

## Instructions

Please complete this form when reporting any change in circumstances including but not limited to: employment, income, address, household composition.

### You must always provide the following information on the form:

1. Your Name
2. Your Case Number
3. Your Daytime Telephone Number

### For a change in employment you must also provide:

1. All Information requested in the Change in Employment Section and
2. **Four pay stubs or letter from employer\***

### For a change in income you must also provide:

1. All Information requested in the Change in Income Section and
2. **Proof of new weekly or monthly amount\***

### For a change of address you must also provide:

1. All Information requested in the Change of Address Section and
2. **A copy of the lease, rent receipt, and all pages of PSE&G or Orange & Electric bill\***
3. **If you are living with individuals who are not included on your Food Stamps case, you must provide a letter explaining the living and eating arrangements. \***

### For a change in household composition you must also provide:

1. All Information requested in the Change in Household Composition Section and
2. **A copy of the birth certificate and Social Security Card, if applicable\***

**If you are pregnant you must provide a note from a physician or clinic stating that you are pregnant and your anticipated due date.**

You may return the form and required documents by:

Fax: 201-368-6599

Mail or in Person: 218 Route 17 North, Rochelle Park, NJ 07662

**\*You must provide the required documentation to the Board of Social Services at the time you are requesting the change. If you fail to provide the required documentation, the Change Request will not be processed.**

**BERGEN COUNTY BOARD OF SOCIAL SERVICES**  
**218 STATE ROUTE 17 NORTH ROCHELLE PARK, NJ 07662-3300**

**REPORTING CHANGES IN CIRCUMSTANCES**

Use this form to report changes in circumstances for you and your family.

**☞ Your Name, Case Number & Daytime Phone**

<b>Name</b>	
<b>Case Number</b>	
<b>Daytime Phone No.</b>	

**Return by Mail To:**

Bergen County Board of Social Services
218 Route 17 North 17
Rochelle Park, NJ 07662

**Return by FAX: 201-368-6599**

**☞ Change in Employment: Provide 4 pay-stubs or a letter from your employer.**

<input type="checkbox"/> Start Of New Job / Person Employed	Amt. / Wk.	Date of 1 <sup>st</sup> Pay	Employer Name
<input type="checkbox"/> Job Ended / Person who Lost Job	Date of Last Pay	Reason for Leaving	

**☞ Change in Income: Earned or Unearned (unemployment, child support, Social Security or SSI): Provide proof of weekly or monthly amount.**

Income	Name of Person	Amt	Wk	Mo	New	Increase	Decrease
<input type="checkbox"/> Earnings			Wk <input type="checkbox"/>	Mo <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unemployment			Wk <input type="checkbox"/>	Mo <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child Support			Wk <input type="checkbox"/>	Mo <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social Security Disability			Wk <input type="checkbox"/>	Mo <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social Security SSI			Wk <input type="checkbox"/>	Mo <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pension			Wk <input type="checkbox"/>	Mo <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other/Type:			Wk <input type="checkbox"/>	Mo <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**☞ Change of Address: Provide a copy of lease, rent receipt and all pages of utility bill.**

NEW ADDRESS: Street	Apt	City / State / Zip
Do you pay for cost of heating? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you pay for the cost of air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what type of heating?	How much is your monthly rent?	\$ / mo

**☞ Change in Household Composition: Baby born or other persons added to or leaving your household. Provide birth certificate or alien resident card and social security card and proof of income.**

	Name of Person	DOB	SSN	Income	Type	Amt
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No		\$

**☞ Other Changes: Please explain below and provide verification(s).**


## NEW JERSEY SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (NJ SNAP) CLIENTS

## NPA

**Simplified Reporting Requirements for Expanded Categorical Eligible  
Households at 185% of the Federal Poverty Level (FPL)**

This is to notify you that, because you are now on simplified reporting, the **only change you are required to report** is a change in total monthly household income when that total income is greater than the amount listed in the table below.

To determine your household's total monthly income, add the gross amount (the amount of the income before deductions are taken out) of the earned income to any unearned income such as Social Security Benefits that is received by you during the month.

**If the total amount of your household's income is greater than the amount shown below for the number of persons you receive NJ SNAP benefits for, you must report that total income to us within 10 days of the date you become aware of the change.**

Although you are **not required to report changes** until you receive your interim reporting form, it may be to your advantage to report a change if you lose your job or someone joins your household since your benefits may increase in these situations.

## Total Gross Income is greater than:

Number of persons receiving NJ SNAP benefits:	Monthly	Twice a month	Bi-weekly	Weekly
1	\$1,986	\$993	\$917	\$459
2	\$2,686	\$1,343	\$1,240	\$620
3	\$3,386	\$1,693	\$1,563	\$782
4	\$4,086	\$2,043	\$1,886	\$943
5	\$4,786	\$2,393	\$2,209	\$1,105
6	\$5,486	\$2,743	\$2,532	\$1,266
7	\$6,186	\$3,093	\$2,855	\$1,428
8	\$6,886	\$3,443	\$3,178	\$1,589
Each Additional Member Add:	\$700	\$350	\$324	\$162

Able-Bodied Adults Without Dependents (ABAWDs), in addition, must report when their work hours fall below the 20-hour weekly average.

Also, you must report if anyone in your household received \$3,500 or more in lottery or gambling winnings.