

# CALFRESH HOUSEHOLD CHANGE REPORT (CF 377.5 CR)

## INSTRUCTIONS:

You must report mandatory changes (Questions 1 - 6) within 10 days of the time you learn of the change.  
 You may report changes on this form, in person, **or** by calling the number below.  
 If you use this form, only complete the sections that apply to the change(s) you are reporting.  
 If you have any questions about what changes you must report, ask your worker.

Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

### 1 INCOME CHANGES

- A. Did the source of your household's unearned income change or go up or down by more than \$50.00, such as: you got \$250.00 last month and you got \$301.00 this month? If **Yes**, complete 1 (C) below.
- B. Did the source of earned income for any household member change or go up or down by more than \$100.00? If **Yes**, complete 1 (C) below.
- C. If **Yes** to 1 (A) or 1 (B) above, enter all income of your household. Attach pay stubs or other proof of earnings. For all other income attach proof when a change is reported. If anyone is self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses.

Name	Source (If Earnings, List Name of Employer)	Amount (Before Deductions)	How Often Received?	Date of Change

### 2 HOUSEHOLD COMPOSITION CHANGES

Change	YES	Date of Change	If <b>YES</b> , give name of person, relationship and explain change.
A. Did anyone move into your home, including a newborn?			
B. Did anyone move out of your home or die?			
C. Did you move in with someone else?			
D. Did anyone get married?			
E. Did anyone become disabled or recover from a disability?			
F. Did anyone get a new Social Security Number?* If <b>YES</b> , attach proof.			

### 3 RESOURCE CHANGES

Did the total of your household's cash on hand, money in checking and/or savings account, stocks, bonds, etc., reach or exceed \$2000 or \$3250 for a household that has a member who is disabled or age 60 or older? If **YES**, complete section below:

List Each Item	Amount	Date of Change
	\$	
	\$	
	\$	

### 4 MANDATORY ABAWD INFORMATION

I want to report changes in Able-Bodied Adult without Dependents (ABAWD) hours for my household.

The number of hours worked or in training dropped from 20 hours a week or 80 hours a month to \_\_\_\_\_ hours a week or \_\_\_\_\_ hours a month.

In the week(s) of \_\_\_\_\_

In the month(s) of \_\_\_\_\_

Name of Person(s) \_\_\_\_\_ Relationship to You \_\_\_\_\_

Explain What Happened \_\_\_\_\_

\* Providing a Social Security Number (SSN) is required by 7 U.S. Code Section 2025E. Anyone who refuses to provide an SSN will be disqualified from receiving CalFresh benefits. The SSNs will be used to check identity, to prevent duplicate participation and to verify eligibility and benefits. The SSNs will be used in a computer match to check income and resources with records from tax, welfare, employment, the Social Security Administration, and other agencies. Differences may be checked out with employers, banks or others. Fraudulent participation in the CalFresh Program may result in criminal or civil action or administrative claims.

**5 ADDRESS AND SHELTER COST CHANGES**

- A. Do you have a new mailing address or phone number or do you plan to move? If **YES**, complete 5 C, 5 D and 5 E.  
 B. Did you move? If **YES**, complete 5 C, 5 D and 5 E.  
 C. Does someone else live at this address? If **YES**, give name(s) and relationship: \_\_\_\_\_  
 D. Enter you new address and/or phone number below and enter the date of the change here: \_\_\_\_\_

Home Address (Number and Street)			Mailing Address (If Different)(Number and Street)		
City	Zip code	Home Phone	City	Zip code	Message Phone

- E. Did your housing or utility costs change when you moved? If **YES**, complete 1, 2 and 3 below:  
 You may be asked to provide proof of your new shelter costs.

1. Enter the amount of each housing cost you have. →

2. If you have utility costs, check the box for each utility cost you have. →

Rent or Mortgage: \$		Property Taxes or Insurance: \$ (If not in mortgage)	
Utility		Utility	
Gas or Fuel	<input type="checkbox"/>	Garbage or Trash	<input type="checkbox"/>
Electricity	<input type="checkbox"/>	Water	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	Sewage	<input type="checkbox"/>
Utility Installation	<input type="checkbox"/>	Other(specify)	<input type="checkbox"/>

3. Did anyone not part of your CalFresh household help you pay any of your housing or utility costs? If **YES**, complete 3a, b and c.  
 a. Enter the total housing costs paid by the CalFresh household: \$ \_\_\_\_\_  
 b. Enter the total utility costs paid by the CalFresh household: \$ \_\_\_\_\_  
 c. Give the name of each person who paid any of the costs, and if they paid housing and/or utility costs:

**6 CHILD SUPPORT PAID BY HOUSEHOLD**

Has any member of the CalFresh household paid legally obligated child support for children not living in the home or with the household? Attach proof of the court order or administrative order showing the requirement to pay the child support and give the amount paid. If there has been a change in the amount of the legally obligated support, attach proof of the change.

WHO PAID CHILD SUPPORT	PAID TO WHOM	AMOUNT PAID	DATE PAID

**7 DEPENDENT CARE EXPENSE CHANGES**

**Optional** - If any household member who works, is looking for work, or is going to school, had an increase in dependent care or child care costs since they last reported, please complete the section below.

What was the amount paid: \$ \_\_\_\_\_ Who paid: \_\_\_\_\_

List child/children: \_\_\_\_\_

**8 MEDICAL EXPENSES (FOR A HOUSEHOLD MEMBER WHO IS DISABLED OR AGE 60 OR OLDER)**

**Optional** - If any household member who is disabled or age 60 or over has new or increased medical expenses, complete the section below as this report may increase your allotment. If the expenses are new or are increased by more than \$25, **attach proof**.

Who Had the Expense?	Type of Expense	Amount	Who Had the Expense?	Type of Expense	Amount
		\$			\$

**9 TEMPORARY CHANGES**

Do you think the changes in questions 1 through 6 are temporary?  
 If **YES**, explain.

**CERTIFICATION**

- I understand that failing to report information or intentional misrepresentation of facts can result in legal prosecution with penalties of a fine, imprisonment or both. The penalties can result in disqualification from CalFresh, fine up to \$250,000 and imprisonment up to 20 years. The disqualification penalties are 12 months for the first violation, 24 months for the second violation, and permanent disqualification for the third violation.
- I understand that I have only 10 days to tell my worker about changes in my household (Questions 1 - 6 only).
- I understand that the facts I have reported will be matched and verified by local, state and federal staff.
- I understand that the household, any adult member (even if they move out), the sponsor of an alien household member, or the authorized representative of residents in an eligible institution may be required to repay extra benefits the household should not have received, even if it's the County's fault.
- I understand that I have the right to ask for a state hearing on any action by the County Welfare Department.
- I declare that the facts contained in this report are true, correct and complete.

SIGNATURE (HOUSEHOLD MEMBER OR AUTHORIZED REPRESENTATIVE)	DATE
SIGNATURE (WITNESS, IF YOU SIGNED WITH AN X)	DATE