

## CHANGE REPORT FORM FOR CLIENTS

Case Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Phone number: ( \_\_\_\_\_ ) - \_\_\_\_\_ Case # or SSN: \_\_\_\_\_  
 Please provide Local Number where you can be reached & include area code

### CHANGE OF ADDRESS/HOUSING EXPENSES /HOUSEHOLD MEMBERS

New Address \_\_\_\_\_ Date you moved \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Amount of Rent \$ \_\_\_\_\_  
 Are you paying for utilities? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If you are paying for utilities, do they include heating or cooling? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Name of Person(s) adding or removing \_\_\_\_\_ Date added / removed \_\_\_\_\_  
 Person's relationship to you \_\_\_\_\_ Their Date of Birth \_\_\_\_\_

### NEW EMPLOYMENT

Name of Employer \_\_\_\_\_ Date of Hire \_\_\_\_\_  
 Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Rate of Pay \$ \_\_\_\_\_ Hours per week you are working \_\_\_\_\_

### LOSS OF EMPLOYMENT

Name of Employer \_\_\_\_\_ Last Date worked \_\_\_\_\_  
 Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date Last Pay received \_\_\_\_\_ Reason for leaving \_\_\_\_\_

### GAIN / LOSS OF OTHER INCOME

Type of Income: \_\_\_\_\_ Child Support \_\_\_\_\_ SSI \_\_\_\_\_ Social Security \_\_\_\_\_ Unemployment \_\_\_\_\_ Other/list: \_\_\_\_\_  
 Change in Income: \_\_\_\_\_ New \_\_\_\_\_ Increase \_\_\_\_\_ Decrease \_\_\_\_\_ Terminated

### CHANGE IN SCHOOL STATUS

Name of School \_\_\_\_\_ Last Date worked \_\_\_\_\_  
 Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
 Number of Credit Hours \_\_\_\_\_ Per (select one) \_\_\_\_\_ Semester / \_\_\_\_\_ Quarter  
 Total number of Hours Earned \_\_\_\_\_ Per (select one) \_\_\_\_\_ Semester / \_\_\_\_\_ Quarter  
 Type of Degree Earned \_\_\_\_\_

### CHANGE IN CHILD CARE CENTER/PROVIDER

Prior Center/Provider Name \_\_\_\_\_ Last Date attended \_\_\_\_\_  
 New Center/Provider Name \_\_\_\_\_ Potential Start Date \_\_\_\_\_  
 Children(s) Names \_\_\_\_\_

### REQUEST MY CASE BE TERMINATED

Reason why? \_\_\_\_\_

### COMMENTS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Person completing form

<b>For Office Use only</b>
Fwd to Worker/Casebank