

Report Changes in Your Household

While you're applying for or getting benefits from [State Agency], you need to report changes in your household's situation. Below are the changes you need to report, depending on your program:

Program

Changes You Need to Report

For [Simplified Reporting Program], you must report:

- If anyone in your household wins **\$4,500** or more in a single **lottery or gambling game**
- If you are 18 to 64 years old with no disabilities or children younger than 14 (an **Able-Bodied Adult Without Dependents**, or ABAWD), let us know if your **work hours drop below 80 hours per month**
- If your household's **income** goes over the amount listed in the table below for your household size:

Household size	1	2	3	4	5	6	7
Income limit	\$XXXX	\$XXXX	\$XXXX	\$XXXX	\$XXXX	\$XXXX	\$XXXX

For households of more than 7, add \$XXX for each additional person.

For [Standard Reporting Program], you must report any changes in:

- Your **household members** (anyone moving in or out)
- Your **address** or **housing expenses** (like rent or mortgage costs)
- Any **new sources of income** or **income that has stopped**, including employment income (from work) and non-employment income (from public benefits, gifts, child support, disability insurance, or other regular payments)
- The **amount of employment income** your household earns from working, if it goes up or down by more than **\$125** a month
- The **amount of non-employment income** your household earns from sources like public benefits, gifts, child support, disability insurance, or other regular payments, if it goes up or down by more than **\$125** a month
- If you are 18 to 64 years old with no disabilities or children younger than 14 (an **Able-Bodied Adult Without Dependents**, or ABAWD) and your work hours drop **below 80 hours per month**
- **Care expenses** for a child or disabled adult
- **Child support** you pay to a child outside of your household
- Your household's savings, cash, stocks, bonds, or bank accounts if they total more than **\$3,000** (or more than \$4,500 if someone in your household has a disability or is 60 or older)
- **Vehicles** (such as a car) that you own

Commented [A1]: This Change Report Form is a template using plain language and accessible design best practices tested with clients. It is designed for any state SNAP program to use and learn from—whether by downloading and editing the template directly, copying elements or language into your own forms, or reading about the best practices used.

This template includes sections for all change reporting requirements described in the Code of Federal Regulations for SNAP (7 CFR 273.12). Depending on your state's policies, you might not use all of them, or may include more. You'll find comments throughout the notice explaining best practices or pointing out where your agency should customize the text.

This template was created by the Public Policy Lab (PPL), a nonprofit human-centered design lab working to improve public services. We spent a year researching, testing, and codesigning SNAP forms with benefits recipients through our partnership with Arizona's Department of Economic Security, made possible through funding from The Families and Workers Fund.

If you have questions about this template or the Public Policy Lab, you can reach out to us at info@publicpolicylab.org.

Commented [A2]: Anything in brackets is expected to be modified by your state. In this case, you'd replace [State Agency] with your own state agency's name.

Commented [A4]: To be updated with current FPL levels for SNAP income limits.

Commented [A5]: Clients likely won't know what "earned" or "unearned" income means. It's best to ask in more plain language terms, like employment and non-employment income.

Deadline to Report Changes

- **[Simplified Reporting Program]:** Report changes by the 10th of the month after the change happens. For example, if a change happens in June, report it by July 10.
- **[Standard Reporting Program]:** [If different change reporting deadline]

Commented [A6]: Update for your state agency's programs

How to Report Changes

You can report changes using any of the options below:

- **Fill out this form**, then send it to us with proof of the change(s) by:
 - **Mail:** [State Agency mailing address]
 - **Fax:** [(XXX) XXX-XXXX]
- Submit an **online** form at [StateAgency.gov].
- **Call** [(XXX) XXX-XXXX] to report changes by phone.

Commented [A7]: Update the options below with information for your agency.

Change Report Form

To report changes using this form, follow these steps:

1. Complete the **Your Information** section below.
2. Fill out the sections for changes you need to report. If you don't need to report a change for a section, you can **leave it blank**.
3. Sign and date the end of the form, then **return it to [State Agency]** by mail or fax with proof of the changes you reported. **If you don't know what documents to submit as proof, contact us for help.**

Commented [A8]: It's best practice to give clients instructions on how to fill out the form itself. Without instructions, clients in testing skipped required sections or filled out more than they needed to.

Your Information

Name (first, middle initial, last):

Phone (include area code):

Case number:

◀ You can find your case number on the top right corner of the letters you get in the mail from [State Agency].

Commented [A9]: Customize to be accurate to your agency's case number placement.

City:

State:

ZIP code:

Continue to report your changes. →


If you don't have changes to report for a section, you can leave it blank.

Household Member Changes

Fill out the table below to report changes in who lives with you.

Name of household member with change	Relationship to you	Type of change	Date of change	This person is... (Mark all that apply.)
		<input type="radio"/> Add to household <input type="radio"/> Remove from household		<input type="checkbox"/> Disabled <input type="checkbox"/> A U.S. Citizen <input type="checkbox"/> A student receiving money <input type="checkbox"/> Pregnant
		<input type="radio"/> Add to household <input type="radio"/> Remove from household		<input type="checkbox"/> Disabled <input type="checkbox"/> A U.S. Citizen <input type="checkbox"/> A student receiving money <input type="checkbox"/> Pregnant

Commented [A10]: These are some traits you might want to collect about new household members, but you can customize them or remove this column entirely.

 **Attach proof of income or resources for new household members (including babies and children).**

Commented [A11]: Be sure to remind clients throughout the form to attach proof with examples of supporting documents. Icons (in this case, a paper clip) help draw the eye to this reminder.

Home Address Changes

Fill out the information below if your home or mailing address has changed.

Home address
(number, street, city, state, ZIP code):

Mailing address, if different from home address
(number, street, city, state, ZIP code):

County you live in:

Home or mobile phone number:

Landlord's name, if you're renting (first and last):

Landlord's phone number, if you're renting:

Date of change:

 **Attach proof if you have new rent, mortgage, or utility costs, such as a rental lease or bills.**

Income & Benefit Changes

Use this section to report changes in income, including:

- A permanent or temporary job, odd jobs, self-employment, tips, bonuses, or in-kind income
- Unemployment or veterans' benefits, disability, retirement or pensions, Supplemental Security Income (SSI) or Social Security (SSA)
- Child, spouse, or medical support you receive
- Housing assistance or utility allowance, assistance from the Bureau of Indian Affairs
- Money from roomers or boarders, educational income, land lease, interest
- Gambling or lottery winnings, gifts and contributions

Income Source Stopped

If an income source has stopped, fill out the table below.

Name of person	Source of income that has stopped	Date of change

New Income, or Changes to Amount or Hours

If you have a new income source, or a change in income amount or work hours, fill out the table below.


Note: **Gross monthly income** is the amount of money you get paid each month before any taxes or deductions.

Name of person:	Income source:	Date of change:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gross monthly income:	How often are you paid?	Rate of pay:
\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Minimum hours worked per week:	Maximum hours worked per week:	◀ If income isn't from employment, hours can be left blank.
<input type="text"/>	<input type="text"/>	

Commented [A12]: Always define terms like gross monthly income, which may be unfamiliar to clients.

Commented [A13]: Based on research on income verification by Digital Public Works, asking for minimum and maximum hours worked per week helps prevent clients from giving an estimated average that may not be accurate.

Name of person:	Income source:	Date income changed:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gross monthly income:	How often are you paid?	Rate of pay:
\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Minimum hours worked per week:	Maximum hours worked per week:	◀ If income isn't from employment, hours can be left blank.
<input type="text"/>	<input type="text"/>	

 Attach proof of income, such as pay stubs, award letters, or a letter from your employer.

Expense Changes

Fill out the table below for any expenses that have changed, including rent, mortgage, utilities, child support, and dependent or child care expenses. If you have a household member who is 60 or older or has a disability, report any changes to out-of-pocket medical expenses of \$35 or more.

Name of person with the expense	Type of expense	New amount	How often do you pay that amount?	Date of change
		\$		
		\$		
		\$		

Commented [A14]: Make sure to specify "new" amount—when clients just saw "amount," they answered inconsistently, some writing the amount the expense had changed by.

 **Attach proof of expense changes, such as rent, mortgage, utilities, dependent care, or child care bills.**

Financial Resource Changes

Answer the question below if the total amount of money your household has (including cash, checking or savings accounts, stocks, or bonds) increased above your program limit of **\$3,000** (or \$4,500 if someone in your household is 60 or older or has a disability).

What is the total amount your household has now?

\$

 **Attach proof of resources, such as bank statements or a letter from your financial institution.**

Vehicle Changes

Fill out the table below if anyone in your household bought, sold, or was given a car, motorcycle, boat, camper, or other vehicle.

Make of vehicle	Model	Year	Value	Type of change
			\$	<input type="radio"/> Bought <input type="radio"/> Sold <input type="radio"/> Received as a gift
			\$	<input type="radio"/> Bought <input type="radio"/> Sold <input type="radio"/> Received as a gift

 **Attach proof of vehicle purchase or sale, such as receipts.**

Important Information

The information you share on this form could cause your SNAP benefits to be changed, stopped, or paused. If this happens, we'll send you a separate letter to explain why.

If you leave out or give incorrect information about your household on purpose, you may have to pay back [State Agency] for any extra benefits you weren't supposed to receive. In some cases, this can also lead to fines, jail time, or other legal penalties under state or federal law.

If you or someone in your household is found to have broken program rules on purpose, you may lose SNAP benefits for: 12 months for the first offense, 24 months for the second offense, and permanently for the third offense. You could also face other legal actions, including possible fines (up to \$250,000), jail time (up to 20 years), or both. A court may stop you from getting SNAP for another 18 months.

Signature

By signing below: I have answered these questions truthfully and given accurate information to the best of my knowledge. I understand that changes I reported here may change my benefit amount.

Printed name of client or authorized representative:

Signature of client or authorized representative:

Date:

SIGN →

<input type="text"/>	<input type="text"/>
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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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