

South Carolina Department of Social Services
CHANGE REPORT FORM
FOR THE ELDERLY SIMPLIFIED APPLICATION PROJECT (ESAP)

This is a change report form. Please keep this form until you have one of the changes below. You have been approved for food stamps through the Elderly Simplified Application Program (ESAP). As a food stamp recipient, there are certain changes you must report.

You must report within 10 days from the date you learn about the change:

1. If you move and have any new shelter and utility costs resulting from the move.

New Address: _____

New Shelter Costs – Rent: _____ Mortgage: _____

Property Taxes: _____ Homeowner's Insurance: _____

Do you pay for heating or cooling costs? Yes No

If no, what utilities do you pay? _____

2. If someone moves in or out of your household.

Tell us who moved into your household: _____

Name: _____ Relationship to You: _____

Social Security Number: _____ Date of Birth: _____

Do you purchase and prepare your meals together? Yes No

Tell us who moved out of your household: _____

3. If you pay child support and the legal obligation of the amount of this child support changes.

What is the new amount of child support you pay? _____

You must report any change in the source or in the amount of unearned income received from a public source (for example, social security, SSI, Veterans benefits, unemployment compensation) if the amount changes by more than \$50 a month. This must be reported no later than 10 days after you receive the changed amount.

Source of Income: _____ Who receives this? _____

Old Amount: _____ New Amount: _____

Source of Income: _____ Who receives this? _____

Old Amount: _____ New Amount: _____

You must report any change in the source or in the amount of unearned income received from a private source (for example, retirement/pensions, child support, cash from friends/relatives) if the amount changes by more than \$100 a month. This must be reported no later than 10 days after your receive the changed amount.

Source of Income: _____ Who receives this? _____

Old Amount: _____ New Amount: _____

Source of Income: _____ Who receives this? _____

Old Amount: _____ New Amount: _____

You must report if you go to work no later than 10 days from the date you receive your first check.

Name of Employer: _____ Date of First Paycheck: _____

Please keep this form until you have one of the above changes. **Do not send this form in unless you have changes!** To report changes, send this form to SCDSS, ESAP, P.O. Box 1520, Columbia, SC 29202-1520 or take this form to your local DSS office and ask them to send this to ESAP for you. You may also report changes by calling 1-800-616-1309.