

**HOLMES COUNTY DEPARTMENT OF JOB & FAMILY SERVICES
CHANGE REPORT FORM**

Date _____ Your Name _____

SS Number _____ Caseworker _____

Assistance Group Member _____ has a change in:

(Please check the box or boxes that apply)

New employment for _____ beginning on (date) _____
at _____. Hourly rate is \$ _____.
Hours worked per week _____. How often paid? _____ First pay expected
(date) _____.

Employment has ended for _____ on (date) _____
at _____. Why did employment end? _____

Address change _____
Phone number _____ New rent amount _____
Utilities responsible for (circle) GAS ELECTRIC WATER SEWER PHONE

Change in people living in the household: Someone has moved (circle) IN OUT
Name _____ on (date) _____ Person's
social security number _____ Person's date of birth _____
Does this person have an income? Does this person have an income? _____ If so,
what is the source and how much each month? _____

Other changes or message _____

Signature _____ Phone number _____