



**DEPARTMENT FOR SELF RELIANCE
DIVISION OF SOCIAL SERVICES
MONTHLY CHANGE REPORT**

CUSTOMER NAME: _____ **CIF NUMBER:** _____ **Call Back Telephone #** _____

All DSR benefit groups must submit a Monthly Change Report (MCR) each month to report any changes, if any, which may affect their eligibility. A benefit group's monthly assistance payment cannot be processed until an MCR is submitted and the benefit group's continued eligibility is redetermined. **Please complete and return this form at the beginning of each month (e.g. by the fifth day of the month) so that, if you are eligible, your monthly assistance payment can be processed timely.** If you do not submit an MCR, you will not receive your next monthly assistance payment. **Please answer all questions and sign and date the form.**

Check one box for each question and, if there was a change, provide requested information.

1) Did your contact number, email address, physical address, or mailing address change in the last 30 days?
 NO YES (IF "YES", complete below)

New contact number	New mailing address:	New email address
New Physical Address:		Date Moved:

2) Did you or any member in your household work part-time/full-time in the last 30 days? NO YES
 (IF "YES", complete below and attach pay stubs or other proof of earnings)
If self-employed, complete DSR Self Employment Worksheet.

INCOME #1	Who received Income?	Hourly Rate \$	Type of Employment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-employment	Frequency of pay <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Daily	Gross Amount \$	Check Date
		Business Name/Address				Net Amount \$

INCOME #2	Who received Income?	Hourly Rate \$	Type of Employment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-employment	Frequency of pay <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Daily	Gross Amount \$	Check Date
		Business Name/Address				Net Amount \$

3) Did you or any member in your household receive unearned income or benefits from any other source in the last 30 days? NO YES (IF "YES", complete below and provide proof)

Examples: Per Capita, Child Support, Alimony support, interest or dividends; gambling/lottery winnings; insurance/legal settlements; Social Security, Supplemental Security Income (SSI), Unemployment, Worker's Compensation, Royalty, Disability payments, Retirement benefits, etc.

Who received Income?	Source of Income	Date Received	Net Amount
			\$
			\$

4) Did a household member receive any State/Tribal public assistance in the last 30 days? (Food stamps, LIHEAP, Housing, Medicaid/Medical Assistance, General Assistance, Subsidized Child Care, etc.) NO YES (IF "YES", complete below)

Who received assistance?	Type of assistance	Date Received	Amount/ How often?
			\$
			\$

5) Did anyone move into or out of your home in the last 30 days? NO YES (IF "YES", complete below)

Name of Person	Circle One	Date Moved In/Out	Relation to Head of Household
	Moved In Moved Out		
	Moved In Moved Out		

6) Does any Household member have a checking or savings bank account? NO YES (If "YES", complete below and provide current bank statement)

Who owns the Account?	Type of Account	Value of Account
		\$
		\$

7) In the last 30 days, has any school aged minor child(ren) been withdrawn, dropped from school or expelled? NO YES (If "YES", complete below)

Child's Name	School Name	Date(s) of Withdrawal/Dropped/Expelled	Reason for Withdrawal/Dropped/Expelled

Please provide the following information for all school age children:

Child's Name	School Name	Type of Instruction: Circle One			
		Virtual	Hybrid	At home (Packets)	In person
		Virtual	Hybrid	At home (Packets)	In person
		Virtual	Hybrid	At home (Packets)	In person
		Virtual	Hybrid	At home (Packets)	In person
		Virtual	Hybrid	At home (Packets)	In person
		Virtual	Hybrid	At home (Packets)	In person

CERTIFICATION

I UNDERSTAND THAT:

- If there are any changes which may affect my eligibility or assistance amount, I must report the change to my local DSR Office within five (5) working days after the change occurs. The information I report may result in an increase, decrease, or termination of my assistance.
- If I knowingly and willfully give false information, or do not report changes, in order to receive or continue receiving DSR assistance, my assistance will be terminated and I may be subject to legal prosecution. A Fraud conviction in a court of law, or determination by the DSR Fraud Investigation Unit that I committed an Intentional Program Violation (IPV), will result in my benefit group being disqualified to receive assistance from the Department for Self Reliance for a specified time period.
- My next Monthly Assistance Payment will not be processed until I submit a completed Monthly Change Report Form, with all required verification forms, and my continued eligibility is redetermined. If I do not answer all questions, do not sign the form and/or do not submit required Verification documents for reported changes, my Monthly Change Report form will be considered incomplete and my monthly assistance payment may not be processed or may be delayed.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE NAVAJO NATION THAT THE FACTS CONTAINED IN THIS REPORT ARE TRUE AND CORRECT. IN ADDITION, I CERTIFY THE ATTACHED DOCUMENTS ARE TRUE COPIES OF THE ORIGINAL DOCUMENT.

Head of Household's Signature	Date Signed
Spouse's Signature (If Applicable)	Date Signed

TO BE COMPLETED BY DSR

SUBMITTED: In Person By Mail By FAX By Drop Box By Email By phone

RECEIVED BY: _____ Complete Incomplete

FORWARDED TO: _____ Date: _____

REVIEWED BY: _____ FOR THE BENEFIT MONTH OF: _____

SCW/PCW Month/Year