



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/ 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.

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: _____.



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USDA Nondiscrimination Statement

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, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State of Illinois Department of Human Services) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, [complete the USDA Program Discrimination Complaint Form, \(AD-3027\)](#) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html , 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
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

This is an equal opportunity employer.

Additional Illinois Nondiscrimination Information

You may also write the Department of Human Services (IDHS) at Department of Human Services, Bureau of Civil Affairs, 401 South Clinton St., 6th Floor, Chicago, Illinois, 60607 or call the IDHS Helpline Number at 1-800-843-6154 or 866-324-5553 TTY/ Nextalk or 711 Relay.

DHS, HHS, and USDA are equal opportunity providers and employers.

The State of Illinois provides reasonable accommodations according to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990.