eligible for more Food Stamp benefits. Changes in medical expenses must be reported at your next recertification.

**Food Stamp Benefits Reporting Rules for household in receipt of transitional benefits (TBA):**

- Transitional food stamp benefits are food stamp benefits that you can continue to receive for up to three months after your Temporary Assistance case closes.
- You are not required to report changes during the transition period, but you may voluntarily report changes that will result in an increase. If you report and verify a change that will increase your benefits, we will make the change and notify you of the increase in your benefits.
- Unless you are due to recertify, you will receive a Request for Contact Notice near the end of your transitional period to see if you can continue to receive food stamp benefits after your transitional period ends. This notice will list information that we need to determine if you can continue to receive food stamp benefits. You will have ten days from the date of the notice to submit the required verification. If you do not respond to the Request for Contact Notice, we will send you a notice to close your food stamp case.

**Temporary Assistance Reporting Rules:** These changes apply only to the Food Stamp program. If you also receive TA, you are still required to report changes for TA within 10 days of the change, on quarterly report mailers and at recertification.

**When to use this form:**

This form may be used to report any required or voluntary changes. If proof of the changes you are reporting is available, please include it with this form. This will help make sure that you get the correct amount of Food Stamp benefits. This form should be mailed or brought to the agency listed above. If for some reason you can't mail or bring in this form, you can report the changes by calling us at \_\_\_\_\_.

**Note: The reported change must be verified before we can increase you benefits.**

You can also use this form to report changes in the cost of caring for children or disabled adults, or changes in shelter costs even if you haven't moved. If these expenses go up you may be eligible for more Food Stamp benefits. For instance, if you are now using the standard amount for utilities, you should report your actual utility costs whenever they are higher than the standard. The change may make you eligible for more Food Stamp benefits.

If you no longer want to receive Food Stamp benefits, sign here to withdraw from participation in the Food Stamp program. Your Food Stamp benefits will stop. You have the right to contest this withdrawal if you feel that you were given incorrect or incomplete information about your eligibility for Food Stamp Benefits by requesting a Fair Hearing within 90 days.

X \_\_\_\_\_

**IF YOU INTENTIONALLY WITHHOLD INFORMATION ABOUT CHANGES IN YOUR HOUSEHOLD THAT YOU ARE REQUIRED TO REPORT, YOU WILL OWE US THE VALUE OF ANY EXTRA FOOD STAMP BENEFITS YOU RECEIVE AS A RESULT. YOU MAY ALSO BE DISQUALIFIED FROM THE FOOD STAMP PROGRAM AND COULD BE SUBJECT TO CRIMINAL PROSECUTION (SEE ATTACHED "FOOD STAMP PENALTY WARNING").**

## Use the Form Below to Report Changes

**CHANGE IN INCOME OR SOURCE OF INCOME – Change reporters** - You must tell us if the total unearned income received by your household goes up or down by more than \$25 a month if received from a public source such as Social Security Benefits or Unemployment Insurance Benefits (UIB) etc. You must also tell us if the total unearned income received by your household goes up or down by more than \$100 a month if received from a private source such as Child Support Payments or Private Disability Insurance Payments etc. Additionally, you must also tell us if the total earned income received by your household goes up or down by more than \$100 a month. In figuring the change, use your household's total monthly income before deductions such as taxes, or retirement or union dues are taken out. You don't have to report changes in your temporary assistance. You must also tell us if there is a change in your source of income. **Six – month reporters** - If you are subject to six-month reporting requirements, you need only report, within 10 days of the end of the month, changes in your gross monthly income when it exceeds 130% of the poverty level. Changes in your gross monthly income that do not exceed 130% of the poverty level must be reported at your next recertification.

NAME OF PERSON RECEIVING INCOME	SOURCE OF INCOME	NEW AMOUNT	HOW OFTEN RECEIVED
1.		\$	
2.		\$	
3.		\$	

**CHANGE IN HOUSEHOLD** - List below all new members to your household including newborn children. Also list members who have moved in or out or have died.

NAME	AGE	RELATIONSHIP	CHANGE (CHECK ONE)	DATE	INCOME AMOUNT	SOURCE
1.			<input type="checkbox"/> CAME INTO HOUSEHOLD <input type="checkbox"/> LEFT HOUSEHOLD		\$	
2.			<input type="checkbox"/> CAME INTO HOUSEHOLD <input type="checkbox"/> LEFT HOUSEHOLD		\$	
3.			<input type="checkbox"/> CAME INTO HOUSEHOLD <input type="checkbox"/> LEFT HOUSEHOLD		\$	
4.			<input type="checkbox"/> CAME INTO HOUSEHOLD <input type="checkbox"/> LEFT HOUSEHOLD		\$	

**CHANGE OF ADDRESS**

NEW MAILING ADDRESS	CITY	STATE	ZIP CODE
IF YOU DON'T HAVE A STREET ADDRESS, GIVE DIRECTIONS TO YOUR HOME (if you are homeless, leave blank)			TELEPHONE NUMBER WHERE YOU CAN BE REACHED  ( ) AREA CODE

**CHANGE IN HOUSING COSTS** - If you have moved, you must list your new costs below. Even if you have not moved, you can use this section to tell us that you rent, mortgage payment or other costs have changed.

Are you a roomer or boarder?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If Yes, are meals	<input type="checkbox"/> INCLUDED	<input type="checkbox"/> NOT INCLUDED
<b>RENT</b>	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)	
Do you pay <b>rent</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less	
Do you pay for the following <b>separate</b> from your <b>rent</b> ?	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)	
• Heat and/or air conditioning	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less	
• Utilities (electricity, cooking gas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less	
• Telephone	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less	
<b>MORTGAGE PAYMENT</b>	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)	
Do you have a <b>mortgage</b> payment?	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less	
Do you pay for the following <b>separate</b> from your <b>mortgage</b> :	YES	NO	IF YES, GIVE MONTHLY AMOUNT	CHANGE (CHECK ONE)	
• Property taxes	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less	
• House Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less	
• Heat and/or air conditioning	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less	
• Utilities (electricity, cooking gas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less	
• Telephone	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Same <input type="checkbox"/> More <input type="checkbox"/> Less	
Are you living in section 8 or other subsidized housing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you living in public housing?		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		

**CHANGE IN NUMBER OF CARS OR VEHICLES** - Has anyone in your household purchased, sold or traded a car, truck, boat, camper, motorcycle or other vehicle since the last time you told us about vehicles?

MAKE	MODEL	YEAR	IF SOLD, AMOUNT RECEIVED
1.			\$
2.			\$
3.			\$

**CHANGE IN SAVINGS** - List the **total** amount of money that the members of your household now have. Include cash, savings accounts, checking accounts, stocks, bonds or other investments. You must tell us if your household savings have **increased** to more than \$2,000 (\$3,000 or more if one household member is 60 years old or older)

\$

**CHANGE IN CHILD CARE, DEPENDENT CARE COSTS OR THE AMOUNT OF CHILD SUPPORT PAID** - Have your child care or dependent care costs changed? If so, you may be eligible for more Food Stamp benefits.

CHANGE (CHECK ONE)	FOR WHOM?	WHOM DO YOU PAY?	NEW AMOUNT	HOW OFTEN DO YOU PAY?
1. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	
2. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	
3. <input type="checkbox"/> NO LONGER HAVE COST <input type="checkbox"/> HAVE COST			\$	

**CHANGE IN MEDICAL COSTS (Doctors, Dentists, Hospitals, Prescriptions, etc.)** – You are only required to report changes in your medical expenses at recertification. However, you may voluntarily report changes in your medical expenses at any time for household members who are:

- 60 years old or older
- disabled spouse or children of a deceased veteran
- getting Supplemental Security Income (SSI)
- getting Social Security Disability payments
- getting veterans' disability benefits
- getting government disability retirement benefits
- getting Railroad Retirement disability benefits
- getting disability-based medical assistance

If you report and verify an increase in your medical expenses, you may be eligible for more Food Stamp benefits.

NAME	TYPE OF COST	AMOUNT	HOW OFTEN IS EACH PAYMENT DUE?
		\$	
		\$	
		\$	
		\$	

**DO YOU EXPECT THE CHANGES YOU HAVE REPORTED TO REMAIN THE SAME NEXT MONTH?**  YES  NO

If "NO" explain:



**CHANGE OF BENEFITS**

We will use your answers on this form to see if your household's benefits will change. Before we change your benefits we will send you a notice explaining what will happen. If you don't agree with our decision, you have the right to a fair hearing.

**FOOD STAMP PENALTY WARNING**

THE INFORMATION PROVIDED ON THIS FORM WILL BE SUBJECT TO VERIFICATION BY FEDERAL, STATE AND LOCAL OFFICIALS. IF ANY IS FOUND INACCURATE, YOU MAY BE DENIED FS AND/OR BE SUBJECT TO CRIMINAL PROSECUTION FOR KNOWINGLY PROVIDING FALSE INFORMATION.

ANY MEMBER OF YOUR HOUSEHOLD WHO IS FOUND GUILTY IN A COURT OF LAW OF BUYING OR SELLING FIREARMS, AMMUNITION OR EXPLOSIVES IN EXCHANGE FOR FS WILL NEVER BE ABLE TO GET FS AGAIN. ANY MEMBER OF YOUR HOUSEHOLD WHO IS FOUND GUILTY IN A COURT OF LAW OF BUYING OR SELLING CONTROLLED SUBSTANCES (ILLEGAL DRUGS OR CERTAIN DRUGS FOR WHICH A DOCTOR'S PRESCRIPTION IS REQUIRED) IN EXCHANGE FOR FS WILL NOT BE ABLE TO GET FS FOR 24 MONTHS FOR THE FIRST OFFENSE AND PERMANENTLY FOR THE SECOND OFFENSE. ANY MEMBER OF YOUR HOUSEHOLD WHO INTENTIONALLY BREAKS ANY OF THE RULES BELOW CAN BE BARRED FROM THE FS PROGRAM FOR 12 MONTHS AFTER THE FIRST VIOLATION, 24 MONTHS AFTER THE SECOND VIOLATION, AND PERMANENTLY AFTER THE THIRD VIOLATION. THE INDIVIDUAL CAN BE FINED UP TO \$250,000, SENT TO JAIL UP TO 20 YEARS, OR BOTH. A COURT CAN ALSO BAR AN INDIVIDUAL FOR AN ADDITIONAL PERIOD OF TIME FROM THE FS PROGRAM. THE INDIVIDUAL MAY ALSO BE SUBJECT TO FURTHER PROSECUTION UNDER OTHER APPLICABLE FEDERAL LAWS.

ANY MEMBER OF YOUR HOUSEHOLD WHO IS CONVICTED OF AN OFFENSE FOR KNOWINGLY USING, TRANSFERRING, ACQUIRING, ALTERING OR POSSESSING FOOD STAMP COUPONS, OR ELECTRONIC ACCESS DEVICES IN ANY UNAUTHORIZED MANNER IS PERMANENTLY INELIGIBLE FOR FOOD STAMPS IF SUCH FOOD STAMP COUPONS OR ELECTRONIC ACCESS DEVICES HAVE A VALUE OF \$500 OR MORE.

ANY MEMBER OF YOUR HOUSEHOLD WHO IS FOUND TO HAVE MADE A FALSE STATEMENT OR REPRESENTATION ABOUT THEIR IDENTITY OR PLACE OF RESIDENCE IN ORDER TO RECEIVE MULTIPLE FOOD STAMP BENEFITS AT THE SAME TIME IS INELIGIBLE TO RECEIVE FOOD STAMPS FOR 10 YEARS.

ANY MEMBER OF YOUR HOUSEHOLD WHO IS FLEEING TO AVOID PROSECUTION, CUSTODY OR CONFINEMENT AFTER CONVICTION, FOR A CRIME, OR ATTEMPT TO COMMIT A CRIME, THAT IS A FELONY UNDER THE LAW OF THE PLACE FROM WHICH THE MEMBER IS FLEEING (IN THE CASE OF THE STATE OF NEW JERSEY, IS A HIGH MISDEMEANOR UNDER THE LAW OF NEW JERSEY) IS INELIGIBLE TO RECEIVE FOOD STAMPS. ANY MEMBER OF YOUR HOUSEHOLD WHO IS VIOLATING A CONDITION OF PROBATION OR PAROLE IS INELIGIBLE TO RECEIVE FOOD STAMPS.

**DO NOT** give false information or hide information to get or continue to get FS.

**DO NOT** trade or sell FS or Food Stamp identification/benefit cards for your household.

**DO NOT** alter Food Stamp identification/benefit cards to get FS you are not entitled to receive.

**DO NOT** use FS to buy ineligible items, such as alcoholic drinks and tobacco.

**DO NOT** use someone else's FS or Food Stamp identification/benefit cards for your household.

In signing this application, I certify, under penalty of perjury, that the information contained in this application is correct and complete to the best of my knowledge.

**CERTIFICATION**

**I understand the penalty for hiding or giving false information. I also understand I will owe the value of any extra Food Stamp benefits I receive because I don't fully report changes in my household. I agree to prove any changes reported if necessary. The answers on this form are correct and complete to the best of my knowledge. I understand that my signature authorizes federal, state and local officials to contact other persons or organizations to verify the information I have provided.**

SIGNATURE

DATE

X