IDAHO DEPARTMENT OF HEALTH & WELFARE

Change Report Form

HW0592
Rev 05/21/2025

Submit this form only when you have a change to report

To ensure you receive the correct benefit each month, please report changes in your situation. Use the table below to see the changes you must report. To report a change, you may use this form, call the Department, or visit a local Department office.

Important: Attach proof of the changes you are reporting

Note: It is illegal to give my EBT card away or to trade the benefits on my card for cash, firearms, drugs, or other goods and services. Penalties include fines, imprisonment, and disqualification from future benefits. The benefits I receive are for me and members of my household only. I may not use my SNAP benefits on individuals outside of my household.

Use this form to report a change

1. Complete all fields
2. Sign the form
3. Mail or return the form to the Department

Contact the Department

Mail: P.O. Box 83720, Boise, ID 83720-0026
Phone: 1-877-456-1233
Fax: 1-866-434-8278
Email: mybenefits@dhw.idaho.gov
Local office: healthandwelfare.idaho.gov

First Name	Middle Name	Last Name	Case number or Social Security Number

Daytime Phone	Phone type (choose one)	If none, where can we leave a message?
	☐ Home ☐ Work ☐ Cell	

Briefly describe what changed:

Date change occurred or will occur:

Will this change continue next month? ☐ Yes ☐ No

If no, describe why not:

Signature (must be completed)

Failure to accurately report changes in your situation may result in a loss or reduction of benefits and legal action to recover overpayments. Under penalty of perjury, I swear or affirm the information I have reported is true and complete.

Signature

Date

Please see next page for reporting requirements.

Changes you are required to report

Use this table to identify the changes to report depending on the benefits you receive.

Changes marked with a check ✓ must be reported by the tenth day of the month following the month in which the change occurred.
Changes marked with an asterisk ✓* must be reported within 10 days after the change has occurred.

If you have questions, contact the Department at 1-877-456-1233, Monday through Friday, 8:00 AM - 6:00 PM (MT).

Report the changes listed in this column		Food Stamps	Medicaid, CHIP, and AABD Cash	Nursing home, home- based services, assisted living	Child Care	Temporary Cash Assistance for Families
Financial Changes	Your income goes over the program limit	✓	✓	✓	✓	✓
	Any changes to your income, earned or unearned		✓	✓		
	You win more than $4,000 from the lottery or gambling	✓* within 10 days				
	Your total resources are more than $2,000 (cash on-hand, stocks, bonds, mutual funds, 401Ks, life insurance policies, etc.)		✓			
	Your out-of-pocket medical expenses decrease			✓		
Employment & Activity Hour Changes	Your activity hours change to zero				✓	
	If anyone who is 18 to 54 with no kids at home start working fewer than 80 hours per month	✓				
Personal Changes	Your name changes		✓			
	You get a new Social Security Number (SSN)		✓			
	Your marital status changes		✓			
	Your disability status changes		✓			
	Your immigration or citizenship status changes		✓			
	A pregnancy starts or ends		✓			
Changes to Living Situation	You have a new address		✓	✓	✓	✓* within 10 days
	Someone enters assisted living or nursing home		✓			
	Someone joins or leaves your household		✓	✓	✓	✓* within 10 days
Changes for Children	You change your child care provider				✓	
	A school-aged child stops attending school					✓* within 10 days
	A child's income changes					✓* within 10 days
	A child is adopted					✓* within 10 days