



State of Illinois  
 Department of Human Services  
**Supplemental Nutrition Assistance Program (SNAP)**  
**CHANGE REPORT FORM**

**THIS IS NOT AN APPLICATION.** Use this form to report CHANGES ONLY.

NAME: \_\_\_\_\_ CASE NUMBER (If known): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

You must report the following changes within TEN (10) days from the time you learn of the change if your household is not an EZ Rede Unit:

- \* CHANGES IN THE SOURCE OR TOTAL OF EARNED INCOME OF MORE THAN \$100 A MONTH, OR UNEARNED INCOME OF \$50 A MONTH, UP OR DOWN. (You DO NOT have to report changes in your cash benefits paid by DHS);
- \* PEOPLE WHO MOVE IN OR OUT OF YOUR HOUSEHOLD, INCLUDING NEWBORNS. (List names, birthdates, social security numbers and income.);
- \* IF YOU HAVE MOVED, YOUR NEW ADDRESS, TELEPHONE NUMBER AND CHANGES IN RENT OR MORTGAGE AND UTILITIES; and/or
- \* IF YOU RECEIVE A DEDUCTION FOR CHILD SUPPORT PAYMENTS, REPORT WHEN THE SUPPORT ORDER CHANGES OR ENDS.

EZ REDE UNITS

If you choose to report changes, you may use this Change Report Form to report your change to the local office.

LIST CHANGE(S) AND THE DATE OF THE CHANGE(S) BELOW: (Use an additional sheet, if necessary.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Do you expect the change(s) you are reporting to continue next month?  YES  NO If "NO", please explain

PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW:

I understand the penalty for hiding information or giving false information. I also understand that I will owe the value of any extra SNAP benefits I receive if I do not fully report changes in my household. I agree to provide proof of any changes I report if asked. My answers on this form are correct and complete to the best of my knowledge.

\_\_\_\_\_  
 YOUR SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 TELEPHONE

**PLEASE TURN THE PAGE FOR IMPORTANT INFORMATION.**



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- \* If you are interested in applying to register to vote, please go to [www.elections.il.gov/](http://www.elections.il.gov/) or call the Department of Human Services Help line at 1-800-843-6154, or 1-866-324-5553 TTY/Nextalk, 711 TTY Relay. If you would like assistance or need translation services, please contact your DHS Family Community Resource Center.

**PENALTY WARNING**

The information provided on this form is subject to verification by Federal, State and local officials. If any information is found to be inaccurate, you may be denied SNAP benefits and/or subject to criminal prosecution for knowingly providing false information.

Any member of your SNAP unit who intentionally breaks any of the following rules can be barred from the SNAP for:

- \* TWELVE (12) MONTHS after the first violation;
- \* TWENTY-FOUR (24) MONTHS after the second violation; and
- \* PERMANENTLY for the third violation.

The individual can also be:

- \* FINED UP TO \$250,000,
- \* IMPRISONED FOR UP TO TWENTY (20) YEARS;
- \* OR BOTH.

The individual may also be subject to further prosecution under other applicable Federal laws.

Individuals found guilty in a court of law for trading coupons for controlled substances will be barred from the SNAP participation.

- \* TWENTY-FOUR (24) MONTHS for the first offense; and
- \* PERMANENTLY for the second offense.

Individuals found guilty in a court of law of selling firearms, ammunition or explosives for coupons will be barred PERMANENTLY.

An individual found guilty of trafficking SNAP benefits of \$500 or more will be permanently barred from SNAP participation. An individual who is found to have made a fraudulent statement or representation about identity and residence to get multiple benefits at the same time will be barred for 10 years. Individuals who are fleeing felons or probation/parole violators are ineligible for SNAP benefits.

\*\*\*\*\*  
 DO NOT GIVE FALSE INFORMATION OR HIDE INFORMATION TO GET OR CONTINUE TO GET SNAP BENEFITS. SNAP BENEFITS MAY NOT BE TRADED OR SOLD. SNAP BENEFITS MAY BE USED FOR FOOD PRODUCTS ONLY AND MAY NOT BE USED TO BUY INELIGIBLE ITEMS SUCH AS ALCOHOLIC DRINKS AND TOBACCO. YOUR HOUSEHOLD MAY NOT USE SOMEONE ELSE'S SNAP BENEFITS.  
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We will use the information you give us to compute your amount of benefits. Before we change your benefits, we will send you a notice. If you disagree with our decision, you can have a fair hearing upon request. A hearing official will decide if you are right.

You may also report changes to your caseworker in person by calling: \_\_\_\_\_.

In accordance with Federal Law and U.S. Department of Agriculture (USDA) policy and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs or disability.

To file a complaint of discrimination, contact the Department of Human Services (DHS), USDA, or HHS. Write DHS at the Department of Human Services, EEO office, 401 South Clinton St, 7th Floor, Chicago, IL 60607. Write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). Write HHS, Director, Office for Civil Rights, Room 506 F, 200 Independence Avenue, S.W. Washington, D.C. 20201 or call (202) 619-0403 (Voice) or (202) 619-3257 (TTY). DHS, HHS and USDA are equal opportunity providers and employers.