



Change nge circumstances ngeni Change of Circumstances

Name nga' gumor _____

Client ID o Social Security Number _____

Read all sections nge careful. **Check all boxes nga' nge apply fan ko' family nga' gumor.** Sign, write date, ma return form nga' nge local office. If gumor nge have question, o need envelope nga' nge postage paid fan mail, contact local office.

Responsibility nga' gumor: If family nga' gumor nge get cash, Basic Food, o medical assistance, gumor must report changes as described nge WAC 388-418-0005, 182-504-0105, 182-504-0110 rules nga' based nge benefits nga' gumor nge receive. Fan cash ma food programs, gumor must tell us changes before 10th day fan next month. Fan medical assistance, gumor must tell us within 30 days. If gumor nge report change nga' nge be' required, we still check effect fan ko' benefits. This may cause benefits nga' gumor nge reduce o stop. Fan Basic Food, if gumor nge report move nge new place, gumor must also report new shelter cost nge Section 2, even if be' billed yet. If gumor nge be' give shelter cost, we use \$0. This may cause gumor nge get less benefits.

1. Address nga' gu nge change.

Gu move. Date fan move: _____ Mailing address nga' gu nge change. Gu homeless.

New address fan ko' gu nge live nge: _____
Numba in apartment (ga ras) _____

If mailing address nga' gu nge different, nge: _____
Numba in apartment (ga ras) _____

CITY _____	STATE _____	ZIP CODE _____	CITY _____	STATE _____	ZIP CODE _____
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2. Shelter cost nga' gu nge change.

Fan Basic Food, report **only** if cost nge increase o gumor nge move. Other changes nge report **nge next review**. Check all nga' nge apply.

Gu rent. Gu buy house. Gu stay nge subsidized housing.

MONTHLY RENT AMOUNT \$ _____	SHARE NGA' GUMOR (IF DIFFERENT) \$ _____	MONTHLY MORTGAGE AMOUNT \$ _____	MONTHLY PAYMENT (WRITE SHARE NGA' GUMOR ONLY) \$ _____
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Gu pay separate fan ko' (check all nga' nge apply):

<input type="checkbox"/> Heating / cooling costs Gu pay: \$ _____ per month.	<input type="checkbox"/> Telephone Gu pay: \$ _____ per month.	<input type="checkbox"/> Home insurance Gu pay: \$ _____ per month.	<input type="checkbox"/> Property tax Gu pay: \$ _____ per month.
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3. Person nga' nge move in o move out fan ko' house nga' gu. Check all nga' nge apply ma write date fan move.

Person nga' nge move INTO house nga' gu. Date: _____
Write all persons nga' nge move in (include newborn babies).

NAME(S)	SEX	RELATIONSHIP TO ME	SOCIAL SECURITY NUMBER

Gu buy ma prepare food together nge roommates (check one):
 Ewer Aapw

Gu want include person nge:
 Cash Basic Food Child care
 Medical Assistance

If Aa, hu? Write namess: _____

Person nga' nge move OUT fan ko' house nga' gu. Date: _____
List all nge ma'fan be' e moved out:

NAME(S)	RELATIONSHIP FAN NGO

Ngo expect nge e person(s) nge ma'fan be' e move back in ngefand ngo (check box nge ma'fan be' e apply): Aa Ao

Gu want include person nge:
 Cash Basic Food Child care
 Medical Assistance

If nge ma'fan be' e so, nge ga'fan be' e who?
List e names: _____

4. Resources fan ko' family nga' gu nge change. Gu o person nge family nga' gu nge get (check all nga' nge apply):

Bank account (check all nga' nge apply) Checking Savings CD / Money Market
Amount nge account: \$ _____ Date open account: _____

Vehicle: Year: _____ Make: _____ Model: _____ Date received: _____

A tax refund: \$ _____ Date received: _____
EITC amount: \$ _____

A lump sum (includes retroactive benefits, settlements, o inheritance): _____
 Other resources (list): _____ Date received: _____

5. Income fan ko' family nga' gu nge change. Example nge income: wages fan job o self-employment, unemployment benefits, Social Security, SSI, L&I, child support, VA benefits, gifts, o loans. Check all nga' nge apply.

- Income o job nge START.** Date income nge start: _____ Who nge start income: _____
 Gross amount (before tax): \$ _____ per hour month Full-time Part-time
 Type fan income: _____ Name fan employer (if any): _____
 Date nga' nge get income: Example: 1st ma 15th fan ko' every month o every Friday) _____
- Income o job nge stop.** Date income nge stop: _____ Who nge stop income: _____
 Reason fan stop income: _____
- Income o job nge increase.** Date income nge increase: _____ Who nge income nge increase: _____
 Gross amount (dollar amount before tax) \$ _____ per hour month
 Type fan income: _____ Name fan employer (if any): _____
 If working, change fan **part-time** nge **full-time**? Aa Ao
- Income o job nge decrease.** Date decrease nge start: _____ Who nge start income: _____
 Gross amount (dollar amount nge before tax): \$ _____ per hour month
 Type fan income: _____ Employer name: _____

6. Other changes fan ko' family nga' gu. Check all nga' nge apply. Changes nga' nge be' verified nge be' update until next review unless we get proof.

- Childcare cost nge change from: \$ _____ /month to \$ _____ /month
- Pregnancy nge start fan: _____; Expected due date: _____.
- Pregnancy nge end fan: _____; Date ended: _____.
- Child support nge change from: \$ _____ /month to \$ _____ /month
 Who nge pay: _____
- Medical cost nge increase from: \$ _____ /month to \$ _____ /month
 Who nge pay: _____
- Marital status nge change fan: _____ Married Divorced Separated Widowed
- Private medical coverage nge end fan: _____; Date ended: _____
- Private medical coverage nge start fan: _____; Date started: _____
 Write insurance company name ma phone number if coverage nge end o start: _____
- Ngo re ma'fan be' e receive e LIHEAA (Low Income Home Energy Assistance Act, LIHEAA), a' masow ngag nguchuch fithiy re low-income famal fithiy kan energy a' ne home payment ngefana past 12 months.
 Amount: _____
- Lottery o gambling win \$4,500 o more (before tax): \$ _____;
 Who: _____; Date nge ma'fan be' e receive: _____

BOCH E CHANGES NGE (DESCRIBE):

Warning fan food assistance penalty

We check nge other agencies if information nga' gumor nge correct. If information nge wrong, person nga' nge apply may not get food assistance.
Any member nga' nge break rules nge intentional may be:

- Face legal action under federal ma state law
- Lose SNAP (Supplemental Nutrition Assistance Program, Program anong e katay nourungin fithiy ngorochan ngarangich mey kapwung), benefits (one year o permanent)
- Ngo ma'fan be' e fine nge up to \$250,000
- Go prison up to 20 years
- Ngo ma'fan be' e eligible fan SNAP fan additional 18 months if e court nge order.

If court nge find gumor guilty fan:

Receive benefits nge transaction nga' nge involve: Gumor nge may be:

- E sale fan controlled substance nge ma'fan be' e..... disqualify fan two years me go up fan permanently.
- E sale fan firearms, ammunition, ma explosives nge ma'fan be' e.....permanently disqualified.
- Trafficking fan benefits nge ga'fan be' e more than \$500 combined.....nge ma'fan be' e permanently disqualified.
- Residency ma identity fraud nge ma'fan..... be' e disqualified fan 10 years.

Voter registration

E Department nge ma'fan be' e offer voter registration services nge required ngefana National Voter Registration Act of 1993. **Applying fan register ma declining fan register fan vote nge ma'fan be' e affect e services ma e amount fan benefits nge ngo re ma'fan be' e receive ngefana e agency egi.** If ngo re ma'fan be' e need help fan filling e voter registration form, ngo re ma'fan be' e receive help. E decision nge whether fan seek ma accept help nge e decision fan ngo. Ngo re ma'fan be' e fill e voter registration form ngefana private. If gumor nge feel person nga' nge interfere nge right fan ko' register vote o not register, o right fan ko' privacy nge decide register o apply, o right fan ko' choose political party o preference nga' gumor, gumor nge may file complaint nge: Washington State Elections Office PO Box 40229, Olympia, WA 98504-0229 (1-800-448-4881).

Gumor nge want register vote o update registration? Aa Ao

If gumor nge be' check any box, we consider gumor nge choose not register vote now.

Declaration ma signature

Gu state nge information nga' gu nge give nge true ma complete fan ko' knowledge nga' gu. Gu understand if gu give wrong, misleading, o incomplete information, gu may get penalty under law (RCW 74.08.055 an RCW 74.08.331). Gu understand information nga' gu nge give nge will be checked ma gu agree give proof. If gu be' able give proof, gu allow DSHS (Department of Social and Health Services, Sosoro fan helti sevis department) nge contact other persons o agencies fan get proof fan ko' gu. Signature nga' gu nge mean gu nge report all changes nga' gu must report.

SIGNATURE	DATE NGE E DATE	TELEPHONE NUMBER
SIGNATURE FAN OTHER ADULT FAMILY MEMBER O REPRESENTATIVE	DATE NGE E DATE	TELEPHONE NUMBER