



Cook Inlet Tribal Council
Employment & Training Services Department
Tribal TANF Program

CHANGE REPORT FORM

Use this form to report changes in your household or family. The CITC Tribal TANF Program needs to know about these changes so we can determine your continued eligibility for assistance and benefit amount. Changes must be reported within 10 days of when you know of the change (5 days when a child leaves the home, if you get Tribal TANF). Attach proof of the change if you have it.

If your household only receives Food Stamp benefits, you only need to report when your household's income is more than your households gross income limit

Name Social Security # Home Phone Work Phone

Current Mailing Address:

Which type of Assistance do you receive?

- Tribal TANF Food Stamps Adult Public Assistance Medicaid CAMA

Change in Employment (You must provide documentation)

Whose employment changed?

Date of change Job Ended Job Started Job is Full-Time Job is Part-Time

Employer's Name: Employer's Phone #

Hours per week Rate of pay \$ per hour OR \$ per month

How often paid? (weekly, bi-weekly, twice a month, monthly)

If this is a new job, when is the first check expected?

Do you expect this change in employment to last for the next couple of months? YES NO

Does this change make your household's income more than your Food Stamp gross income limit? YES NO

Change in unearned income more than \$50 a month (Child support, unemployment, social security, worker's compensation, veteran's benefits, etc.)

Who receives it? Amount \$

When is it received? What is the source of this income?

Does this change make your household's income more than your Food Stamp gross income limit? YES NO

Someone moved in or out of the household

Who moved? Moved in or moved out? IN OUT When?

Relationships to you Does this person buy and prepare food with you? YES NO

Do you want this person included in your benefits? YES NO If yes, provide the following information:

Social Security # US Citizen? YES NO Legal immigrant? YES NO

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CHANGE REPORT FORM cont..

Moved or got a new mailing address

New home address _____

New mailing address _____

Date of move _____ What are your new housing costs? _____

What utilities are you responsible for paying? _____

New landlord's name and phone number: _____

Someone got a vehicle (cars, trucks, boats, motorcycles, RVs, ATVs, snowmobile, etc.)

Who? _____ When? _____

Make _____ Model _____ Year _____

Value \$ _____ Amount owed \$ _____

How will this vehicle be used? _____

Did this replace a vehicle? YES NO If yes, explain: _____

Household now has a combined total of \$2000 or more in cash and money in bank accounts

Explain: _____

Change in legal obligation to pay child support

Who in your household pays child support? _____ Amount per month \$ _____

Change in medical coverage (*only for Medical Assistance recipients*)

Name(s) _____

Did coverage start or stop? START STOP Effective date of change _____

Insurance company name and address _____

Other Changes – Please explain

Please Sign Below

The information I have entered on this form is correct and complete to the best of my knowledge. I understand that proof of the changes I reported might be required.

Signature of person completing this form _____ Date _____