



# Change Report

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, in the future, there are any changes you need to report. If something changes, fill out this form and return it with needed proof in the enclosed postage-paid envelope. **Please do not send originals since we cannot guarantee they will be returned to you.** If you need more space, attach a separate sheet. A worker will process the change and you will get a notice if your benefits change.

**Please print:**

Name \_\_\_\_\_ Social Security no. xxx-xx-\_\_\_\_\_  
(Last four digits only)

Phone number \_\_\_\_\_

**Please check the programs you are currently on:**

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

**Please check the appropriate 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, receipts, or signed statements.)**

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 \_\_\_\_\_

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.)**

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 \_\_\_\_\_

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**Expense Change** (Send proof such as bills, receipts, or statements.)

- Child care costs changed to \$ \_\_\_\_\_ per \_\_\_\_\_ for (name) \_\_\_\_\_
- Adult dependent care costs changed to \$ \_\_\_\_\_ per \_\_\_\_\_
- Paid child support changed to \$ \_\_\_\_\_ per \_\_\_\_\_

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**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.

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**Resource Change** (Send proof.)

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

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**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 \_\_\_\_\_

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

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Please sign and date this form here.

Signature _____	Date _____
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If you have questions, please call the Benefits Service Center at 1-800-479-6151.  
Statewide relay service for the hearing impaired 1-800-253-0191 (TDD) or 1-800-253-0195 (voice)