



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 monthly gross income, as shown below or if a household member receives lottery or gambling winnings over \$4,500.00. Clients may submit an application for benefits and certification materials to their county office by mail, hand-delivery, or apply online at <https://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
1	\$1,632.00
2	\$2,215.00
3	\$2,798.00
4	\$3,380.00
5	\$3,963.00
6	\$4,546.00
7	\$5,129.00
8	\$5,712.00
9	\$6,295.00
10	\$6,878.00

10-01-2024

*For each additional person, add \$583.00.

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 \$4,500.00 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 Families First (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, you may have different reporting requirements. Your caseworker will let you know if these requirements apply to you. If you have a 24 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 Monday through Friday.

USDA Nondiscrimination Statement

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:** Food and Nutrition Service, USDA
1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCivilRightsComplaints@usda.gov.

For any other information regarding 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: <https://www.fns.usda.gov/snap/state-directory>.

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at <https://ocrportal.hhs.gov/ocr/>. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRMail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.