



LTSS Demographic Change Reporting Form

Instructions: Please use this form only if a client is already active on LTSS and would just like to report any of the below changes including address, name, demographic, income, resource/asset, date of death, etc. if you are reporting a change and client is not active on LTSS, please use an application to apply. Please do not use this form to apply for LTSS.

Form can be sent to DHS Via email: DHS.LTSS@dhs.ri.gov, Fax: 401-574-9915 or PO Box 8709 Cranston, RI

Client's Information: *[Be sure to fill out form completely]* Date: _____

Name:		D.O.B:	SSN / MID <i>(circle)</i>
		Case #:	
Address:			
Best Contact Telephone#:	Alt Phone#:	Comment Box:	
Person Submitting the Change: <input type="checkbox"/> Power of Attorney / Legal Guardian <input type="checkbox"/> Agency Name: Address: Phone #: Email:			

Purpose for completing the form: *[Fill out the box below that applies to your request]*

Effective Date of Change: _____

<input type="checkbox"/> Close LTSS Case: <i>[check one that applies]</i> Death: _____ Moved out of State: _____ Voluntary Withdrawal: _____
<input type="checkbox"/> Change of Address: <i>[provide new address]</i> New Mailing Address: _____ New Physical Address: _____
<input type="checkbox"/> Financial/Resources or Income Change: <i>[explain in detail what has changed and provide supporting documents for this change]</i>
<input type="checkbox"/> Demographic Change: <i>[explain in detail what has changed and provide supporting documents for this change]</i>

I attest that the changes reported on this form are true and correct. I understand that I am responsible for reporting changes accurately and timely. I understand that this information will be used to determine or redetermine eligibility for benefits.

Printed Name: _____ Signature: _____ Date: _____

