

McDowell County Department of Social Services
Report Changes Form

Date:

SSN:

Name:

Phone #:

Program (Check all that apply)

Medicaid Adult

Medicaid Family

Work First

Food Assistance

Child Care (Child's Name)

Address Change

Old Address:

New Address:

Income Change (Check all that apply)

Wages Work 1st

Child Support

SSI

Unemployment

Social Security

VA Benefits

Other (Please list)

If wages, who has wages or does not have wages now?

If wages, where have you gone to work or stopped working at?

For new employment, pay per hour \$

Hours per week:

New Physician

Doctor's Name:

Doctor's Office:

Address:

Phone #:

Other Changes