

DRUG ADDICTION OR ALCOHOLIC TREATMENT CENTERS AND GROUP LIVING ARRANGEMENTS: CHANGE REPORT FOR DEPARTING RESIDENTS

INSTRUCTIONS:

When a Drug Addiction or Alcoholic Treatment Centers (DAA Treatment Center) and Group Living Arrangements (GLA) employee has been designated to act as a resident's Authorized Representative (AR), the AR must notify the County Welfare Department when the individual resident receiving CalFresh leaves the facility. An AR must complete and sign this change report and submit it to the CWD. The AR must include the resident's new address, if available.

Resident Name (First and Last)	Case #	Move Out Date
Facility Name	Facility Authorized Representative Name (First and Last)	

ADDRESS CHANGE

Please provide the former resident's new address, if available. Check here if a new address is unknown

Physical Address		
City	State	ZIP Code
Mailing Address (if different than above)		
City	State	ZIP Code

VOLUNTARY INFORMATION

Let us know if you have any additional information to report, such as a change in household composition or income:

CANCELLATION OF AUTHORIZED REPRESENTATIVE DESIGNATION

As of _____, I hereby cancel _____, the Authorized Representative
 (Date) (Authorized Representative's Name)
 status and all related duties for _____, a former resident.
 (Former Resident's Name)

I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true, correct, and complete.

Signature of Authorized Representative	Phone Number	Date
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