

Ohio Department of Medicaid
REPORT A CHANGE FOR MEDICAL ASSISTANCE

Use this form to report any changes for individuals receiving medical assistance and/or their household members. Check the box for each type of change, provide the requested information for that section, and provide the effective date of the change. The **Individual Information** and **Submitter Information** sections on the form **must be completed**. Required fields are marked with an asterisk (*).

You should submit current supporting documents along with this report a change form.

INDIVIDUAL INFORMATION Complete this section for the individual receiving medical assistance. *Indicates required field					
*First Name		*Last Name			MI
*Date of Birth (mm/dd/yyyy)	Medicaid Case Number		*Social Security Number		
Has this person been in an accident in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, explain details in the comment section on page two of this form and provide supporting documentation or verification.)</i>					
CHANGE NOTIFICATIONS Check the box if there has been a change in information and enter the effective date. <i>Only complete the sections below where information has changed.</i>					
<input type="checkbox"/> Phone Number Change		Effective Date of Change			
<input type="checkbox"/> Address Change <i>(attach verification of change such as a rent/mortgage receipt, lease, or utility receipts)</i> Effective Date of Change (mm/dd/yyyy)					
New Street Address				Apartment/Unit Number	
City	State	Zip Code	Phone	County	
<input type="checkbox"/> Change In Household Members <i>(attach verification of change such as custody papers, tax filing forms, or a lease).</i> Has your tax filing status changed? <input type="checkbox"/> Yes <input type="checkbox"/> No What is your new tax filing status?					
List each person and if they moved into or out of the household <i>(if more than two household member updates, please enter additional information in the comments section on the next page).</i>					
Date of Change			Date of Change		
<input type="checkbox"/> Moved into Household <input type="checkbox"/> Moved out of Household			<input type="checkbox"/> Moved into Household <input type="checkbox"/> Moved out of Household		
<input type="checkbox"/> Deceased			<input type="checkbox"/> Deceased		
Name			Name		
Relationship			Relationship		
Date of Birth	Social Security Number		Date of Birth	Social Security Number	
Does this person have income? <input type="checkbox"/> Yes <input type="checkbox"/> No			Does this person have income? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Change of Marital Status <i>(attach verification of change such as marriage certificate, divorce papers, or death certificate)</i>					
Effective Date of Change (mm/dd/yyyy)			<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Spouse's Name					
<input type="checkbox"/> Pregnancy <i>(attach verification of pregnancy such as a doctor's letter)</i>			Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of Unborn Babies	Expected Due Date		Delivery Date	Newborn Name	
<input type="checkbox"/> Change in Income and/or Work Status <i>(attach verification of change such as a pay stub, tax record, award letter, child support letter, or proof of job status)</i>				Effective Date of Change (mm/dd/yyyy)	
New Income Amount \$	Income Source	Income Frequency (e.g., once a week)		Total Monthly Income Amount \$	
<input type="checkbox"/> New Income <input type="checkbox"/> Loss of Income <input type="checkbox"/> Change to Part-time job status <input type="checkbox"/> Change to Full-time job status					

<input type="checkbox"/> Lump Sum (One-time Payments) <i>(attach verification of change such as an award letter, bank statement, or receipt)</i>		Date Lump Sum Received <i>(mm/dd/yyyy)</i>
Amount of Lump Sum Received \$	Type of Lump-Sum Payment Received <i>(e.g., Backdated Social Security, sale of property, insurance payment, winnings, etc.)</i>	
<input type="checkbox"/> Change in Resources <i>(attach verification of change such as a policy, documentation of ownership, title, proof of current value of trusts, annuities, stocks/bonds, or bank statement)</i>		Effective Date of Change <i>(mm/dd/yyyy)</i>
<input type="checkbox"/> Life Insurance Policy <i>(attach policy for verification)</i>	<input type="checkbox"/> Property Address: Value of Property:	
<input type="checkbox"/> Checking/Savings Account Amount in account: \$	<input type="checkbox"/> PNA(Personal Needs Allowance) Account Balance Amount:	
<input type="checkbox"/> Vehicle Year, Make and Model:	<input type="checkbox"/> Other:	
<input type="checkbox"/> Change of Insurance <i>(select all that apply AND attach verification of change such as a policy, worker's compensation verification, or other documents)</i>		Effective Date of Change <i>(mm/dd/yyyy)</i>
<input type="checkbox"/> Coverage under health insurance policy	<input type="checkbox"/> Accident or injury for which another person or entity may be responsible <i>(e.g. auto accident, worker's compensation)</i>	
Name of Insurance Company	Name of Company	
Coverage Type	Coverage Type	
Policy Number	Policy Number	
Begin Date	Date of Incident	
Monthly Premium	<input type="checkbox"/> Medicare	
<input type="checkbox"/> Loss/End of Insurance Coverage	Medicare Type(A,B C, or D)	
Name of Insurance Company	Begin Date	
End Date	Medicare Number	
<input type="checkbox"/> Court order requiring a person or entity to pay some or all of my <i>(or the individual's)</i> medical expenses <i>(e.g. divorce, custody, auto accident, civil suit, e.g.)</i> Attach the court order	Monthly Premium	
	Other	
Other Changes to Report/Comments <i>(attach verification as necessary)</i>		

SUBMITTER INFORMATION Read and Sign

- I'm signing this form under penalty of perjury which means I've provided true answers to all the questions on this form to the best of my knowledge. I know that I may be subject to penalties under federal law if I provide false and or untrue information.
- I understand that I must tell the Ohio Department of Medicaid if anything changes and is different than what I wrote on this form. I can call 1-800-324-8680 to report any changes within 10 days.
- I understand that a change in my information could affect the eligibility for myself and for member(s) of my household.
- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting www.hhs.gov/ocr/office/file.

I can submit this form to my local County Department of Job and Family Services (CDJFS) via email, fax, or in person.

*Submitter Name <i>(Print First and Last Name)</i>	*Phone	*Date
*Submitter Signature <i>(First and Last Name)</i>		
*Relationship to Individual		

To help you understand this notice, language assistance, interpretation services, and auxiliary aids and services are available upon request at no cost to you. Services available include, but are not limited to: oral translation, written translation, and auxiliary aids. You can request these services and/or auxiliary aids by calling the Customer Service Call Center at the toll-free phone number 1-844-640-6446; individuals with a hearing impairment may call TDD 7-1-1.

Spanish

Para ayudarle a comprender este folleto, se encuentran disponibles a pedido asistencia lingüística, servicios de interpretación, asistencia adicional y otros servicios sin costo alguno. Los servicios disponibles incluyen, entre otros: traducción oral, traducción escrita y ayudas auxiliares. Puede solicitar estos servicios o ayudas auxiliares llamando al Centro de Llamadas de Servicio al Cliente al teléfono gratuito 1-844-640-6446; las personas con discapacidad auditiva pueden llamar al TDD 7-1-1.

Nepali

यो सूचना बुझ्न मद्दतको लागि, अनुरोधमा भाषा सहायता, दोभाषे सेवाहरू, र सहायक सहायता र सेवाहरू निःशुल्क उपलब्ध छन्। उपलब्ध सेवाहरूमा समावेश छन्, तर सीमित छैनन्: मौखिक अनुवाद, लिखित अनुवाद, र सहायक सहायता हो। तपाईंले ग्राहक सेवा कल सेन्टरको टोल-फ्री फोन नम्बर 1-844-640-6446 मा फोन गरेर यी सेवाहरू र/वा सहायक सहायताहरू अनुरोध गर्न सक्नुहुन्छ; श्रवणशक्ति कमजोर भएका व्यक्तिहरूले TDD 7-1-1 मा कल गर्न सक्छन्।

Arabic

لمساعدتك في فهم هذا الإخطار، تتوفر خدمات المساعدة اللغوية وخدمات الترجمة الفورية والمساعدات الإضافية عند الطلب دون أي تكلفة. تشمل الخدمات المتاحة، على سبيل المثال لا الحصر: الترجمة الشفوية والترجمة التحريرية والمساعدات الإضافية. يمكنك طلب هذه الخدمات أو المساعدات الإضافية أو كليهما عبر الاتصال بمركز اتصال خدمة العملاء على الرقم المجاني 1-844-640-6446، وللأفراد الذين يعانون من ضعف السمع، يمكنهم استخدام خدمة الهاتف النصي على الرقم التالي 7-1-1.

Haitian French Creole

Pou ede w konprann avi sa a, gen asistans lengwistik, sèvis entèpretasyon, èd oksilyè ak sèvis ki disponib gratis, lè ou fè demann pou sa. Sèvis ki disponib yo gen ladan yo, men se pa sa sèlman: tradiksyon oral, tradiksyon alekri ak èd oksilyè. Ou kapab mande sèvis sa yo ak/oswa èd oksilyè lè w rele Sant Apèl Sèvis Kliyantèl la nan nimewo telefòn gratis la ki se 1-844-640-6446; moun ki gen pwoblèm tande yo ka rele TDD 7-1-1.

Somali

Si lagaaga caawiyo inaad fahanto ogaysiiskan, kaalmada luqadda, adeegyada tarjumaada, iyo kaalmooyinka iyo adeegyada ayaa la heli karaa marka la codsado lacag la'aan adiga. Adeegyada la heli karo waxaa ka mid ah, laakiin aan ku xaddidnayn: tarjumaada afka, turjumaadda qoran, iyo qalabyada caawinta. Waxaad codsan kartaa adeegyadan iyo/ama caawimada caawimada adiga oo wacaya Xarunta Wicitaanka Adeegga Macmiilka ee lambarka taleefanka lacag la'aanta ah 1-844-640-6446; Shakhsiyaadka qaba maqal la'aanta waxay wici karaan TDD 7-1-1.

Ukrainian

Щоб допомогти вам зрозуміти це повідомлення, за запитом безкоштовно надається мовна допомога, послуги перекладача, а також допоміжні засоби та послуги. Доступні послуги включають, але не обмежуються наступним: усний переклад, письмовий переклад та допоміжні засоби. Ви можете замовити ці послуги та/або допоміжні засоби, зателефонувавши до Центру обслуговування клієнтів за безкоштовним номером 1-844-640-6446; особи з вадами слуху можуть зателефонувати за номером TDD 7-1-1.

Russian

Чтобы помочь вам понять данное уведомление, по вашему запросу бесплатно предоставляется языковая помощь, услуги устного перевода, а также вспомогательные средства. Доступные услуги включают, в частности, устный перевод, письменный перевод и вспомогательные средства. Вы можете запросить эти услуги и/или вспомогательные средства, позвонив в службу поддержки клиентов (Customer Service Call Center) по бесплатному номеру телефона 1-844-640-6446; лица с нарушениями слуха могут позвонить по телефону TDD 7-1-1.

Swahili

Ili kukusaidia kuelewa noti hii, usaidizi wa lugha, huduma za ukalimani, na visaidizi na huduma za ziada zinapatikana unapomba bila gharama kwako. Huduma zinazopatikana ni pamoja na, lakini sio tu: tafsiri ya mdomo, tafsiri ya maandishi, na visaidizi vya ziada. Unaweza kuomba huduma hizi na/au visaidizi vya ziada kwa kupiga simu kwa Kituo cha Simu cha Huduma kwa Wateja kwenye nambari ya simu isiyolipishwa 1-844-640-6446; watu walio na ulemavu wa kusikia wanaweza kupiga simu TDD 7-1-1.

Kinyarwanda

Kugira ngo tugufashe gusobanukirwa iri tangazo, ubufasha bujyanye n'indimi, serivisi z'ubusemuzi, n'ibikoresho na serivisi bifasha abafite ubumuga mu kumva biraboneka nta kiguzi utanze iyo ubisabye. Serivisi ziboneka zikubiyemo, ariko si gusa: ubusemuzi mu mvugo, ubusemuzi mu nyandiko, n'ibikoresho bifasha abafite ubumuga mu kumva. Ushobora gusaba izi serivisi na/cyangwa ibikoresho bifasha abafite ubumuga mu kumva uhagamaye Ikigo Gifasha Umukiriya kuri numero itishyurwa 1-844-640-6446; abantu bafite imbogamizi mu kumva bashobora guhamagara TDD 7-1-1.

French

Pour vous aider à comprendre cet avis, une assistance linguistique, des services d'interprétation et des aides et services auxiliaires sont disponibles sur demande et sans frais. Les services disponibles comprennent, sans toutefois s'y limiter, la traduction orale, la traduction écrite et les aides auxiliaires. Vous pouvez demander ces services et/ou ces aides auxiliaires en appelant le centre d'appel du service clientèle au numéro gratuit 1-844-640-6446 ; les personnes malentendantes peuvent appeler le TDD 7-1-1.

Pashtu

ستاسو په دې خبرتيا د ښه درک کولو (پوهيدو) لپاره، د ژبې مرستې، د شفاهي ژباړې خدمتونه، او اضافي مرستندويه وسايل او خدمتونه ستاسو د غوښتنې پر بنسټ پې لگښته شتون لري. په شته خدماتو کې شفاهي ژباړه، په ليکلې بڼه ژباړه، او مرستندويه وسايل شامل دي، خو يوازې دې پورې محدود نه دي. تاسو کولی شئ د دې خدمتونو او/يا مرستندويه وسايلو د غوښتنې لپاره د پروډونکو د خدماتو تليفوني مرکز سره په وړيا شمېرې 1-844-640-844-6446 اړيکه ونيسي؛ د اورېدو ستونزه لرونکي کسان کولی شي 7-1-1 TDD ته زنگ ووهي.

Dari

برای کمک به شما در درک این اطلاعیه، کمک های زبانی، خدمات ترجمه شفاهی و کمک ها و خدمات اضافی بر اساس درخواست شما و بدون هیچ هزینه ای برای شما ارائه می گردد. خدمات موجود شامل موارد ذیل میباشد، اما محدود به آنها نیست: ترجمه شفاهی، ترجمه کتبی و کمک های اضافی. شما می توانید با تماس با مرکز تماس خدمات مشتریان از طریق شماره تلیفونی رایگان 1-844-640-6446 این خدمات و/یا کمک های اضافی را درخواست کنید، افراد دارای اختلال شنوایی می توانند با شماره 7-1-1 TDD به تماس شوند.

Uzbek

Bu bildirishnomani tushunishingizga yordam berish uchun so'rovingiz asosida bepul til yordamchi xizmatlari, og'zaki tarjima xizmatlari va qo'shimcha yordamchi vositalar taqdim etiladi. Mavjud xizmatlar qatoriga og'zaki tarjima, yozma tarjima hamda yordamchi vositalar kiradi. Siz ushbu xizmatlar va/yoki yordamchi vositalarni quyidagi mijozlarga bepul xizmat ko'rsatish markaziga qo'ng'iroq qilib so'rashingiz mumkin: 1-844-640-6446; eshinish qobiliyati cheklangan shaxslar ushbu raqami orqali bog'lanishlari mumkin: TDD 7-1-1.

Vietnamese

Để giúp bạn hiểu thông báo này, hỗ trợ ngôn ngữ, dịch vụ phiên dịch, phương tiện trợ giúp và dịch vụ phụ trợ được cung cấp miễn phí theo yêu cầu. Các dịch vụ có sẵn bao gồm, nhưng không giới hạn ở: dịch bằng lời nói, dịch bằng văn bản và phương tiện phụ trợ. Bạn có thể yêu cầu các dịch vụ này và/hoặc phương tiện phụ trợ bằng cách gọi cho Customer Service Call Center theo số điện thoại miễn cước 1-844-640-6446; những người khiếm thính có thể gọi TDD 7-1-1.

Tigrinya

ነዚ ምልክታ ክትርደእዎ ንክትገባኩም፣ ሓገዝ ቋንቋ፣ ኣገልግሎታት ትርጉም፣ ከምኡ'ውን ተወስኽቲ ሓገዛትን ኣገልግሎታትን ኣብ ዝሓተትኩምዎ ብዘይ ክፍሊት ይርከቡ። ዘለው ኣገልግሎታት፣ ናይ ዘረባ ትርጉም፣ ናይ ጽሑፍ ትርጉምን ተወስኽቲ ሓገዛትን ዘጠቓልሉ ከይኖም፣ በዚ ጥራሕ ዝድረቱ ኣይኮኑን። ናብ ማእከል ኣገልግሎት ዓማዊል (Customer Service Call Center) ክብ ክፍሊት ነጻ ብዝኾነ ቁጽረ ስልኪ 1-844-640-6446 ብምድዋል፣ ነዞም ኣገልግሎታትን/ወይ ተወስኽቲ ሓገዛት ክትሓቱ ትክእሉ ኢኹም፤ ናይ ምስማዕ ጸገም ዘለዎም ውልቀ-ሰባት ናብ TDD 7-1-1 ክድውሉ ይክእሉ እዮም።