CCDF/OMW REPORT OF CHANGE

State Form 52960 (R2 / 4-24)
FAMILY AND SOCIAL SERVICES ADMINISTRATION

INSTRUCTIONS: Failure to report service need changes with TEN (10) calendar days may result in termination of services and you will be required to repay funds to the State of Indiana. You must report when you are no longer employed, no longer enrolled in school/training program or no longer participating in the IMPACT program, any family status change, change in address, or change in contact information.

APPLICANT INFORMATION

Name of parent *(printed)*	
Date of Birth *(month, day, year)*	Telephone Number
Signature	Date *(month, day, year)*

SELECT FROM THE FOLLOWING

☐ My job or school/training ended on _____ *(month, day, year)*. *Please check one of the following:*

☐ I do not have a new activity and would like to request transitional care *(additional documentation may be required).*

☐ I have started a new activity as of _____ *(month, day, year)* at _____*(location).*

☐ My income has decreased, and I would like to request a reduction in copay. *(Please provide documentation of previous thirty [30] days income including wages, child support and any other income coming into the household.)*

☐ I adopted my foster child _____ *(child's name)* on _____ *(month, day, year).*

☐ Please close my case. I no longer need childcare assistance as of _____ *(month, day, year).*

☐ A family member has entered my home. If a newborn, what are the dates of maternity leave? _____

Name of person: _____ Date of birth *(month, day, year)*: _____
(Submit ID for adults or birth record for children)

Relationship to me: _____ Is childcare needed for this individual? ☐ Yes ☐ No

If a Co-Applicant is entering the home, what is their service need? ? ☐ Working ☐ In School ☐ Job Searching
(Submit one current check stub or class schedule)

☐ A family member left the home on _____ (month/date/year) Name: _____

☐ My work shift has changed. Earliest drop-of time: _____ Latest pick-up time: _____

☐ I have moved. My new contact information is *(number and street, apt/lot #, city, state, ZIP code, county, email address, and phone #)*:

_____

_____

☐ Other changes:

_____

_____