



JVS/BSF CHILD CARE ASSISTANCE
 430 FIRST AVE. NORTH
 SUITE 620
 MINNEAPOLIS, MN 55401
 phone 612-692-8920
 fax 612-692-8921
 e-mail jvs@jvsmn.org
 web www.jvsmn.org

Corr-Change Report Form

Change Report Form

Name _____ Case Number _____
 Address _____ Case Manager Phone Number _____
 Case Manager Name _____ 952-417-2182

Purpose: This form is to report changes to JVS which may affect your eligibility or benefit level.

Instructions: Fill out this form **only if you have changes to report**. Report any change within 10 days. Use a separate sheet of paper if you need more room. You may also call your child care case manager to report a change. If you don't know whether to report a change, call your child care case manager.

Note: Return your completed form to your child care case manager. Remember to sign and date it. **Do not** return this form to the Minnesota Department of Human Services Issuance Operation Center (IOC) in St. Paul.

You must send proof of changes

CHANGE IN ADDRESS *Types of proof: signed lease, picture ID, utility bill*

I (we) moved to:	County moved to	County moved from	
Address		New Phone Number	
City	State	Zip Code	Date Moved

CHANGE IN PEOPLE IN MY HOME Total number of people now in my home: _____

Name	Relationship to You	Moved in	Moved out	Married	Died	Born	Date of Change	Has income?
SSN	Birthdate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Relationship to You	Moved in	Moved out	Married	Died	Born	Date of Change	Has income?
SSN	Birthdate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No

Do any of the new adult family members need help with child care costs to go to work, look for work, or attend school?

Yes No If yes, Name(s) _____

Are there any new children in your family who need child care?

Yes No If yes, Name(s) _____

CHANGE IN CHILD CARE ARRANGEMENTS

Child care hours needed due to work, looking for work, or attending school? More Less

Reasons: School holiday Vacation New job Child is going to school Other _____

Have you chosen a different child care provider? Yes No If yes, complete below.

Name
Address

Note: If you change providers, you must tell your child care case manager and provider at least 15 days before the change goes into effect. You must also tell your provider that they must apply to be registered to provide child care services for your children with your child care case manager.

For TTY/TDD users, contact your child care case manager through the Minnesota Relay at 711 or (800) 627-3529.
 For the Speech-to-Speech Relay, call (877) 627-3848.

You must send proof of changes

CHANGE IN INCOME

Types of proof: pay stubs, award letters

Earned income: Has any family member done one of the following? (*Complete appropriate section.*)

Started work	Name of Family Member	Date Started	Date of first paycheck
Employer's Name		\$ per Hour	Hours worked per week
Employer's Address		City	State Zip
Stopped Work	Name of Family Member	Date last worked	Date last check received
Change in pay or work hours	Name of Family Member		
Change in wages: <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New pay rate per hour	Date of first pay date with change in wages	
Change in hours: <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	New hours per week	Date hours changed	First day date with change

Other Changes

Medical Insurance Premium / Month <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount \$	Dental Insurance Premium / Month <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount \$	Vision Insurance Premium / Month <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount \$
Court ordered child support paid for a child not living in your home <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name(s)	\$	/Mo
	\$	/Mo
Tuition, fees, books and educational supplies * <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>*Only include these if post secondary student receives scholarships, grants, student loans, or work-study income.</i>		

Other Income: Has any family member started or stopped receiving any of the types of income listed below?

Name(s)	Begin Date	Amount	End Date
<input type="checkbox"/> Social Security	<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> VA
<input type="checkbox"/> Child Support	<input type="checkbox"/> Personal injury	<input type="checkbox"/> School, grants, etc.	<input type="checkbox"/> Retirement
		<input type="checkbox"/> Other (<i>list</i>)	

FAMILY SERVICES RECEIVED

The state and federal governments require the Child Care Assistance Program to report data on who receive child care assistance. This information **will not** affect your eligibility for child care assistance.

Do you receive a housing or section 8 subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you receive food support (other than MFIP)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do any children in your household attend Head Start? If yes, who? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do any family members receive SSI benefits? If yes, who? <input type="checkbox"/> Yes <input type="checkbox"/> No	

The changes I report here **will** or **will not continue next month.**

Penalty Warning

If you get child care assistance benefits, you must follow these rules. Do not give false information or hide information:

- To get or continue to get child care assistance benefits
- To help someone else to get or to continue to get child care assistance payments.

The state may bar a family with a member who breaks either of these rules from the Child Care Assistance Program. The bar lasts three months for the first fraud, six months for the second fraud, two years for the third fraud and is permanent for the fourth fraud. The maximum penalty is a fine of \$100,000 or a jail term of 20 years, or both.

Acknowledgment: I know what I reported here. It is a true and correct statement of every material point. If I give incorrect information, the county may prosecute me for fraud under state law.

Signature	Phone Number	Date
-----------	--------------	------