

**JEFFERSON COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES**  
**125 SOUTH FIFTH STREET - STEUBENVILLE, OHIO 43952**

- TELEPHONE  
 WALK-IN

ERS: \_\_\_\_\_

**CHANGE REPORT FORM**

CASE NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
CASE NUMBER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

~~~~~  
PLEASE COMPLETE ALL SECTIONS BELOW THAT APPLY TO THE CHANGE(S) BEING REPORTED.  
~~~~~

NEW ADDRESS

Street	City	County
Mailing Address (If Different)		
What Utilities Are You Responsible For?		
<input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water/sewage <input type="checkbox"/> Oil/coal/propane <input type="checkbox"/> Phone <input type="checkbox"/> Other _____		
Are Any Utilities Included in Your Rent? <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes: _____		
Do You Receive a Utility Reimbursement? <input type="checkbox"/> Yes <input type="checkbox"/> No   Do You Receive Heap? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do You Share Utilities with Anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, Who? _____		
Is this Public Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No   Is this Section 8? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is There a Change in Your Household Composition? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Please Explain: _____		
Verification Requested: <input type="checkbox"/> Rent Receipt <input type="checkbox"/> 3 <sup>rd</sup> Party Id <input type="checkbox"/> Landlord Statement <input type="checkbox"/> Utilities		
<input type="checkbox"/> Other: _____		

\_\_\_\_\_ ADDITIONAL OF HOUSEHOLD MEMBER (MOVED IN) (INCLUDING NEWBORN)

Name	SSN:	D.O.B.
Relationship to You:	Related to Other HH Member(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Explain: _____		
Income (Source): _____		
Date Entered the Household: _____		
Monthly Amount:   \$ _____	Previous Residence: _____	
Verification Requested: <input type="checkbox"/> Birth Cert. <input type="checkbox"/> SSN <input type="checkbox"/> Driver's Lic. <input type="checkbox"/> Marriage Lic. <input type="checkbox"/> 3 <sup>rd</sup> Party Id		
<input type="checkbox"/> Income <input type="checkbox"/> Other: _____		

\_\_\_\_\_ REMOVAL OF HOUSEHOLD MEMBER (MOVED OUT) (INCLUDING DEATH)

Name:	Relationship to You:
Moved To:	Related to Other HH Member(s) <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Explain: _____	
Date Moved Out: _____	
Verification Requested: <input type="checkbox"/> Separation/divorce Papers <input type="checkbox"/> Death Cert.	
<input type="checkbox"/> Other: _____	

NEW EMPLOYMENT REPORTED

Who:		SSN:	
Employer Name:		Phone Number:	
Address:		City:	
Begin Date:	Hours per Week:	Hourly Rate of Pay: \$	Date of 1 <sup>st</sup> Pay:
Paid: <input type="checkbox"/> Weekly	<input type="checkbox"/> Every Other Week (Bi-Weekly)	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly (Bi-Monthly)
Medical Coverage:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Verification Requested:	<input type="checkbox"/> Signed Release	<input type="checkbox"/> Pay Stubs	<input type="checkbox"/> Medical Coverage (card)
	<input type="checkbox"/> Other:		

EMPLOYMENT ENDING REPORTED

Who:		SSN:	
Employer:		Phone Number:	
Address:		City:	
Last Day Worked:		Reason:	
Date of Last Pay:	Have You Filed for Unemployment Benefits?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Verification Requested:	<input type="checkbox"/> Signed Release	<input type="checkbox"/> Unemployment Claim	<input type="checkbox"/> Employer's Statement
	<input type="checkbox"/> Other:		

CHANGE OF HOUSEHOLD INCOME

For Whom:		Type of Income:	
<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	From: \$	To: \$
Verification Requested:	<input type="checkbox"/> Signed Release	<input type="checkbox"/> Court Document	<input type="checkbox"/> Award Letter
	<input type="checkbox"/> Other:	<input type="checkbox"/> Copy (check)	

**VERIFICATIONS PROVIDED BY CLIENT**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Rent Receipt    | <input type="checkbox"/> SS5               | <input type="checkbox"/> 3 <sup>rd</sup> Party ID | <input type="checkbox"/> Unemployment Compensation |
| <input type="checkbox"/> Mortgage        | <input type="checkbox"/> SS Card           | <input type="checkbox"/> Vehicle Title            | <input type="checkbox"/> Workers Compensation      |
| <input type="checkbox"/> Property Tax    | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Bank Statement           | <input type="checkbox"/> Other/Unearned Income     |
| <input type="checkbox"/> House Insurance | <input type="checkbox"/> Marriage License  | <input type="checkbox"/> Property Deed            | <input type="checkbox"/> Pay Stubs                 |
| <input type="checkbox"/> Gas             | <input type="checkbox"/> Divorce Papers    | <input type="checkbox"/> Medical Insurance Card   | <input type="checkbox"/> Employer Statement        |
| <input type="checkbox"/> Electric        | <input type="checkbox"/> Drivers License   | <input type="checkbox"/> Self-Employment Records  | <input type="checkbox"/> Signed Employer Release   |
| <input type="checkbox"/> Oil/Propane     | <input type="checkbox"/> Shot Record(s)    | <input type="checkbox"/> SSA/SSI Award Letter     | <input type="checkbox"/> Child Support Order       |
| <input type="checkbox"/> Water           | <input type="checkbox"/> School Record     | <input type="checkbox"/> Copy of Check            | <input type="checkbox"/> ODJFS Form(s) _____       |
| <input type="checkbox"/> Telephone       | <input type="checkbox"/> Pregnancy         | <input type="checkbox"/> Other                    | _____  |

COMMENTS: \_\_\_\_\_

Worker: \_\_\_\_\_ Date: \_\_\_\_\_  
 Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Person Providing Information)