

Medical Assistance/TANF Change Report Form

Name: _____ Address: _____

City, State, Zip: _____ Phone: _____

Benefits Specialist: _____ Phone: _____

Changes must be reported to your Department of Social Services Benefits Specialist as soon as you become aware of them, but no later than 10 days from the date of the change. You can report changes by coming into your local Department of Social Services Office, calling your Benefits Specialist or you can use this form to report the changes.

✓ CHECK THE SECTIONS THAT HAVE CHANGED

For Medical Assistance and/or Temporary Assistance for Needy Families (TANF) Programs:

Someone moved into your home (complete section below)

Name of Person			Indicate if Requesting Medicaid Assistance and/or Temporary Assistance for Needy Families (TANF)	
_____			Medical Assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
First	Middle Initial	Last	TANF?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DOB	Gender	SSN	Does this person plan to file a federal income tax return next year? <input type="checkbox"/> Yes (answer questions A-C) <input type="checkbox"/> No	
A. Will this person file jointly with a spouse? If yes, name of spouse: _____				
B. Will this person claim any dependents on their tax return? If yes, list name(s) of dependents: _____				
C. Will this person be claimed as a dependent on someone's tax return? If yes, name of tax filer: _____ Relationship to tax filer: _____				

Someone moved out of your home (list person below):

Name of Person: _____	Date Left: _____
First MI Last	

Employment income changed. Check reason(s) below:

<input type="checkbox"/> Changed jobs	<input type="checkbox"/> Stopped working	<input type="checkbox"/> Started working fewer hours
Other. Describe change: _____		
Provide employer information below:		Average hours worked each WEEK: _____
Employer Name, Address and Phone Number		Wages/Tips (before taxes) \$ _____
		<input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month
		<input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 weeks
		<input type="checkbox"/> Yearly
If self-employed, describe type of work and the change in income below:		

Other income changed. Complete all that apply:

Source of Income	Amount	How often received?	Source of Income	Amount	How often received?
Unemployment			Alimony Received		
Pensions			Net Farming/Fishing		
Social Security			Net Rental/Royalty		
Retirement Accounts			Other Income Type		

Someone in the household is pregnant. If checked, complete questions below:

Name of person that is pregnant: _____ Due Date: _____ Number of babies: _____

Someone gave birth to a child. If checked, complete questions below:

Date of birth: _____ Name of newborn: _____ Gender: _____

For Medical Assistance Only:

Health insurance changed. Check reason below:

<input type="checkbox"/> Health insurance started	<input type="checkbox"/> Health insurance stopped	<input type="checkbox"/> Health insurance company changed
List the policy # _____		
Company Name/Address _____		

For Temporary Assistance for Needy Families (TANF) Only:

<input type="checkbox"/> Bank accounts/resources changed. Describe new accounts, increased amounts in existing accounts, etc. _____
<input type="checkbox"/> Bought, sold, traded, or gave away vehicles (cars, trucks, boats, etc.). Describe the change: _____
<input type="checkbox"/> The amount you pay for child support payments has started, stopped, or changed. Describe who the payment is for, who it is paid to, and the change in payment: _____
<input type="checkbox"/> School attendance changed. Provide name, change that occurred, and date of occurrence: _____

For ALL Programs: Would you like to Register to Vote?

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you are not registered to vote where you live now, would you like to apply to register to vote here today? **Yes** **No**

If you do not check either box, you will be considered to have decided NOT to register to vote at this time. (Failure to check either box is deemed a declination to register for purposes of receiving assistance in registration but is not deemed a written declination to receive an application. If you do not check either box, you will be provided a voter registration form that you may complete at your convenience.)

If you register to vote, the information regarding the office to which the voter registration form was submitted will remain confidential and be used only for voter registration purposes. If you do not register to vote, this decision will remain confidential and be used only for voter registration purposes. If you would like help filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the South Dakota Secretary of State, 500 E Capitol, Pierre SD 57501, (605) 773-3537.

I understand that the information on this form is subject to verification by Federal, State, and local officials to determine that such information on this form is correct and complete. If any information is found to be incorrect, benefits may be reduced or terminated, and I may be responsible for paying the benefits back. I declare and affirm under penalties of perjury that this report form has been examined by me and to the best of my knowledge and belief is in all things true and correct. I understand I may be subject to criminal prosecution for knowingly providing incorrect information.	
_____	_____
Signature	Date