

South Carolina Department of Social Services
Food Stamp Program
CHANGE REPORT FORM FOR NON-EARNERS

Case Name: _____ Date: _____

Case Number: _____ Worker's Name: _____

YOU MUST REPORT CHANGES IN YOUR FOOD STAMP HOUSEHOLD'S SITUATION
WITHIN 10 DAYS
FROM THE DATE YOU LEARN ABOUT THEM.

You must report:

- When someone in your household starts working no later than 10 days from the date you receive your first check.
- When someone moves in or out of your household.
- When the household moves and any new shelter and utility costs resulting from the move.
- Changes in the legal obligation of anyone in your household to pay child support.
- Changes in the source of unearned income from a public source received by any household member or when the amount goes up or down by more than \$50 a month no later than 10 days after you receive the changed amount.
Examples are:
 - ✓ Social Security Retirement (SSA) or Social Security Disability
 - ✓ Supplemental Security Income (SSI)
 - ✓ Unemployment Compensation
 - ✓ Scholarships and education grants
- Changes in the source of unearned income from private sources received by any household member or when the amount goes up or down by more than \$100 a month no later than 10 days after you receive the changed amount.
Examples are:
 - ✓ Retirement or disability from private business
 - ✓ Child support
 - ✓ Cash payments from a friend or relative

☐ If this box is checked, you must also report:

- If any member of your household gets a car or other licensed vehicle.
- When your household's cash on hand, money in the bank or savings institution, or stocks and bonds amounts to \$2000. If anyone in your household is over 60 or legally disabled, this amount is \$3000.

To report a change, you may:

A. Complete pages 2 through 4 of this form and return to:

OR

B. Call: _____

Changes can be reported to your local DSS office by mail, telephone, in person or by someone authorized to represent the household.

WARNING
PENALTY FOR NOT REPORTING CHANGES

Under state and federal laws, any person found guilty of making false statements to obtain food stamps or not reporting required changes can be kept off the program for 12 months to permanently, be fined up to \$250,000, imprisoned or all three.

1. **ADDRESS AND TELEPHONE** If you moved or changed your mailing address, tell us your new address.

Telephone number where you can be reached: _____

2. **SHELTER COSTS AND UTILITY EXPENSES** If you moved, you must list your new expenses below. If you have not moved, you can also use this section to tell us if your rent, mortgage or utility expenses have changed.

TYPE OF EXPENSE	NEW AMOUNT	HOW OFTEN BILLED
Rent	\$	
Mortgage	\$	
Insurance on Home (If not included in mortgage.)	\$	
Property Taxes (If not included in mortgage.)	\$	
Electricity/Gas/Oil, Etc.	\$	
Telephone	\$	
Other (Please list)	\$	

3. **HOUSEHOLD** If anyone moved in or out of your home, fill in the blanks below:

NAME	MOVED		DATE OF BIRTH	SOCIAL SECURITY NUMBER	INCOME SOURCE	DISABLED (Circle One)	IS THIS PERSON A BOARDER? (Circle One)
	IN	OUT					
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. **SOCIAL SECURITY NUMBER** If you or a member of your household has or has gotten a Social Security number that you have not told us about, list it below:

NAME	SOCIAL SECURITY NUMBER

5. **MONEY FROM WORK** Has anyone in your household started a job or received earnings? List information below:

NAME:	NAME:
<input type="checkbox"/> Started Date:	<input type="checkbox"/> Started Date:
Name and Address of Employer:	Name and Address of Employer:
Amount: _____	Amount: _____
How often received? _____	How often received? _____

6. **MONEY FROM SOURCES OTHER THAN WORK** Has anyone in the household started receiving money from somewhere other than work, such as cash contributions, child support, alimony, workers' compensation, unemployment compensation, interest, etc.? If already receiving money from a non-work source, has the amount received changed? Provide information below:

TYPE OF MONEY	WHO GOT IT?	HOW MUCH?	WHEN RECEIVED?	IF AMOUNT IS DIFFERENT FROM LAST REPORTED	
				Old Amt.	New Amt.
		\$		\$	\$
		\$		\$	\$

7. **DEPENDENT CARE COSTS** Have you started paying someone to care for a child or dependent adult or have these costs changed? Provide the information below:

DEPENDENT CARE PROVIDER NAME, ADDRESS AND TELEPHONE NO.	PERSON BEING CARED FOR	PERSON PAYING EXPENSE	COST EACH WEEK	DAY OF WEEK DUE

8. **MEDICAL EXPENSES** Has any household member age 60 or older or who is disabled had a change in total monthly medical expenses? For example, this person may receive Supplemental Security Income (SSI) or Social Security Disability payments.

PERSON THAT HAS THE EXPENSE	TYPE OF MEDICAL EXPENSE	AMOUNT	HOW OFTEN IS EACH PAYMENT DUE
		\$	
		\$	

9. **CHILD SUPPORT DEDUCTION** Has any household member who pays child support based on a legal agreement/ court order to a person living outside of the household had a change in these payments or in the amount of payment he/she is ordered to pay?

PERSON WHO PAYS	COURT ORDERED AMOUNT	AMOUNT OF PAYMENT	FREQUENCY OF PAYMENT
		\$	
		\$	

You must send in a copy of your court order or legal agreement.

Report changes in #10 and #11 only if the box on Page 1 is checked.

10. **RESOURCES** The Food Stamp resource limit is \$2000; the resource limit for a Food Stamp household with an elderly or disabled member is \$3000. For Food Stamps, report changes when your resources reach or exceed \$2000. You must tell us about changes that household members have in cash, savings accounts, checking accounts and stocks and bonds.

NAME	WHAT CHANGED?	AMOUNT
		\$
		\$

11. **VEHICLES** Has anyone in your household gotten/sold/traded a car, truck, boat, camper, motorcycle or other licensed vehicle?

MAKE	MODEL	YEAR	WHAT HAPPENED?			COST OR AMOUNT RECEIVED	AMOUNT OWED
			Got	Sold	Traded		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$

Do you expect the changes you have reported will remain the same next month?

☐ Yes ☐ No If you answered no, please explain. _____

Food Stamp Fraud Penalties:

When a household receives Food Stamp benefits, it must obey certain rules. The rules to be followed are:

Do not give false, incorrect or incomplete information.

Do not trade, sell or alter Food Stamp coupons or Electronic Benefit (EBT) cards.

Do not use other people's Food Stamp coupons or EBT cards.

Do not buy ineligible items such as alcoholic beverages or tobacco with Food Stamp benefits.

Any member of your household who breaks any of these rules on purpose may not be able to get Food Stamp benefits for a period of one year to permanently and may be fined up to \$250,000 or imprisoned up to 20 years or both for violations of \$5000 or greater and would be subject to prosecution under other applicable federal and state laws. A court can also bar an individual for an additional 18 months from the program. If you receive Food Stamp benefits, any or all of your statements, written or oral, are subject to investigation. Your Food Stamp benefits may be terminated if you fail to cooperate in the investigations.

Penalties for Buying or Selling Firearms, Ammunition, Explosives or Illegal Drugs for Food Stamps:

A member of your household found guilty of buying or selling firearms, ammunition or explosives for food stamps will never be able to get food stamps again. Any member of your household who is found guilty of buying or selling illegal drugs for food stamps will not be able to get food stamps for 12 months for the first offense and permanently for the second offense.

Social Security Number:

Public Law 97-88 governing the Food Stamp (FS) Program requires that a Social Security number (SSN) must be provided for each household member. We will use the SSNs to check the identity of household members, to prevent duplicate participation and to help us make mass changes. We will also use the SSNs to check information you give us against information we have in our records and against other federal, state and local government agency computer matching systems. This means that we may contact employers, banks or other parties, as needed.

SIGNATURE

I understand the penalty for hiding or giving false information. I also understand I will have to pay back any extra Food Stamp benefits I got because I did not report changes in my household. I agree to provide proof of any changes I report if asked.

Your Signature: _____ Today's Date: _____

WE WILL USE YOUR ANSWERS ON THIS FORM TO SEE IF YOUR HOUSEHOLD'S BENEFITS WILL STOP OR CHANGE. IF YOU DO NOT AGREE WITH OUR DECISION, YOU MAY HAVE A FAIR HEARING WHICH WILL DECIDE IF YOU ARE RIGHT.