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| Report a change in circumstance to Income maintenance agencies | | | | | | | |
| Use this form to report a change in a member’s circumstance that has not yet been reported to the member’s Income Maintenance (IM) agency. You must provide proof with the form. For example, when reporting a member’s death, proof such as an obituary, death certificate, or a hospital report must be included or this report is not valid. Fill out the information below and mail or fax this form and any proof provided to:   |  |  | | --- | --- | | **If the member resides in Milwaukee County:**  MDPU  P.O. Box 05676  Milwaukee, WI 53205  Fax: 1-888-409-1979 | **If the member does not reside in Milwaukee County:**  CDPU  P.O. Box 5234  Janesville, WI 53547-5234  Fax: 1-855-293-1822 |   **Note:** This form should not be used to report a change in circumstance for a member enrolled in SSI Medicaid. The IM agency cannot update the Social Security Administration’s records. Follow the instructions on F-02642a for an SSI Medicaid member. | | | | | | | |
| SECTION 1: Member INFORMATION | | | | | | | |
| Name – Member (Last, First, MI) | | | | MA ID or Case Number | | | |
|  | | | |  | | | |
| Street Address | | City | | | | Zip | | |
|  | |  | | | |  | | |
| section 2: Sender information | | | | | | | |
| Name – Sender or Organization | | | Date Sent | | | |
|  | | |  | | | |
| Street Address | | City | | | | Zip | | |
|  | |  | | | |  | | |
| Reason for the Change | | | | | | | | |
|  | | | | | | | | |
| Type of Proof Provided | | | | | | | | |
|  | | | | | | | | |
| **SIGNATURE** – Sender or Organization | | | | | Date Signed | | |

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf), (AD-3027) found online at: [How to File a Complaint](https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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