

Report of Change

Changes in household conditions must be reported to the ELC within ten (10) calendar days of the change. **This form must be used to report changes and it must be supported by acceptable documentation.** All referenced IRMO forms are available at www.elcirmo.org and in all ELC offices.

Instructions: Complete Section 1 and indicate the type of change(s) you are reporting by placing a check mark in the appropriate box(es) in Section 2. Attach supporting documentation as instructed. Read and complete the Client Statement in Section 3 and submit to the ELC by email or in person.

SECTION 1: CLIENT INFORMATION	
Parent/Guardian Name: _____	Phone Number: _____
Address: _____	
Email Address: _____	
SECTION 2: REPORT OF HOUSEHOLD CHANGES:	
FAMILY STATUS:	
<input type="checkbox"/> Change in Residency: Date of change: _____. *You must attach proof of residency.	
<input type="checkbox"/> Departing Household Member: Name of departing household member: _____ Date departed: _____	
*You must complete and attach IRMO-SR10 Verification of Separation.	
<input type="checkbox"/> New Household Member: Name of new household member: _____ Date entered: _____	
<input type="checkbox"/> Child (*Attach birth certificate and proof of custody if applicable) <input type="checkbox"/> Adult (*Attach 6 consecutive current weeks of pay stubs/school schedule along with financial aid printout)	
<input type="checkbox"/> Change in Marital Status: Date of change: ____, Status change to: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
* You must attach the Marriage License, completed IRMO-SR10 Verification of Separation, Divorce Decree or Death Certificate.	
EMPLOYMENT: Name of Household Member: _____ Date of change: _____	
<input type="checkbox"/> New Employment / Additional Employment: *Your employer must complete IRMO-SR06 Verification of Employment (sections 2, 3 and 7) and you must attach it to this report.	
<input type="checkbox"/> Change in Wage or Work Schedule: *Your employer must complete IRMO-SR06 Verification of Employment (sections 2, 4 and 7) and you must attach it to this report.	
<input type="checkbox"/> Medical Leave: *Your physician must complete IRMO-SR07 Verification of Disability and Your employer must complete IRMO-SR06 Verification of Employment (sections 2, 6, and 7) and you must attach it to this report.	
<input type="checkbox"/> Loss of Employment: * Your employer must complete IRMO-SR06 Verification of Employment (sections 2, 5, and 7 completed) and you must attach it to this report or attach other loss of employment documentation such as a separation or termination notice written on company letterhead.	
EDUCATION: Name of Household Member: _____ Date of change: _____	
<input type="checkbox"/> Enrolled in School: *You must attach the current School Schedule and Financial Aid Statement if applicable.	
<input type="checkbox"/> Other: _____	
UNEARNED INCOME:	
Date of change: ____. Indicate the type of unearned income that has changed and the new monthly amount received.	
Check all that apply. *You must attach an award letter.	
<input type="checkbox"/> Child Support Amount \$ _____	<input type="checkbox"/> TANF Amount \$ _____ <input type="checkbox"/> Food Stamps Amount \$ _____
<input type="checkbox"/> Relative Caregiver Amount \$ _____	<input type="checkbox"/> Unemployment Amount \$ _____ <input type="checkbox"/> Other _____ Amount \$ _____
SECTION 2: CLIENT STATEMENT:	
<i>I certify that the information I have provided here, as well as all attachments, are true and correct. I understand that it is against the law to receive School Readiness services for my child/children by giving false information or failing to update pertinent information and if I do so, I may be prosecuted under Florida Statute 414.39, Public Assistance Fraud. I understand that I will be required to payback assistance that I wrongly receive for my children.</i>	
Printed Name of Client _____	Signature _____ Date _____

