



DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES  
123 Chalan Kareta  
Mangilao, Guam 96913



**Simplified Change Report Form**

**For SNAP (Supplemental Nutritional Assistance Program - formerly Food Stamps) Only**

Keep this form until you have a change to report.

You **must** report changes by the 10th of the month after the change happens

If you can't mail this form or bring it to the office, you can report the change by calling the following centers:

**Northern:** 635-7411

**Central:** 735-7245

**Southern:** 828-7537

**What you must report**

- 1) You **must** report when your address changes.
- 2) You **must** when your total gross monthly income is above the amounts below. Use the figure in the column. (Gross income is the amount you earn **before** deductions, such as taxes.)

Household Size	Amount	Household Size	Amount
1	\$1,174	6	\$3,200
2	\$1,579	7	\$3,605
3	\$1,984	8	\$4,010
4	\$2,389	Above 8	
5	\$2,794		

For each additional person, add \$406 to the 8-household amount.

***This change report form is for SNAP only.***

***You must report more changes if you are getting cash or medical assistance benefits.***

**Name:**

Last Name	First	M.I.	Case # or SSN	Center

N	<input type="checkbox"/>
C	<input type="checkbox"/>
S	<input type="checkbox"/>

**I want to report that:**

- My total household gross income last month was more than the amount shown above.  
The income totaled \$ \_\_\_\_\_ ***(ATTACH PROOF OF INCOME)***  
The income went up because: \_\_\_\_\_  
The income is expected to be the same this month.  YES  NO
- My address changed to: \_\_\_\_\_
- Something else happened (You do not have to fill this in.) You can report changes that could give you more benefits, like your shelter costs going up or someone moving into your home:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your Signature**

By signing this form, I affirm under penalty of perjury I have given true and complete information. I realize that making false statements or hiding information may subject me to state (local) and federal penalties. I have read this form and understand it. This is legally binding.

\_\_\_\_\_ Full Legal Signature of Primary Person

\_\_\_\_\_ Date