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.

<table>
<thead>
<tr>
<th>New Physical Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Mailing Address</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New Telephone</th>
<th>Alternate Telephone</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Signature of Head of Household</th>
<th>Date Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Spouse/Other Adult</td>
<td>Date Signed</td>
</tr>
</tbody>
</table>