# Bread for the City Address Change / Move Report

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | | | |  | | | |
| **RE**: |  | | | | | | | | | | **SSN:** |  |
|  | Name of Beneficiary/Recipient | | | | | | | | | |  | Claim number(s) |
|  |  | | | | | | | | | |  |  |
| **Change of Address:** | | | |  | | | | | | |  |  |
| *Residential* | | |  | | | | | | | | Telephone: |  |
|  | | |  | | | | | | | |  |  |
|  | | |  | | | | | | | | Date of |  |
|  | | |  | | | | | | | | move: |  |
| Mailing | | |  | | | | | | | |  |  |
| 🞎 Same as | | |  | | | | | | | |  |  |
| Residential | | |  | | | | | | | |  |  |
|  | | |  | | | | | | | |  |  |
|  |  | |  | |  | | |  |  | | | |
| **This Is A:** | | | | |  | | |  |  | | | |
| 🞏 | CRF\* | | 🞏 | | House | | | 🞏 | Shelter | | | |
| 🞏 | Room | | 🞏 | | Hospital | | | | | | |  |
| 🞎 | Apartment | | 🞏 | | Other: | |  | | | | | |
| \* Additional form documenting CRF residence must be submitted to request SSI State Supplement. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Consumer Lives With:** | | | | | | List ALL other household members, except if Group Home or CRF | | | | | | |
| 🞎 | Alone | | | | | Name | | | | Relationship | | |
| 🞏 | With relative(s) 🡪 | | | | |  | | | |  | | |
| 🞏 | With someone else 🡪 | | | | |  | | | |  | | |
| *continue in Remarks if needed* | | | | | |  | | | |  | | |
|  | | | |  |  | |  | | | | | |
| **Rental Information:** | | | |  |  | |  | | | | | |
|  | | | | | | | | | | | | |
| Landlord: | |  | | | | | | | | | Rent Amt: |  |
| Address: | |  | | | | | | | | | Phone: |  |
|  | |  | | | | | | | | |  | \*subsidized |
|  | | | | | | | | | | | | |

**REMARKS/ADDITIONAL INFO:**

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|  |
| **Printed Name of Person Completing Form** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Signature, Clinical Team Member** |  | **Signature, Clinical Team Supervisor** |
|  |  |  |
| **Email/phone** |  | **Provider Agency** |

Please note that if consumer is living with others or renting a room in someone’s home (esp. with a relative) additional documentation of the living arrangement may be requested.

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| **Reported To SSA By:** | Lauren Taylor | Phone: | (202) 386-7016 |