

AGENCY USE ONLY	
Case Name	
Case Number	
Eligibility Worker Number	

NOTIFICATION OF CHANGE

When a change occurs in your circumstances, you must report it to your local social services agency. Report changes for Medical Assistance, Refugee Resettlement Program and Auxiliary Grants within 10 days. Changes for the General Relief Program must be reported the day the change occurs or the first day that the agency is open after the change occurs.

To use this form, you must:

- check the correct box or boxes, and explain the change, including the date the change occurred, in the space provided;
- enter your name, address, date you completed the form;
- be sure to sign your name;
- mail this form or bring it to your local agency.

Virginia law requires everyone who receives assistance to let the local department of social services know of any change which might cause a change in his or her assistance. If you withhold information or give false information, you may be prosecuted for perjury, larceny, or welfare fraud.

The following examples of changes may include some that do not have to be reported for every program. If you are not sure whether to report a particular change, please discuss the change with your worker. Your Eligibility Worker will contact you about changes and what effect these changes may have on your monthly grant or medical coverage.

CHECK THE APPROPRIATE CHANGE	GIVE DATE CHANGE OCCURRED AND EXPLANATION
<input type="checkbox"/> Moved or planning to move. Give new address.	
<input type="checkbox"/> You or someone in your home has gotten married.	
<input type="checkbox"/> You or someone in your home is no longer disabled.	
<input type="checkbox"/> Change in your expenses (such as, the amount of child care, etc.)	
<input type="checkbox"/> Change in income from a job (such as, getting a new job, quitting a job, changing from part-time to full-time or vice versa, getting a promotion or demotion)	
<input type="checkbox"/> Change in income other than from a job (such as, support money, benefits or any other source (not welfare).	
<input type="checkbox"/> Change in the persons in the home (such as, a new baby, child or parent left or came home, person died, etc.).	
<input type="checkbox"/> Change in resources (such as, vehicles, bank accounts, life insurance policies, real property, etc.)	
<input type="checkbox"/> Change in medical insurance	
<input type="checkbox"/> Other change	

Name (Please Print)	Your Signature	Telephone Number	Date Form Completed
Address		City, State, Zip Code	

Return This Form To: _____
 Agency Name/Address

NOTIFICATION OF CHANGE

FORM NUMBER - 032-03-0215-09-eng

PURPOSE OF FORM – Used by applicants/recipients to report changes to the local social services agency.

USE OF FORM – This optional form may be given to the client at the time of application and redetermination or mailed on a regular basis. When the form is given to the client at application and/or form must be returned when changes occur. When the form is mailed out to be returned by the client, an agency-addressed envelope must be included.

NUMBER OF COPIES – One.

DISPOSITION OF FORM – After the eligibility worker has reviewed the returned form and taken necessary action, the form will be filed in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM – The eligibility worker will complete the appropriate identifying information.