



Tennessee Department of Human Services Change Report

CASE NAME: _____ CASE #: _____ DATE: _____

PERSON REPORTING: _____ PHONE #: _____ SOC. SEC. #: _____

Do you need help in obtaining the required verifications? Yes _____ No _____

IMPORTANT NOTICE ABOUT REPORTING CHANGES TO YOUR SNAP CASE

If your caseworker tells you that your case is now "Simplified Reporting" for Supplemental Nutrition Assistance Program (SNAP) benefits, you have to report to us if your household has an employed ABAWD (Able-Bodied Adults Without Dependents) whose hours go below an average 20 hours per week, if there is a change in your total gross monthly income, as shown below or if a household member receives lottery or gambling winnings over \$4,250. Clients may submit an application for benefits and certification materials to their county office by mail, hand-delivery, or apply online at OneDHS.tn.gov.

If this many people live in your home and buy and fix food together	You have to report to us if your total monthly income (before <u>anything</u> is taken out) goes over
1	\$1473
2	\$1984
3	\$2495
4	\$3007
5	\$3518
6	\$4029
7	\$4541
8	\$5052
9	\$5564
10	\$6076

10-1-2022

*For each additional person, add \$512.

If your total monthly income goes over the amount we show for your family (household) size above or if you are subject to rules about Able-Bodied Adults and your work hours go below 20 hours per week, **you must tell us about it by the 10th day of the next month after your change.** If a household member receives \$4,250 or more in lottery or gambling winnings, **you must tell us within 10 (ten) days of receipt of the winnings.** Households are free to report other changes for SNAP Simplified Reporting cases, but you are not required to do so. If you report changes, it may affect your benefits. SNAP cases that aren't simplified reporting must report all changes within 10 days.

Families First Changes

You must still report ALL changes for Families First within 10 days. If you report changes, it may affect your benefits. For Families First, the addition of a new household member will not be processed until an application is submitted.

ADDRESS CHANGE

New Address? _____ Rent Amount? _____
 Landlord? _____ LL Address/Phone: _____
 House Payment Amt? _____ Homeowner's Insurance Amt? _____ Property Tax Amt? _____
 Utility Bills? Yes _____ No _____ If no, who pays them for you? _____
 Has anyone moved in or out of your household? If so, who? _____ New Phone #: _____

ADDING HOUSEHOLD MEMBERS

Name of person(s) to be added: _____
 Date(s) of Birth: _____ What relationship is the person(s) to you? _____
 Has the person(s) ever received benefits in another state, county or case? If so, where and when? _____
 Income: Yes _____ No _____ Type: Earned _____ Unearned _____ Self-employment _____
 If yes, complete the Employment and/or Unearned Income sections.
 Resources: Yes _____ No _____ Type: _____ Amount: _____

Social Security number of new person(s) seeking assistance*: _____
 *Social Security Numbers are used to check computer systems before new members may be added to the case. If you have a social security number, and you are a U.S. citizen, legal alien, or eligible immigrant, then you must apply for benefits if you are a mandatory family member. DHS does not need social security numbers or citizenship/immigration status for household members not applying for benefits. If a social security number is provided for someone who is not applying for benefits, it will not be sent to the United States Citizenship and Immigration Services (USCIS) in order to verify their status.

REMOVING HOUSEHOLD MEMBERS

Person Leaving _____ When? _____
Where did they go? _____

FEDERAL AND/OR STATE CONVICTIONS

Have you or anyone in your household been found guilty of receiving TANF (cash benefits) or SNAP benefits from two or more states at the same time? Yes _____ No _____
Are you or anyone in your household a fleeing felon? Yes _____ No _____
Do you or anyone in your household have parole or probation violations? Yes _____ No _____
Have you or anyone in your household been found guilty of a drug-related felony that was committed after August 22, 1996? Yes _____ No _____

EMPLOYMENT/CHILD CARE

Who: _____ Where: _____ Date Change Occurred: _____
Pay per hour: \$ _____ Hours per week: _____ Monthly Amt: \$ _____ Date of first check: _____
Frequency Paid: _____ Day of Week Paid: _____ Supervisor: _____
Address/Phone of Employer: _____
Child Care Expense: \$ _____ Frequency Paid: _____ Provider: _____ Phone: _____

LEAVING EMPLOYMENT

Who: _____ Employer: _____ Phone Number: _____
Last day/date of work: _____ Date of Last Check: _____
Why did you leave your job? _____ Did you get a lay-off slip? Yes _____ No _____
Have you applied for Unemployment Compensation? Yes _____ No _____ Are you eligible? Yes _____ No _____

UNEARNED INCOME/MEDICAL EXPENSES

Household member receiving income: _____ Is this temporary? _____
Income Source: _____ Monthly Amt of Income: \$ _____ Claim No.: _____
When did payments begin? _____ Did you receive a lump sum? Yes _____ No _____ Amt: \$ _____
How often will you receive your income? _____ Benefits are based on: Disability? _____ Elderly? _____
Out-of-Pocket medical expenses: HH member: _____ Amt: \$ _____ Provider: _____

If your case is "Simplified Reporting" (SR) for SNAP benefits, your case is approved for either 6 or 24 months. If you have a 24 month certification, you will receive a 12 month mid-certification form that you **must** return in order to continue your SNAP benefits. We will send the Form to you and provide you with a self-addressed, stamped envelope. **If you do not complete and return the report form to your caseworker by the due date, your SNAP benefits will end.** The next time you renew your SNAP, you will receive a telephone interview. You can ask for a face-to-face interview at the DHS office if you want one. Need to report a change? Have a question? Need help? Call us. This call is free. **Family Assistance Service Center** 1-866-311-4287. We are here to help you from 8:00 a.m. to 4:30 p.m. Monday through Friday.

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- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

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