



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
CHANGE REPORT



Report any changes for your household on this form. Reporting a new address, mailing address, phone number, or email address means that Family Support Division (FSD) can reach you to send important information. Other changes are required depending on what FSD benefits you are receiving.

Supplemental Nutrition Assistance Program (SNAP) participants must report if:

- Your income exceeds the [limit for your household size](#).
- You have lottery or gambling winnings more than \$4,500 in a single game.
- Your work hours decrease and you are subject to Able-Bodied Adults Without Dependents (ABAWD) work requirements.

Temporary Assistance (TA) and MO HealthNet (MHN) participants must report if:

- Your income changes.
- Anyone moves in or out of your house.
- Resources exceed the limit for TA or for Non-MAGI MO HealthNet.

You do not have to fill out the whole form, only your name, date of birth, DCN or Social Security number (SSN), and what changed for you. You also must sign the last page. You may also report changes by visiting myDSS.mo.gov, calling FSD at 855-373-4636, or visiting any FSD office.

Ways to return a change report:



Upload:

Mydssupload.mo.gov



Mail:

Family Support Division
PO Box 2700
Jefferson City, MO 65102



In Person:

Find an office:
dss.mo.gov/offices.htm



Fax:

573-526-9400

Name	DCN	SSN	Date of birth		
Email address	Phone number	Does this phone receive text messages? Yes No		Secondary phone number	
Current Mailing Address (Street, City, State, Zip Code)					
Current Home Address (Street, City, State, Zip Code) If you do not have a home address, include the city, state, zip code where you stay.					
List everyone in YOUR household living at this address.					
List any other people living at this address, besides your household. For example, roommates or any other family members who you are not responsible for (grandparents, cousins, etc.)					
Did you move? If yes, complete this section and list who moved with you above. If no, go to the next section.					
When did you move?		Are you a boarder?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list the expenses you have now:					
Expense Type	Monthly amount	Who pays?	Expense Type	Monthly Amount	Who pays?
Rent			Mortgage		
Phone			Real Estate Taxes (if not included in mortgage)		
Water			Home Insurance (if not included in mortgage)		
Sewer			Is Electric used for <input type="checkbox"/> heating? <input type="checkbox"/> Cooling?		
Trash			Is Gas/Propane used for <input type="checkbox"/> heating? <input type="checkbox"/> Cooling?		
Electric			Is Other expense used for <input type="checkbox"/> heating? <input type="checkbox"/> Cooling?		
Gas/Propane					
Other					
Were there changes to your resources? If yes, fill out this section and provide proof. If no, skip this section. Include changes in money or accounts, lotter or gambling winnings, and any sales or purchase of any resource (like vehicles or property).					
Type of Change	Name	Explain what changed	New amount	Date of change	
<input type="checkbox"/> New <input type="checkbox"/> Sold <input type="checkbox"/> Amount					
Do you need to close your FSD case for the household, or end benefits for some household members?					
<input type="checkbox"/> I want to close all of my FSD cases immediately for all household members.					
<input type="checkbox"/> I want to close only this benefit type immediately, for all household members. Close <input type="checkbox"/> SNAP <input type="checkbox"/> MHN <input type="checkbox"/> TA					
<input type="checkbox"/> I want to end all benefits for some household members, listed below.					
Household members names:					

<p>Do you need to add someone to your FSD benefits? If yes, fill out this section. If no, skip this section.</p> <p>List anyone you wish to request benefits for, such as a new household member, someone who was not previously included in your FSD benefits, or someone who now purchases & prepares food with you (for SNAP).</p>						
Name	Relationship to you	Date of birth	SSN*	Disabled?	Benefits	
				Yes No	SNAP TA	MHN MHN PQ
<p>Is anyone you are adding, or anyone already in the home now pregnant? If yes, who and what is the estimated due date?</p>						
<p>If you applied for MO HealthNet in the last 12 months, do you need to request Prior Quarter for anyone? If yes, who and what months did they have medical bills?</p>						
<p>If you have an active MO HealthNet case, do you want to explore pregnancy, nursing home care, Medicare Savings Programs, or another MO HealthNet program? If yes, who and which program?</p>						
<p>For FASTER service: For each person you want to add or change, also complete a MO HealthNet Add a Person (IM-1ADP). For any person who is over 65 years, blind, or disabled, complete an Aged, Blind, and Disabled Supplement (IM-1ABDS).</p>						
<p>For MHN and TA cases, if any new household member is a minor child with a parent living outside of the home, FSD will need to explore if the parent outside of the home is responsible for financial support for the child. You may claim to have good cause for refusing to provide information for the parent outside of the home if you believe it would not be in the best interest of you or your child(ren). You must provide evidence to support this good cause claim. Would you like to claim good cause? If no, FSD will be requesting additional information about the child's parent who lives outside the home.</p>						
<p>If yes, please explain your good cause reason:</p>						
<p>Were there changes to your household's income? If yes, fill out this section and provide proof. If no, skip this section.</p>						
<p>This could include pay from a job, tips, or self-employment; also other income such as Social Security, Supplemental Security Income (SSI), veteran's benefits, child support, or alimony.</p>						
Change	Name	Who do you receive the income from?	New amount	Per	Hours per week	Date
Start				Hour	Week	
Stop				2 wks	2x/mth	
Amount				Mth	Year	
<p>Were there changes for child support you pay? If yes, fill out this section and provide proof. If no, skip this section.</p>						
Change	Name	Dependent's name	Is the child support court ordered?	New amount	Date	
Start						
Stop						
Amount						
<p>Were there changes to your health insurance? If yes, fill out this section and provide proof. If no, skip this section.</p>						
Change	Name	Who is covered by this policy?	Insurance Company Name	New Amount	Date	
Start						
Stop						
Amount						
<p>Were there changes to your dependent care provider or the amount you pay? If yes, fill out this section. If no, skip this section.</p>						
Dependent's name	Provider's Name	Provider's Address	How often is it paid?	New Amount	Date	
<p>Were there other changes you need to report? This could include changes for medical expenses, a divorce or marriage, or any other change not already reported. If yes, provide this information below and provide proof of the change. If no, skip this section.</p>						
<p>Will the reported change(s) be for more than one month? Yes No</p>						
<p>FOR SNAP - If you purposely hold back information about changes in your household, you will owe us the value of the extra benefits you receive a result. You may also be barred from the SNAP program for 1 year, 2 years, or permanently and be fined and/or imprisoned. PENALTY WARNING: Any information provided on this form is subject to verification by federal, state, and local officials. If any information is inaccurate, you may be denied SNAP benefits and/or be subject to criminal prosecution for knowingly providing false information.</p> <ul style="list-style-type: none"> 13 CSR 40-2.190 provides for recovery of benefits when it is determined someone has received benefits they are not entitled to. 7 USC 2024(b)(c) and (h). Anyone who knowingly uses, transfers, acquires, alters, or possesses coupons, or access devices in any manner contrary to the SNAP is subject to fine and imprisonment. Upon conviction, punishments include a fine of \$250,000 and/or imprisonment for 20 years if the value of the coupons or access devices is \$5,000 or more. If the value is less than \$5,000 but greater than \$100, punishments include a fine of \$10,000 and/or imprisonment for 5 years. If the value is less than \$100, punishments include a fine of \$1,000 and/or imprisonment for 1 year. Anyone who presents for payment or redemption coupons which have been illegally received, transferred, or used is subject to a fine of \$20,000 and/or imprisonment for 5 years if the value of the coupons is \$100 or more. If the value is less than \$100, punishments include a fine of \$1,000 and/or imprisonment for 1 year. Anyone convicted of felony offenses relating to the above transactions is also subject to having all real and personal property used in such transactions forfeited to the United States. 7 USC 2015(b)(1). Anyone convicted in a federal, state, or local court of trading benefits for controlled substances, illegal drugs or certain drugs for which a doctor's prescription is required, shall be barred from the SNAP for 2 years for the first offense and permanently for the second offense. Anyone convicted of trading benefits for firearms, ammunition, or explosives is barred permanently from the SNAP for the first offense. 7 USC 2015(b)(1)(iii)(IV) and 2015 (j). Anyone convicted of trafficking in SNAP benefits of \$500.00 or more shall be permanently disqualified from the SNAP program for the first offense. Anyone found by a state agency to have made or convicted in a federal or state court of having made fraudulent statements about identity or residence in order to receive multiple SNAP benefits simultaneously shall be ineligible to participate in the SNAP for ten (10) years beginning with the date of such agency determination or such conviction in a federal or state court. <p>FOR ALL PROGRAMS EXCEPT MO HEALTHNET- I understand I will owe the value of any extra benefits I receive because I do not fully report changes in my household. I understand the penalty for hiding or giving false information. My signature below certifies under the penalty of perjury that all declarations made on this change report are true, accurate, and complete.</p> <p>For all programs - By signing this document, I certify under penalty of perjury that all declarations made in this document are true, accurate, and complete, to the best of my knowledge.</p> <p>Electronic Signature Terms and Conditions: I have agreed to sign this document by electronic means. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. I agree.</p>						
Participant Signature					Date	