Iowa Department of Human Services

Ten-Day Report of Change for FIP and Medicaid

Tell Us About Your Changes

You must tell us when something changes. You can report your change by mail, fax, or e-mail to:

Dept Human Services
Imaging Center 1
417 E Kanesville Blvd
Council Bluffs, IA 51503
FAX: 515-564-4014
e-mail: Imagingcenter1@dhs.state.ia.us

You will need to tell us within ten days of the change. If you have applied for FIP or Medicaid, but we have not made a decision on your application yet, you must tell us about your changes within five days of the change.

If you don't tell us when changes happen, we may give you too much or not enough FIP or Medicaid. Or, give you benefits that you should not have gotten. If so, you will have to pay back what you got in error.

Instructions

Check the box next to your change. If you have more than one change to tell us about, check all the boxes that apply. Tell us about the change on the backside of this form and return it to the Department of Human Services (DHS) office listed above.

Changes in address, work or your ability to work must be reported to your DHS worker. You will also need to send proof of the change you reported.

Where You Live or Who You Live With

I have:

- ☐ A new mailing or living address.
- ☐ Someone moving into my home. This includes the birth of a child or the return of a parent or spouse to the home.
- ☐ Someone moving out of my home or going into a nursing home.

Money Your Household Gets

Someone in my home:

- ☐ Will start or stop a job. **Note:** People who are age 65 and over or disabled must also report a change in income from work. This includes a change in the rate of pay or number of hours worked.
- ☐ Will start or stop getting unemployment benefits, social security income, pensions, child support or alimony, gifts, loans, school loans or grants, etc. **Note:** People who are age 65 and older or disabled must also report a change in the amount of money they receive from these sources.
- ☐ Will get a one-time payment such as back child support, an inheritance or an insurance settlement.

Household Expenses

Someone in my home:

- ☐ Pays for child or adult care costs.
- ☐ Is being billed for school expenses, conservator fees, or medical fees.
- ☐ Pays court-ordered child support.

Assets or Resources

Someone in my home:

- ☐ Got another car, truck, boat, or motorcycle or got rid of one.
- ☐ Bought or sold a house or land.
- ☐ Opened or closed a bank account or a retirement account.
- ☐ Got an insurance policy or got rid of one.

Medical Coverage

Someone in my home:

- ☐ Had a change in their health insurance premium amount.
- ☐ Started or stopped paying premiums, including Medicare premiums.
- ☐ Started getting other medical insurance or current medical insurance was dropped.

Other Changes

Someone in my home:

- ☐ Got a Social Security Number.
- ☐ Who is a child, has enrolled in school or dropped out of school.

Explain Your Change

Use this space to explain the changes that you checked.

Name	Phone Number ( )
Address	
Social Security Number	Date Completed