|  |
| --- |
|  |
| 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:**MDPUP.O. Box 05676Milwaukee, WI 53205Fax: 1-888-409-1979 | **If the member does not reside in Milwaukee County:**CDPUP.O. Box 5234Janesville, WI 53547-5234Fax: 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 |

**USDA Nondiscrimination Statement**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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.

This institution is an equal opportunity provider.