



**REPORT OF CHANGE IN CIRCUMSTANCES – SSI-RELATED PROGRAMS**

<b>TO: SOCIAL SECURITY ADMINISTRATION</b>	<b>From: DHS County</b>
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**1. Identifying Information**

Client's Name	Social Security Number	Case No.	
Address	City	State	Zip Code
Client is: <input type="checkbox"/> Over age 65 <input type="checkbox"/> Blind <input type="checkbox"/> Disabled			Client's Telephone Number
Name of Client's Parent, Guardian, or Conservator			Telephone Number
Address	City	State	Zip Code

**2. Person to Be Contacted Regarding Client (if need be)**

Name	Relationship to Client	Telephone Number	
Address	City	State	Zip Code

**3. Transfer From One Living Arrangement to Another, Resulting in Change in Amount of SSI**

- Essential person becomes eligible in own right (MIL case).
  - SSI client enters nursing facility or SNF.
  - Nursing facility or SNF client returns to private living arrangement (Medicaid case).
  - SSI client transfers from nursing facility or SNF to RCF (Medicaid to Supplementary Assistance Program).
  - SSI client transfers from RCF to nursing facility or SNF (Supplementary Assistance Program to Medicaid).
  - SSI client deceased. Date of death \_\_\_\_\_
  - Other \_\_\_\_\_
- Date of Action \_\_\_\_\_

**4. Report of Change of Address**

Old Address	New Address		
Name of New Facility (if applicable)		Telephone Number	
Address of New Facility	City	State	Zip Code

**5. Comments**

**6. Signature**

Income Maintenance Worker	Date	Telephone Number
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**7. To Be Completed by SSA-DO**

Action Taken	
Date of Action	Amount of New SSI Payment