



SNAP Interim Change Report (ICR)

Case Name and Mailing Address:			
Center	Case Number	ES Code	
Return this form between the 1st and 10th of:	Month:	Year:	

PLEASE REVIEW AND COMPLETE THE FORM AND PROVIDE REQUIRED VERIFICATION. BE SURE TO SIGN AND DATE ON THE BACK

TO CONTINUE YOUR BENEFITS YOU MUST SUBMIT THIS FORM BY THE 10th OF: _____

- You can turn this form in from the 1st to the 10th
- Answer the questions for yourself and all persons living with you as of: _____
- Attach a sheet of paper if you need more room.
- ATTACH PROOF** of what you report.
- If you need help with this form, you may call the numbers of the centers provided for assistance.

→ Northern:	635-7411
Central:	735-7245
Southern:	735-7245

Your benefits may be delayed if:

- You return this form after the 10th of the month, or
- It is incomplete, or
- You do not complete and return the form by the end of the month this form is due.

How to Use This Form

This form is needed to show that you are still eligible for SNAP benefits.

Answer **all** questions about yourself and those who live with you.

Give **all** household income from **all** sources. This includes **earned income** (i.e. paycheck or cash from employment or service rendered and tips) and **unearned income** (i.e. Social Security, GovGuam Retirement, money given from family or friends, etc.) for **all**.

BE SURE TO SIGN AND DATE ON THE BACK

By signing this form, I understand and agree to the following conditions:

- ▶ I **MUST** return this form to get benefits. I **MUST** wait until the return date at the top of this form to be sure I have reported **all** information.
- ▶ I can talk to my worker or a person in charge if I have questions about this form.
- ▶ I will report all people living in my home whether they receive Food Stamp/SNAP benefits or not.
- ▶ If I or a member of my household quits a job, without good reason, I may lose Food Stamp/SNAP benefits for myself and my household.

1) RESIDENCE: Our records show that you live at:		MAILING ADDRESS:		
_____		_____		
Are these addresses the same? <input type="checkbox"/> YES, go to (2)		<input type="checkbox"/> No, please update your address below.		
Home Address	City	State	Phone number(s)	
Mailing Address	City	State	Phone number(s)	
Do you pay for housing? (If yes, complete below)		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> RENT or <input type="checkbox"/> MORTGAGE
Amount you pay monthly? \$ _____ Insurance per year? \$ _____ Property tax, if separate: \$ _____ per year: \$ _____				
Check all utilities you pay for:		<input type="checkbox"/> Power \$ _____	<input type="checkbox"/> Gas \$ _____	<input type="checkbox"/> Water \$ _____
		<input type="checkbox"/> Sewer \$ _____	<input type="checkbox"/> Garbage \$ _____	<input type="checkbox"/> Telephone \$ _____

2) Who lives at this address with you? (List each person living in your home to include yourself. Please attached an additional sheet if needed)

	Name (Last, First, Middle)	Relationship to you	Sex (Circle One)	Date of Birth	Wants SNAP? (Circle One)	Purchase and prepare meals with you? (Circle One)
1		Self	M F		Y N	Y N
2			M F		Y N	Y N
3			M F		Y N	Y N
4			M F		Y N	Y N
5			M F		Y N	Y N
6			M F		Y N	Y N
7			M F		Y N	Y N
8			M F		Y N	Y N

3) Paying Child Support
 If you or anyone living with you is court-ordered to pay child support, has the court order changed? NO YES Amount: _____
 (Please provide documentation)

4) Has your income increased by \$100 or more? YES (Please provide proof/verification, i.e. check stubs, VOE, etc)
 NO

Has your household income exceeded 130% of the federal poverty level? YES NO
 (Please use the chart below as a guide to determine if your income exceeded 130% of the federal poverty level. If your income exceeds the amount for your household size, you **MUST** report the income and provide documents to verify this change.)

FY 2012

Household Size	GROSS MONTHLY INCOME (130% OF FPL)	Household Size	GROSS MONTHLY INCOME (130% OF FPL)
1	\$1,180	9	\$4,491
2	\$1,594	10	\$4,905
3	\$2,008	11	\$5,319
4	\$2,422	12	\$5,733
5	\$2,836	13	\$6,147
6	\$3,249	14	\$6,561
7	\$3,663	15	\$6,975
8	\$4,077	For each additional member, add \$414	

5) Do you or anyone else in your household get money from any other source? YES NO
 (You **MUST** report all unearned income of \$50 or more.)

(If YES, complete below and attach/provide proof.) Some examples are:

- | | | | |
|-----------------|-----------------------|---------------------------------|-------------|
| Social Security | Veterans Benefits | Student Income/Money for school | Loans/Gifts |
| Interest Income | Worker's Compensation | Child Support | Winning |

Name of Person Who Has Other Money	Source of Other Income	How Often Paid?	Amount of Each Payment?	Amount This Month?	Will This Income Continue?

If income will change, give the new amount. \$ _____ What is the reason for the change and when will it change?

SNAP Penalties

There are penalties in SNAP for doing any of the following:

Offense	The penalty is loss of benefits:
<ul style="list-style-type: none"> ▶ Hiding information or making false statements ▶ Using EBT cards that belong to someone else ▶ Using Food Stamps to buy alcohol or tobacco ▶ Trading or selling Food Stamps or EBT cards 	<ul style="list-style-type: none"> ▶ 12 months for the first offense ▶ 24 months for the second time ▶ Permanently for the third time
<ul style="list-style-type: none"> ▶ Trading Food Stamps for controlled substances such as drugs ▶ Trading, buying or selling Food Stamps of \$500 or more 	<ul style="list-style-type: none"> ▶ 24 months for the first offense ▶ Permanently for the second time
<ul style="list-style-type: none"> ▶ Trading Food Stamps for firearms, ammunition or explosives 	<ul style="list-style-type: none"> ▶ Permanently
<ul style="list-style-type: none"> ▶ Giving false information about who you are or where you live so you can get extra Food Stamp benefits 	<ul style="list-style-type: none"> ▶ 10 years for each offense

You also can be fined up to \$250,000, put in prison for up to 20 years, or both. You may go to court under federal laws.

If you knowingly do the following...	You may be...
<ul style="list-style-type: none"> ▶ Use an EBT card which is not yours ▶ Transfer your EBT card to other people ▶ Acquire or possess EBT cards which are not yours 	<ul style="list-style-type: none"> ▶ Guilty of a felony or misdemeanor ▶ Fined ▶ Put in prison ▶ Ineligible for food stamp benefits for a period of time

READ and SIGN: The information I give on this form is true and complete. I have read all pages of this form and understand it. I agree to the conditions on page 1.

Name of Person Completing this Form	Signature	Phone #	Date

The Department of Public Health and Social Services, Division of Public Welfare, Bureau of Economic Security's Supplemental Nutrition Assistance Program will not discriminate against anyone. This means the DPHSS will help all who qualify. DPHSS will not deny help to anyone based on age, race, color, national origin, sex, sexual orientation, religion, political beliefs or disability. You can file a complaint if you think DPHSS discriminated against you because of any of these reasons.

To file a complaint, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington D.C.. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.