

Muscogee (Creek) Nation TANF Program Notice of Change Form

NAME: _____

CIF #: _____

WORKER: _____

Documentation of change is required. Failure to provide documentation will result in a closure of your TANF case.

1. Check all that apply. In the space provided, please detail the change:

- Married
- Divorced
- Separated
- Deceased
- Pregnant
- Birth of Child
- Child moves in/out of home
- Adult moves in/out of home
- Moved to new residence
- School attendance/enrollment
- Graduation/GED

- Disability
- Employment began/ended
- Food Stamps began/ended
- Other resources began/ended
- Domestic Violence
- Avoiding/running from a law enforcement agency
- Incarceration
- Property
- Other: _____
- Other: _____

Name of Person	Relationship to You	Explanation	Date of Change

ADDRESS/TELEPHONE CHANGE: Fill in this section **only** if you have moved or have new mailing address/telephone.

New Physical Address	City	State	Zip Code
New Mailing Address	City	State	Zip Code

New Telephone	Alternate Telephone
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CERTIFICATION

- I must contact my Case Specialist within **10 days** of any changes in my household that may affect my eligibility.
- Facts I report may result in an increase, decrease, or termination of assistance. If I knowingly give false facts or do not report changes in order to continue receiving assistance it will result in an immediate suspension of benefits including, but not limited to, case closure, recoupment of monies, and legal prosecution for fraud.

I certify under penalty of perjury that all of the above information is true and complete. I understand that falsification of any information is grounds for termination from the Tribal TANF Program.

Signature of Head of Household	Date Signed
Signature of Spouse/Other Adult	Date Signed