



Program:	Branch:	Case number:	Worker ID:
Case name:			

Interim Change Report For Supplemental Nutrition Assistance Program (SNAP)



To prevent a possible delay in receiving your benefits, please return this form between the 1st and 10th day of _____.

If this form is not received by the last day of _____ your benefits may stop.

To continue your benefits

- You must turn in this form to get benefits.
- Answer the questions for yourself and all persons living with you for _____.
- Attach a sheet of paper if you need more room.
- **Attach proof** of what you report.
- If you need help with this form, call the number at the top. You may call collect, if necessary.

Your benefits may get delayed if:

- *You return this form after the 10th of the month, or*
- *It is incomplete.*

This is **not** an application

How to use this form

This form is needed to show that you are still eligible for food benefits. Answer all questions about all who live with you. Give all household income from all sources. This includes earned and unearned income for all household members.

Our discrimination policy

The Department of Human Services (DHS) and the Oregon Health Authority (OHA) do not discriminate against anyone. This means that DHS|OHA will help all who qualify and will not treat anyone differently because of age, race, color, national origin, gender, religion, political beliefs¹, disability or sexual orientation².

You may file a complaint if you believe DHS or OHA treated you differently for any of these reasons. To file a complaint with the state, you can call the Governor’s Advocacy Office at 1-800-442-5238 (TTY 711) or write to their office at:

Governor’s Advocacy Office
 500 Summer Street NE, E17, Salem, OR 97301
 Email: DHS.info@state.or.us

¹SNAP clients are protected against political belief discrimination.
²Sexual orientation is protected by the State of Oregon, but not federal laws.

Answer all questions. Be sure to sign and date on the back.

“Equal opportunity is the law!”

The United States Department of Agriculture (USDA) and the United States Health and Human Services (HHS) are equal opportunity providers and employers. Auxiliary aids and services are available upon request to individuals with disabilities.

To file a complaint with USDA, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410 or call 202-720-5964 (voice and TDD).

By signing this form, I understand and agree that:

- ☞ **I must return this information to get benefits.**
- ☞ **I can talk to my worker or a person in charge** if I have questions about this form.
- ☞ **I register for the Oregon Food Stamp Employment Transition (OFSET) program** all people in my household who want food benefits.
- ☞ **My answers on this form will affect my benefits.** This information may cause my benefits to go up, down or stop. I will get a notice explaining how my answers on this form will affect my benefits and how to ask for a hearing.
- ☞ **If I quit a job without a good reason,** I may lose food benefits for myself.
- ☞ **There are penalties in the SNAP program for doing any of the following:**

If you do the following...	You will lose food benefits...
<ul style="list-style-type: none"> • Hide information or make false statements; • Use Electronic Benefit Transfer (EBT) cards that belong to someone else; • Use food benefits to buy alcohol or tobacco; • Trade or sell benefits or EBT cards; • Dump containers only for the cash redemption value; • Resell food bought with food benefits for cash. 	<ul style="list-style-type: none"> • 12 months for the first offense; • 24 months for the second offense; • Permanently for the third offense.
<ul style="list-style-type: none"> • Trade food benefits for controlled substances such as drugs. 	<ul style="list-style-type: none"> • 24 months for the first offense; • Permanently for the second offense.
<ul style="list-style-type: none"> • Trade food benefits for firearms, ammunition or explosives. 	<ul style="list-style-type: none"> • Permanently.
<ul style="list-style-type: none"> • Trade, buy or sell food benefits of \$500 or more. 	<ul style="list-style-type: none"> • Permanently.
<ul style="list-style-type: none"> • Give false information about who you are or where you live so you can get extra food benefits. 	<ul style="list-style-type: none"> • 10 years for each offense.
<p>You can also be fined up to \$250,000 or put in prison for up to 20 years, or both, for doing these things. You may also be charged under other Federal laws.</p>	
If you knowingly do the following...	You may be...
<ul style="list-style-type: none"> • Use EBT cards which are not yours; • Transfer your EBT cards to other people; • Acquire or possess EBT cards which are not yours. 	<ul style="list-style-type: none"> • Guilty of a felony or misdemeanor; • Fined; • Put in prison; • Ineligible for food benefits for a period of time.

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If you are not registered to vote where you live now, would you like to apply to register to vote today? Yes No **Applying to register or declining to register to vote will not affect the amount of assistance you will be provided by this agency.**



(1) Answer the questions for (report month):

Home address:	City:	State:	ZIP code:	Phone number:
Mailing address:	City:	State:	ZIP code:	Message number:
Do you pay for housing? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete below.) <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage				
Amount you pay monthly? \$ _____	Homeowners insurance, if separate: \$ _____ per year	Property tax, if separate: \$ _____ per year		
How is your home heated? <input type="checkbox"/> Wood <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other: _____				
Is the heating expense included in the rent? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Check all utilities that you pay. <input type="checkbox"/> Electricity <input type="checkbox"/> Phone <input type="checkbox"/> Water/sewer <input type="checkbox"/> Wood <input type="checkbox"/> Natural gas <input type="checkbox"/> Propane <input type="checkbox"/> Garbage <input type="checkbox"/> Oil				

(2) Who lives at this address with you? (List each person living in your home.)

Name (last, first, middle)	Relationship to you	Sex (circle one)	Date of birth	Wants SNAP (circle one)	Purchase and prepare meals with you (circle one)
	Self	M F		Y N	Y N
		M F		Y N	Y N
		M F		Y N	Y N
		M F		Y N	Y N
		M F		Y N	Y N
		M F		Y N	Y N
		M F		Y N	Y N

If there are others living in your home, add to a separate sheet of paper.

(3) Does anyone get money from any other source? Yes No (if yes, complete below, attach proof.)

- Some examples are:
- Social Security
 - Unemployment Compensation
 - Veterans benefits
 - Child support
 - Workers' Compensation
 - Loans/gifts

Name of person who got other money	Source of other money	How often paid	Amount of each payment	Amount this month	Will this income continue
			\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No*
			\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No*
			\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No*

* If income will change, give the new amount. What is the reason for the change and when it will change?

Turn over and answer all questions. Be sure to sign and date on the back.

(4) Does anyone work? Yes No (If yes, complete below.)

List each job for each person who works. **Attach proof** of the income received in the **report month**. (Report month is listed at top of page 3.)

If self-employed, check here <input type="checkbox"/>	Job #1	Job #2	Job #3
Person working:			
Employer's name and phone number:			
Job title:			
Hourly pay:	\$	\$	\$
If you are not paid by the hour, explain your income here:			
Hours (per week):			
How often paid (weekly, monthly):			
Pay dates:			
Tips per week:			
Draws, overtime pay, bonuses or commissions:	\$	\$	\$
Will this income continue?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No*
*If income will change, give the reason for the change here:			
New amount:	\$	\$	\$
Date of the change:			

(5) Does anyone in your household work as a volunteer?

Name of volunteer:	Hours per week:
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(6) Paying child support: If anyone living with you is court-ordered to pay child support, has the court-order changed? Yes No If yes, amount per month \$ _____

Read and sign: The information I give on this form is true and complete. I have read all four pages of this form and understand it. I agree to the conditions on page 2.

Signature of person completing this form:	Phone:	Date:
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