



Change Report

200 – Revised 9/2016

You must report changes if you receive benefits from the Economic Services Division. If you are not sure what you must report, call the Benefits Service Center at 1-800-479-6151.

The Change Report is for you to use if, now or in the future, there are any changes you need to report. If you need more space, attach a separate sheet. A worker will process the information and you will get a notice if your benefits change.

Please print: Name _____

Social Security no. xxx-xx-____ (last 4 digits) Phone number _____

Please check the programs you are currently on:

- 3SquaresVT
- Reach Up
- Medicaid
- Pharmacy
- Essential Person
- Home Heating/Fuel Assistance

Please check the boxes and fill in only the things that have changed. Do not fill in sections where there are no changes.

Address and Housing Change (Send proof such as bills or signed statements. Do not send originals, they may not be returned.)

My new mailing address is _____

My physical address is _____

I moved to a: one-family house mobile home apartment house other _____

Number of bedrooms _____ Number of people in home _____

If you are not registered to vote where you live now, would you like a voter registration application? Yes No

If you do not check either box, you will be considered to have decided not to register to vote at this time. Applying to register or declining to register to vote will not affect your eligibility for benefits or amount granted to you by ESD. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of State's Office at 128 State Street, Montpelier, VT 05633-1101, or call 1-802-828-2363, or 1-800-439-8683 (toll free).

My housing expenses changed. My new cost is:

- rent or lot rent \$ _____ per _____
- My rent is based on my income
- Section 8
- public housing
- subsidized housing
- other

room \$ _____ per _____ Meals included? Yes No

mortgage \$ _____ per _____ taxes \$ _____ per _____

homeowner's insurance \$ _____ per _____

I now share expenses with _____ Which expenses? _____

My share of expenses is: half a third a quarter other _____

Must check one:

I pay to heat my home. Fuel supplier's name and address _____ Phone number _____

Name on account _____ Account number _____

Heat is included in my rent.

My landlord bills me for heat.

Must check one:

The MAIN type of fuel used for HEAT is: oil propane kerosene natural gas coal firewood pellets electric

Income Change (Send proof such as paystubs, notice or letter from employer. Do not send originals, they may not be returned.)

Someone in my household has a new job. This is an additional job.

Name _____ Date of first pay _____ Date job started _____

Gross pay \$ _____ per _____ Employer _____

Someone gets a higher or lower rate of pay. Date of change _____

Name _____ New gross pay \$ _____ per _____

Someone left a job. Effective Date _____

Name _____ Date of last pay _____ Gross Amount \$ _____

Someone changed scheduled hours of work per week. *Date of change* _____
Name _____ *Old hours* _____ *New hours* _____

Someone gets a different amount of unearned income: SSI/AABD unemployment social security child support

Other _____ *Old amount* \$ _____ *New amount* \$ _____ *Date* _____

Expense Change (*Send proof such as bills, receipts, or statements. Do not send originals, they may not be returned.*)

Child care costs changed to \$ _____ per _____ for (name) _____

Adult dependent care costs changed to \$ _____ per _____

Paid child support changed to \$ _____ per _____

Household Member Change

(Name) _____ moved out on (date) _____

(Name) _____ moved in on (date) _____

(Name) _____ and (name) _____ were married on (date) _____

(Name) _____ had a baby on (date) _____

A worker will contact you for more information about the new person in your household.

Resource Change (*Send proof. Do not send originals, they may not be returned.*)

Savings increased to \$ _____ Explain _____
Bank/Credit Union/other _____ Account Number _____

Other accounts increased to \$ _____ Explain _____
Bank/Credit Union/other _____ Account Number _____

Bought/inherited real estate \$ _____ Amount of equity \$ _____

Sold real estate for Amount sold for \$ _____ Amount of equity \$ _____

Bought, inherited, or was given a vehicle Make _____ Model _____ Year _____
(such as car, truck, motorcycle, snowmobile, RV, or ATV) Amount owed \$ _____ Fair market value \$ _____

Sold or traded a vehicle Make _____ Model _____ Year _____
(such as car, truck, motorcycle, snowmobile, RV, or ATV) Amount owed \$ _____ Fair market value \$ _____

Health or Life Insurance Change

New Insurance

Persons covered _____ Policy number _____ Group number _____ Start date _____

Name and address of insurance company _____

Type of coverage (check all that apply): Doctor Dental Major medical Outpatient Hospital Prescriptions
 Other-type: _____

Insurance Ending

Date coverage ended _____ Persons no longer covered _____

Name of company _____

Reason insurance ended: Lost a job Death of employee carrying insurance Divorce

No longer eligible as a dependent under a policy held by the individual's parents Other _____

Other Changes (*Use this space or another sheet of paper to report any other changes.*)

Please sign and date this form here.

Signature _____ Date _____

If you have questions, please call the Benefits Service Center at 1-800-479-6151.

Statewide relay service for the hearing impaired 711.