|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Report a change in circumstance | | | | | | |
| Use this form to report a change in a member’s circumstance that has not yet been reported. This form is for a member enrolled in SSI Medicaid. 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 email this form to <SpecializedManagedCare@maximus.com>.   |  |  | | --- | --- | |  |  | | | | | | | |
| 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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(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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