

**MARYLAND DEPARTMENT OF HUMAN RESOURCES
FAMILY INVESTMENT ADMINISTRATION
CHANGE REPORT FORM**

Date Received (Agency use only)

LDSS Office	Programs receiving	AU ID #s
Case Manager's Name		
Your Name (Last, First, Middle)	Home Telephone	Work Telephone
Where do you live? (Number and Street)	Apt. #	City
		State
		Zip Code
Your Social Security Number	Your Date of Birth	

What language do you speak? English Spanish Other _____
If you do not speak English and need free translation services, call your case manager or call 1-800-332-6347.

PART 1: REPORTING SOMEONE WHO HAS LEFT OR JOINED THE FAMILY

Remove: _____ Birth Date: _____ How Related to you: _____

New Person: _____ Birth Date: _____ How Related to you: _____

Social Security # _____ **Is This Person a U.S. Citizen?** Yes No

If adding a child under 18, please complete the following:

Name of Mother: _____ Name of Father: _____

Address: _____ Address: _____

Are you willing to take support action against any parent of that child who is not living in the home? Yes No

PART 2: REPORTING A CHANGE OF ADDRESS AND/OR SHELTER COST

New Address: _____ Apartment #: _____ City: _____
 State: _____ Zip Code: _____ Date of Move: _____ Public Housing? Yes No Section 8? Yes No

Mailing Address (if different) _____

Is anyone in your household paying for any of the following? Check all those paid and answer the questions.

✓	Expenses	Amount	How Often ?	Who Pays?	✓	Expenses	Amount	How Often?	Who Pays?
	Rent					Water			
	Mortgage					Sewer			
	Electric					Garbage			
	Gas					Wood/Coal			
	Oil					Property Tax			
	Coop/Condo/ Assoc. fees					Homeowner's insurance			
	Telephone					Other			

Is heat included in your rent? Yes No

Do you pay an electric bill for lights or cooking? Yes No

If heat is not included in the rent, what is your source of heat? _____ Do you pay for air conditioning? Yes No

Does someone help you with your utility costs? Yes No If yes, who? _____

Are you sharing any of the shelter costs listed above? Yes No If yes, with whom? _____ Your share? _____

Have you received Energy Assistance at your current address within the past 12 months? Yes No

Are you living with other people who are not on your grant? Yes No If yes, who? _____

Do you purchase your meals separately from these other people? Yes No

PART 3: REPORTING A CHANGE IN ASSETS

I now have:

- Checking Account
- Life Insurance
- Property
- Stocks/Bond
- Savings Account
- Trust Fund
- Accident Settlement
- Other Resources _____

List the amount or value of resource(s): _____

I no longer have:

- Checking Account
- Life Insurance
- Property
- Stocks/Bond
- Savings Account
- Trust Fund
- Accident Settlement
- Other Resources _____

Amount or value of resource(s): _____

