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| F | **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 gross monthly income, as shown below or if a household member receives lottery or gambling winnings over $3,750. Clients may submit an application for benefits and certification materials to their county office by mail, hand-delivery, or apply online at [OneDHS.tn.gov](https://onedhs.tn.gov/).

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| **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 anything is taken out) goes over** |
| 1 | $1396  $1760 |
| 2 | $1888 |
| 3 | $2379 |
| 4 | $2871 |
| 5 | $3363 |
| 6 | $3855 |
| 7 | $4347 |
| 8 | $4839 |
| 9 | $5331 |
| 10 | $5823 |

10-1-2021 \*For each additional person, add $492.

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 $3,750 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

Y**ou 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.

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| **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 TANF (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, your case is approved for either 12 or 24 months. If you have a 12 month certification, you may receive a 6 month SR Form that you **must** return in order to continue your SNAP benefits. If you have a 24 month certification, you will receive a 12 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 8:00 a.m. to 4:30 p.m. Monday through Friday.

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1. mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

For any other information dealing with Supplemental Nutrition Assistance Program (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: <http://www.fns.usda.gov/snap/contact_info/hotlines.htm>.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

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