IDAHO DEPARTMENT OF HEALTH & WELFARE

Change Report Form

HW0592
Rev 12/31/2015

Submit this form only when you have a change to report

To ensure you receive the correct benefit amount each month, please report changes in your situation. Use the table below to see the changes you must report. To report a change, you may use this form, call the Department, or visit a local Department office.

Important: Attach proof of the changes you are reporting

Use this form to report a change

1. Complete all fields
2. Sign the form
3. Mail or return the form to the Department

Contact the Department

Mail: P.O. Box 83720, Boise, ID 83720-0026
Phone: 1-877-456-1233
Fax: 1-866-434-8278
Local office: healthandwelfare.idaho.gov

First Name	Middle Name	Last Name	Case number or Social Security Number

Daytime Phone	Phone type (choose one) ☐ Home ☐ Work ☐ Cell	If none, where can we leave a message?

Briefly describe what changed:

Date change occurred or will occur:	Will this change continue next month? ☐ Yes ☐ No If no, describe why not:

Tell us your Anticipated Annual Income (AAI)

Enter your AAI on the line below. Your AAI is the total gross, taxable income you expect your household to receive for the current year (January-December). Do include income like wages, salary, retirement, Social Security Disability, self-employment, tribal gaming, and rental income. Do NOT include Social Security survivors or Supplemental Security Income (Title XVI), other tribal payments, or any other income that is not taxable.

$ _____

Life Event Information

Using the checkboxes below, tell us if any major life events have occurred for any tax household member in the past 60 days. Indicate the date the event occurred for each box checked.

☐ Any member of your household recently lost or expects to lose health insurance coverage within the next 60 days
Date occurred/will occur:

☐ Any member of your household recently became a citizen or lawful immigrant in the U.S.
Date occurred:

☐ Any person moved into or left your household
Indicate why: ☐ Had a baby ☐ Got married ☐ Got a divorce ☐ Adopted or is fostering a child ☐ Other
Date occurred:

☐ Any existing tax filer in your household recently gained a new tax dependent
Date occurred:

☐ Your household recently moved to Idaho
Date occurred:

☐ Your household recently moved within Idaho
Date occurred:

☐ Your household income recently changed
Indicate how: ☐ Increased ☐ Decreased
Date occurred:

Penalty for Misrepresentation

Signature (must be completed)

Failure to accurately report changes in your situation may result in a loss or reduction of benefits and legal action to recover overpayments. Under penalty of perjury, I swear or affirm that the information I provide is true and complete.

_____ _____

Signature of applicant Date

Please see next page for reporting requirements.

Reporting Requirements: report these changes

Use this table to identify the changes to report depending on the benefits you receive.
If you have questions, please contact the Department.

Report the changes listed in this column	Food Stamps	Medicaid/CHIP or AABD Cash	Child Care	Temporary Cash Assistance for Families	Advance Payment of Premium Tax Credit (APTC)	Nursing home, home-based services, assisted living
Increases to your income					X	X
A new address		X	X	X	X	X
Change in child care provider			X			
When someone leaves or joins your household		X	X	X		
Change in activity hours from part time to full time or full time to part time			X			
Activity hours change to zero			X			
If you change your tax filing status or household					X	
If your out-of-pocket medical expenses decrease						X
If you begin receiving health coverage through your employer or another source such as Medicare, Tri-Care, VA, etc.					X	
If your income increases over the stated limit for your program.	X	X	X	X	X	X
When a household member between age 18 and 50, who does not have a minor child in the home, begins working less than 80 hours per month.	X					