

CHANGE REPORT FORM

You can use this form to report changes.

- Complete the section(s) regarding the change(s) you are reporting.
- **You do not have to complete the entire form.**

This form can be dropped off, mailed, emailed, or faxed to your local DCF office. You can also report changes by calling 1-888-369-4777 or through the [DCF Self-Service Portal](http://www.dcfapp.kees.ks.gov) at www.dcfapp.kees.ks.gov.

First Name: _____

Last Name: _____

Case Number: _____

Date of Birth: _____

Telephone Number: _____

Note for Food Assistance

The following changes must be reported:

- Your household's gross monthly income goes over 130% of the monthly poverty standards for your household size.
- If a household member is an Able-Bodied Adult without Dependent (18-64 years old, able to work, and not living with children under 14 years old) and their work hours drop below 20 hours per week.
- Someone in your household has won at least \$4,500 (before taxes or other amounts are taken out) from the lottery or gambling.

Note for TANF

The following changes must be reported within 10 days after you find out about them:

- Changes in the number of people living in your home. This includes events like getting married, getting divorced, separating from a partner, or if you start living with someone who is not part of your benefits case.
- Changes in where you live including moving in or out of a hospital or other institution.
- If your earned income increases or decreases by more than \$100 per month.
- If other income goes up or down by more than \$50 per month. This includes Supplemental Security Income (SSI), Social Security benefits, veterans benefits, retirement benefits, Unemployment Compensations, etc.
- If the total amount of cash and/or savings for everyone in your household is \$3,000 or more.

Note for Child Care Assistance

The following changes must be reported within 10 days after you find out about them:

- Your family's gross monthly income increases, and it would cause the total amount to exceed 85% of the state median income for a family of its size.
- Changes in where you live including moving in or out of a hospital or other institution.

- Change in child care provider.
 - Change in the number of hours that child care is needed or used. This includes when child care has stopped or hasn't been used for an entire calendar month for any child receiving Child Care Assistance. Changes in child care hours for school-age children when school is not in session do NOT need to be reported.
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Address Change

What is your new address?

Do you want to register to vote? Yes No

If there are changes in your household expenses, please list them.

Household Members

If you need to add or remove someone from your benefits, please explain how they are related to you.

Income Change

Please review the notes on the first page on which income changes need to be reported for each program. List any changes below.

Resource Change

Please review the notes on the first page on which resource changes need to be reported for each program. List any changes below.

Closing Your Benefits

I want to close all my benefit cases immediately for all household members.

I want to close only this benefit program immediately for all household members.

Food Assistance TANF Child Care Assistance

I want to close all benefits for the household member listed below:

Other Changes

Please list other changes that were not reported above that you think may affect your benefits.

I understand the penalty for hiding or giving false information. I also understand I will owe the value of any extra benefits I receive because I have not fully reported changes in my household's circumstances. I certify, under penalty of perjury that all the answers on this form are correct and complete to the best of my knowledge.

Your Signature:

Date: