

CHANGE REPORT

PURPOSE: To provide households subject to the earned income reporting requirement with a method to report when the household's gross monthly income exceeds 130% of poverty. This form also informs the household of the income maximum for the household's size and the penalties for failure to report.

NUMBER OF COPIES AND DISPOSITION: Give one copy to the household at approval. Also, give a copy to households who become subject to the earned income change reporting requirement due to a change in circumstances during their certification. Returned forms should be retained in the case record for 36 months.

MANUAL REFERENCE: Food Stamp Manual, Section 1130.040.00 and 1140.000.00

INSTRUCTIONS FOR COMPLETION: The electronic form may be used or the form may be completed in ink.

FROM: Enter the county name and address or use the county label.

CASEWORKER: Enter caseworker's name.

TELEPHONE: Enter county office phone number.

DATE: Enter the date the IM-145B is sent to the household.

TO: Enter the household's name and address.

RE: Enter the case name and case number

At the end of the first sentence, enter the appropriate 130% of poverty standard for the household.

Enter the county office phone number where the caseworker may be reached in the third paragraph.

The remainder of the form is completed by the household when reporting a change. _____