

Change of Address Form



Client Name
Address
City, State ZIP
New Address
(New) City, State ZIP

Date
Phone
SSN
Date of move

Type of Residence

- House
 Apartment
 Mobile Home
 Other _____

Previous Landlord	Phone
New Landlord	Phone
New Address	Rent amount \$
	Are utilities included? <input type="radio"/> Yes <input type="radio"/> No
(New) City, State ZIP	If utilities are not included, what bill(s) is the client responsible for? (list below)
Is the client in a fair share arrangement? <input type="radio"/> Yes <input type="radio"/> No	
Is the client, or anyone living at the residence, related to the landlord? (Please explain) <input type="radio"/> Yes <input type="radio"/> No	
Are there others living in household? <input type="radio"/> Yes <input type="radio"/> No	

Please provide the following information for each household member living at the new residence.

Full Name	Client Relationship	Age / Date of Birth	Monthly Contribution	Lived at previous address?
			\$	<input type="radio"/> Yes <input type="radio"/> No
			\$	<input type="radio"/> Yes <input type="radio"/> No
			\$	<input type="radio"/> Yes <input type="radio"/> No
			\$	<input type="radio"/> Yes <input type="radio"/> No
			\$	<input type="radio"/> Yes <input type="radio"/> No

Who does the landlord hold responsible for the rent? _____

Have there been any changes to the client's income? Yes No

Does anyone, not living at the residence, contribute money, food, or provide other financial support for the client's household expenses? Yes No

If yes, please explain... _____

If moving to a nursing home, is Medicaid expected to pay over 50 percent of the bill? Yes No

Signature

Completed by: _____ Date: _____

For CrissCross use only	Caseworker signature: _____	Date: _____
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Please return the completed form, along with supporting documents and bills by email to Forms@CrissCross.org or by fax to 866.921.6259