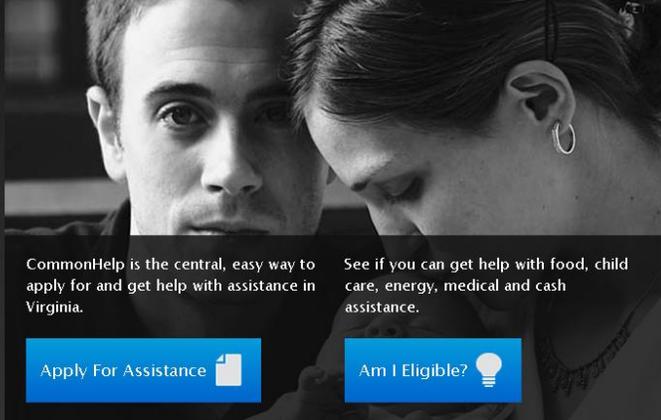


# Report My Changes User Manual

Virginia.gov Online Services | Agencies | Governor | Help Search Virginia.Gov

 **CommonHelp**  
helping those in need

Habla Español? Sign In Help



CommonHelp is the central, easy way to apply for and get help with assistance in Virginia.

See if you can get help with food, child care, energy, medical and cash assistance.

[Apply For Assistance](#) 

[Am I Eligible?](#) 

### Sign In

Do you have a CommonHelp account? Sign in to check on or continue your application. If not, [apply now](#).

**User ID**

User ID must be entered.

**Password**

Password must be entered.

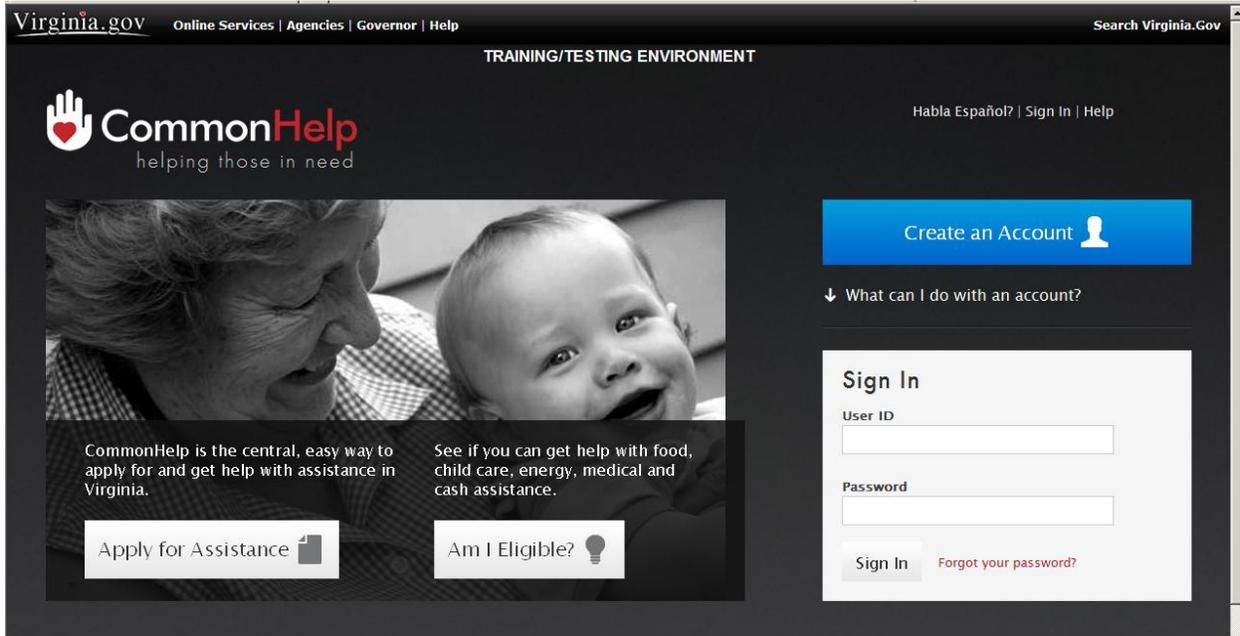
[Sign In](#) [Forgot your password?](#)

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## Log In Procedures:

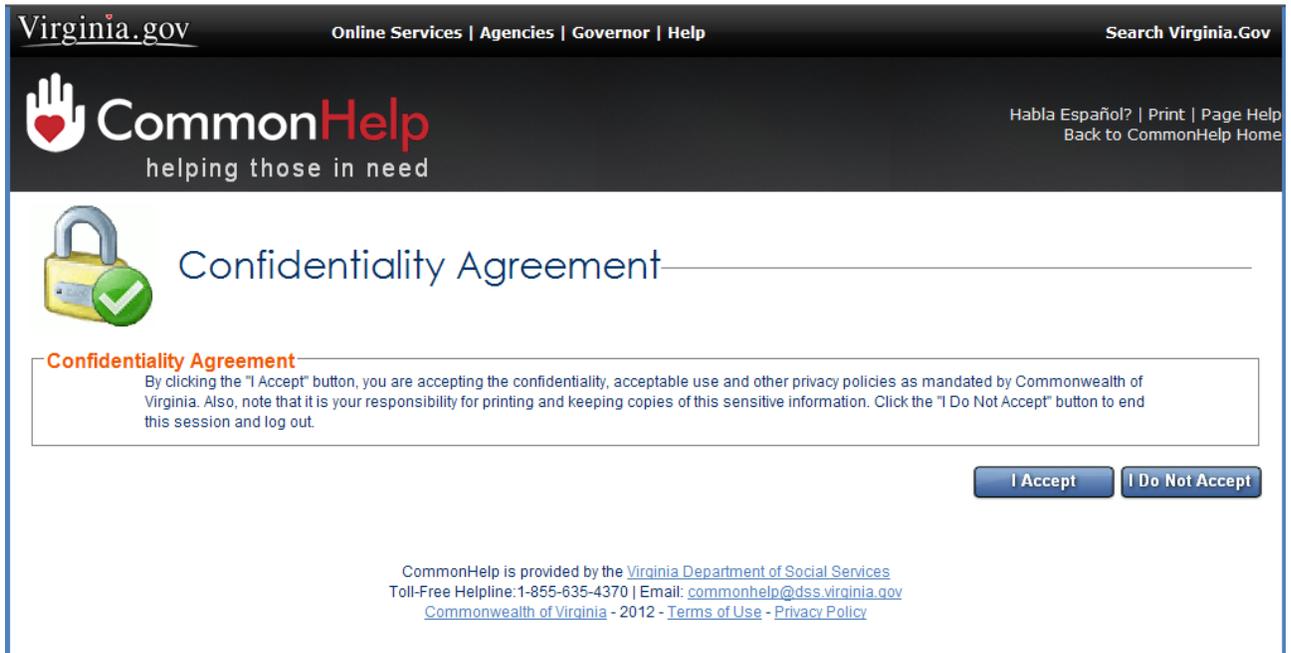
### Landing Page – Login Page



The screenshot shows the Virginia.gov CommonHelp landing page. At the top, there is a navigation bar with "Virginia.gov", "Online Services | Agencies | Governor | Help", and "Search Virginia.Gov". Below this, the text "TRAINING/TESTING ENVIRONMENT" is displayed. The CommonHelp logo, featuring a hand icon and the text "CommonHelp helping those in need", is prominently displayed. To the right of the logo, there are links for "Habla Español?", "Sign In", and "Help". A blue button labeled "Create an Account" with a person icon is visible. Below this, a dropdown menu titled "What can I do with an account?" is open. The "Sign In" section contains two input fields: "User ID" and "Password". Below the "Password" field is a "Sign In" button and a link for "Forgot your password?". On the left side of the page, there is a large image of an elderly woman and a baby. Below the image, there is text describing CommonHelp as a central hub for assistance in Virginia, with two buttons: "Apply for Assistance" and "Am I Eligible?".

1. Enter your *User ID*.
2. Enter your *Password*.
3. Click **Sign In**.

## Confidentiality Agreement Screen



The screenshot shows the Confidentiality Agreement screen on the Virginia.gov website. The page header includes the Virginia.gov logo, navigation links for Online Services, Agencies, Governor, and Help, and a search bar for Virginia.Gov. The CommonHelp logo is prominently displayed with the tagline "helping those in need". A yellow padlock icon with a green checkmark is positioned to the left of the "Confidentiality Agreement" title. Below the title, a text box explains the agreement, and two buttons, "I Accept" and "I Do Not Accept", are provided for user selection. Footer text includes contact information for the Virginia Department of Social Services and links to the Terms of Use and Privacy Policy.

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Back to CommonHelp Home

### Confidentiality Agreement

**Confidentiality Agreement**  
By clicking the "I Accept" button, you are accepting the confidentiality, acceptable use and other privacy policies as mandated by Commonwealth of Virginia. Also, note that it is your responsibility for printing and keeping copies of this sensitive information. Click the "I Do Not Accept" button to end this session and log out.

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4. Click **I Accept**.

## Selecting a Case:

### Case Selection Screen

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[Am I Eligible?](#) | [Apply For Assistance](#)

Hello, **vasant**. You are logged in.  
[Manage My Account](#) [Logout](#)

**My Benefits** **My Applications** **Learn More**

### Case Selection

**Case Selection**

Listed below are all of the cases associated with this account. Please select one to see more information.

Selection	Name	Benefits	Case Number
<input type="radio"/>	BESSIE BAUSTIN	SNAP, Medical Assistance, TANF	0103872
<input type="radio"/>	LIZA LEHMAN	SNAP	0107235
<input type="radio"/>	VANNA VANE	SNAP, Medical Assistance, TANF	0102353
<input type="radio"/>	BESSIE BAUSTIN	Medical Assistance	163000755008

[Continue](#)

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5. If the customer successfully associated their CommonHelp account with their case the **Case Selection** screen displays.
  - a. Refer to the **Case Association User Manual** for help with how to associate a case with a CommonHelp account.
6. Select the specific radio button associated with the case that they want to report changes to and click **Continue**.

## Case Information Screen

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[Back To Case Selection](#) | [Am I Eligible?](#) | [Apply For Assistance](#) | [Report My Changes](#)

Hello, **Larry**. You are logged in.

[Manage My Account](#) [Logout](#)

**My Benefits** **My Applications** **Learn More**

 **Case Information**

**Case Information**

Case Name : LARRY STUFFER Case Number : 0097254

**My Benefits**  
As of Thursday, June 21, 2012.

Benefits	Status	Details
Medical Assistance	In June 2012, KACEY, KELLY, LARRY, and MARY are getting Medical Assistance benefits.	
SNAP (Food Assistance)	In June 2012, KACEY, KELLY, LARRY, and MARY are getting SNAP (Food Assistance) benefits.	
TANF (Cash Assistance)	In June 2012, KACEY, KELLY, LARRY, and MARY are getting TANF (Cash Assistance) benefits.	

7. Select the **Report My Changes** link at the top of the screen.

## Reporting Changes to a Case:

### Report My Changes

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Hello, Larry. You are logged in.

### Report My Changes

Welcome to Report My Changes! As part of getting benefits, you may need to tell your worker if you have changes in your household, your income and/or your bills. This tool will help you report those changes.

For most changes, you will need to mail, fax, or bring proof to your worker within 10 days of when your worker asks for it. Without this proof, your changes cannot be made and your benefits may end. [Click here to read more about the kinds of proof you may need to give to your worker.](#)

#### Reporting Changes Through CommonHelp

Please check the boxes for all of the changes that you want to report.

Based on the benefits you are getting, here are the changes you must report:

<input type="checkbox"/> Your address or phone number has changed.	<input type="checkbox"/> Someone moved into your home.
<input type="checkbox"/> Someone moved out of your home.	<input type="checkbox"/> Someone became pregnant.
<input type="checkbox"/> Someone's pregnancy ended.	<input type="checkbox"/> Someone had a change in disability status.
<input type="checkbox"/> Someone had a change in job income and/or work hours.	<input type="checkbox"/> Someone's housing or utility bills changed.
<input type="checkbox"/> Someone had a change in income other than a job.	

[Cancel My Changes](#) [NEXT >>](#)

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8. Select the check boxes next to the changes to be reported. Select all that apply.
  - a. Note: Based on the check boxes selected the system displays the appropriate screens for the user to update their information.
9. Changes not listed above cannot be reported through CommonHelp.
10. Click **Next**.

The following pages display examples of the screens provided during the Report My Changes process. The last screen is the **Submit Your Changes** screen.

NOTE: At any time during the Report My Changes process, the customer can click the **Cancel My Changes** button on the bottom left of each page to exit out of Report My Changes. The change will not be sent to the local department of social services if **Cancel My Changes** button is selected.

# Examples of Screens for Reporting Changes:

## Changes in Your Home Screen

Hello, **Larry**. You are logged in.

**Start**   **Resources**   **Income**   **Bills**   **Submit**

**People**   Additional Information

### Changes in Your Home

Please tell us about the changes in your home.

**Someone Moved Out of the Home**  
Please check the box (or boxes) to tell us who left your home.

 LARRY     MARY     KELLY     KACEY

**Someone Became Pregnant**  
\* Please check the box (or boxes) to tell us who became pregnant.

 MARY

**End of Pregnancy**  
You have told us that you would like to end a pregnancy, however there is no one pregnant in your home.

**Someone had a change in disability status**  
\* Please check the box (or boxes) to tell us who had a change in their disability status (blind, disabled or caring for a disabled person).

 LARRY     MARY     KELLY     KACEY

**Cancel My Changes**   **PREVIOUS**   **NEXT**

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11. Select the individual's check box (s) to report changes for specific individuals.
12. Click **Next**.

# Information About You Screen

Hello, Larry. You are logged in.

Start Resources Income Bills Submit

People

Additional Information



## Information About You

### Your Address or Phone Number Change

You have told us that your address or phone number has changed. On the right side of the page, we're showing you the information we have on file. On the left side of the page, you'll see boxes where you can change, add or remove information about how to get in touch with you. When you're done, click the Next button.

Please keep in mind:

- If something hasn't changed, you should leave the answer in the box the way it is.
- The right side of the page won't change until a worker gets and processes your changes.

Please Tell Us Your Changes:

#### Where You Live

If you're staying in a shelter or living with a friend or family member, you can give us that agency or person's address. Be sure to put the name of the person or agency on the second line.

\* Address Line:

\* City:  \* State:  \* Zip Code:

#### Mailing Address

If you want to receive your mail at a different address, provide this address below.

Street Address or P.O. Box Number :

County / City :  State:  Zip Code :

#### Contact Information

Please tell us how we can get in touch with you. For the phone numbers, please be sure to include area codes. If you don't have one of the items we ask for, just leave it blank.

Home Phone :

Work Phone :  Ext :

Cell/Message Phone :

Email Address :

Information on File:

111 ONE ST

RICHMOND Virginia 23233

Cancel My Changes

PREVIOUS NEXT

13. On the right side of the screen the information that is currently on record displays. Make changes to the information on the left side of the screen.
  - a. Note: The information on the right side of the screen will not automatically display the changes that were made from the left.
14. Click **Next**.

## Moved Out Details

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Hello, Larry. You are logged in.

**Start** **Resources** **Income** **Bills** **Submit**

**People** Additional Information

 Moved Out Details

**More About KACEY**

You have told us that KACEY has left the home.

- What is the reason KACEY left the home?
- When did KACEY leave the home?

**Cancel My Changes** **<< PREVIOUS** **NEXT >>**

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15. If someone has moved out of the household, select the reason they left the home.
16. Enter the date they moved out.
17. Click **Next**.

# Someone Moved Into Your Home Screen

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Hello, Larry. You are logged in.

**Start Resources Income Bills Submit**

**People** Additional Information

**Someone Moved Into Your Home**  
You have told us that someone has moved into your home. Please answer the questions below to tell us more about this person.

**Personal Information**

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ \* Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

\* Gender:  Male  Female

\* Date of Birth: \_\_\_\_\_ Ex: mm/dd/yyyy

\* What is this person's place of birth?

Is this person a resident of Virginia?  Yes  No

What is this person's marital status?

Name of the Tribe:

**Program Selection**  
The programs below do not require you to apply for everyone in your household. Please check the box for a program this person would like to apply for. If you don't check a box, this person will not be applying for that program.

SNAP  TANF  Medical Assistance

**Citizenship Information**  
You do not have to answer these questions if this person is not asking for assistance.

Social Security number: \_\_\_\_\_

Is this person a U.S. citizen?  Yes  No

**Ethnicity**  
Please select this person's ethnicity. You don't have to answer this question if you don't want to. (This answer will not be used to make a decision about your assistance.)

Hispanic or Latino  Not Hispanic or Latino  Unknown

**Race**  
Please check the box or boxes to tell us this person's race. (This answer will not be used to make a decision about your assistance.)

American Indian / Alaskan Native  Asian

Black / African American  Native Hawaiian / Other Pacific Islander

White

**Veteran Information**  
Is this person a veteran or a dependent of a veteran?  Yes  No

**Temporarily Away From Home**  
Is this person temporarily away from home?  Yes  No

**More People in the Home**  
Did anyone else move into your home?  Yes  No

**Cancel My Changes** **<< PREVIOUS** **NEXT >>**

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18. Enter the **Personal Information, Program Selection, Citizenship Information, Ethnicity, Race, Veteran Information, Temporarily Away From Home** information for the new individual that moved into the household.
19. Click **Next**.

## Relationship Screen (for the person who moved into the home)

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Hello, Larry. You are logged in.

**Start** Resources Income Bills Submit

People Additional Information

### Relationships

**How You Are Related**  
Please tell us how New is related to the other people in your home.

**New's Relationship to LARRY**

Does New buy food or eat meals with LARRY?  
 Yes  No

**New's Relationship to MARY**

Does New buy food or eat meals with MARY?  
 Yes  No

**New's Relationship to KELLY**

Does New buy food or eat meals with KELLY?  
 Yes  No

**New's Relationship to KACEY**

Does New buy food or eat meals with KACEY?  
 Yes  No

[Cancel My Changes](#) [PREVIOUS](#) [NEXT](#)

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20. Identify the relationship between the new household member and the existing members.
21. Click **Next**.

## More About New Screen (for the person who moved into the home)

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Start Resources Income Bills Submit

People Additional Information

 **More About New**  
You have told us that New has moved into your home. Please answer the questions below to tell us more about New.

**New's Employment Income**  
\* Does New have a job right now or has New had a job in last 60 days?  Yes  No

**New's Other Income**  
\* Is New getting any income or payment from a source other than a job?  Yes  No

**New's Bills**  
\* Is New responsible for paying any housing bills? By housing bills, we mean rent or lot rent, mortgage, property taxes and assessments, homeowner's insurance, mobile home payments, and payments for temporary housing.  Yes  No  
\* Is New responsible for paying any utility bills? By utility bills, we mean things like gas, electricity, water, sewer and telephone. [Click here for a complete list.](#)  Yes  No

**\*Caretaker / Non-Parent**  
Please select the person (persons) acting as New's parent or caretaker. If no one is acting as the parent or caretaker, select "No One".  
 No one  
  LARRY   MARY

Cancel My Changes PREVIOUS NEXT

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22. Select *Yes* or *No* to the new individual's financial and caretaker information.

23. Click **Next**.

# Disability Details

Hello, Larry. You are logged in.

- Start
- Resources
- Income
- Bills
- Submit

## People

Additional Information



## Disability Details

### More About KELLY's Disability or Blindness

You have told us that KELLY has a change in the disability status. Please tell us more about this.

### KELLY's Disability Status

- \* What is KELLY's disability status?
  - Blind
  - Disabled
  - No longer disabled

What is the begin date of KELLY's disability status?  Ex: mm/dd/yyyy  
If KELLY is no longer disabled, when did the disability end?  Ex: mm/dd/yyyy

### KELLY's Ability to Work

- Has KELLY's ability to work been reduced?  Yes  No
- Has KELLY's ability to care for a child been reduced?  Yes  No
- Does KELLY need someone in the house due to the disability?  Yes  No

### KELLY's Disability or Blindness

- When did KELLY become blind or disabled?  Ex: mm/dd/yyyy
- \* Has KELLY ever applied for Social Security, Supplemental Security Income (SSI) or Railroad Retirement benefits as a disabled person?  Yes  No
- What is the date KELLY last applied to SSA?  Ex: mm/dd/yyyy
- \* Did KELLY or KELLY's spouse ever receive Supplemental Security Income (SSI)?  Yes  No
- \* Has the SSI payment now stopped?  Yes  No

### Denial Details

- If an application for Social Security Disability Income (SSDI), Supplemental security Income (SSI) or railroad retirement benefits was denied, did KELLY file an appeal for a denial?  Yes  No
- If yes, what was the outcome of the appeal?
- Did KELLY or KELLY's spouse have a new medical condition or has the condition changed or worsened since the most recent application for disability was denied?  Yes  No
- If yes, please explain.

Cancel My Changes

<< PREVIOUS NEXT >>

- 24. Enter the disability details for the new individual entering the household.
- 25. Click **Next**.

# Pregnancy Screen

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Hello, Larry. You are logged in.

Start Resources Income Bills Submit

People Additional Information



## Pregnancy

### More About MARY's Pregnancy

You have told us that MARY is pregnant.

What is MARY's due date?

Ex: mm/dd/yyyy

How many babies is MARY expecting from this pregnancy?

What is MARY's conception date?

Ex: mm/dd/yyyy

Cancel My Changes

<< PREVIOUS NEXT >>

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- 26. Enter the pregnancy details for any female who is or was pregnant.
- 27. Click **Next**.

# Review Your Household Changes Screen -Screen 1 of 2

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Hello, Larry. You are logged in.

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People Additional Information

## Review Your Household Changes



Before you click Next to move on to other changes, please take a look at this page to make sure everything is correct.

- If you need to make a change to something you have told us, click on "Change".
- If you have changed your mind and don't want to report a change or new addition, click on "Undo Change".
- If you need to add information for an individual, choose the person's name from the dropdown box and then click the Add button.

Once you have reviewed this summary and all the information is correct, click the Next button at the bottom of the page.

### Review Your Answers: Contact Information Changes

Type	What Changed	Options
Household Address	111 ONE ST - APT B, RICHMOND, VA 23233	 or 

### Moved Out of the Home Summary

Who	Reason	Date Moved Out	Options
 KACEY	Other	05/31/2012	 or 

#### Add Someone Moved Out

To report that someone else has moved out of your home, please choose the name of the person and click the Add button.

Name:  
< click here to choose >

ADD 

### Review Your Answers: Moved Into the Home Changes

Who	Gender	Date of Birth	Options
 New	Female	10/10/1999	 or 

#### Add Someone Moved In

To report that someone has moved into your home, click the Add button.

ADD 

### Review Your Answers: Pregnancy Changes

Who	Due Date	Conception Date	Number of Babies Expected	Options
 MARY	11/13/2012	02/13/2012	1	 or 

#### Add a Pregnancy

To report that someone else has become pregnant, please choose the name of the person and click the Add button.

Name:  
< click here to choose >

ADD 

28. Review the **Household Changes** information, if something needs changed click the pencil and paper icon to update the information.

29. Click **Next**.

## Review Your Household Changes Screen –Screen 2 of 2

### Review Your Answers:End of Pregnancy Summary

#### Add End of Pregnancy

To report that someone else pregnancy has ended, please choose the name of the person and click the Add button.

Name:  
< click here to choose >

ADD 

### Review Your Answers: Household Relationship Changes



Who	Relationships	Options
New	is Not related to LARRY	
New	is Not related to MARY	
New	is Not related to KELLY	
New	is Not related to KACEY	

### Review Your Answers: Disability Changes



Who	Disability Status	Date Became Blind/Disabled	Status Change Date	Options
KELLY	Disabled	04/12/2012	05/31/2012	 

#### Add a Disabled Person

To report that someone else has become disabled, please choose the name of the person and click the Add button.

Name:  
< click here to choose >

ADD 

Cancel My Changes

<< PREVIOUS NEXT >>

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30. Review the **Household Changes** information, if something needs changed click the pencil and paper icon to update the information.
31. Click **Next**.

# Additional Information – Reporting a Change in School Enrollment

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People Additional Information

## Additional Information

**Reporting a Change**  
You have told us that you want to report a change to your household. Here's how to report these changes.

- To tell us more about a change, click "Change".
- If there are no changes for the item or person, click "No Change".
- If you need to add something for someone, click "Add" for that item.

**Reporting a Change in School Enrollment**

Who	Status	What would you like to do?
 LARRY	No school enrollment information	<input type="checkbox"/> Add School Enrollment
 MARY	No school enrollment information	<input type="checkbox"/> Add School Enrollment
 KELLY	No school enrollment information	<input type="checkbox"/> Add School Enrollment
 KACEY	No school enrollment information	<input type="checkbox"/> Add School Enrollment
 New	No school enrollment information	<input checked="" type="checkbox"/> Add School Enrollment

Cancel My Changes PREVIOUS NEXT

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32. Select the check box next to the individual who has a change to school enrollment.

33. Click **Next**.



# Review Your Additional Information Changes

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Hello, Larry. You are logged in.

Start Resources Income Bills Submit

People

Additional Information

## Review Your Additional Information Changes



Before you click Next to move on to other changes, please take a look at this page to make sure everything is correct.

- If you need to make a change to something you have told us, click on "Change".
- If you have changed your mind and don't want to report a change or new addition, click on "Undo Change".
- If you need to add information for an individual, choose the person's name from the dropdown box and then click the Add button.

Once you have reviewed this summary and all the information is correct, click the Next button at the bottom of the page.

### Summary of School Enrollment Changes

Who	Enrollment Status	What Changed?	Options
	New	Full time	This is a new School Enrollment  or 

#### Add a New School Enrollment

To add a new School Enrollment, please choose the person who wants to add new School Enrollment, then click the Add button.

Name:

< click here to choose >

ADD 

Cancel My Changes

<< PREVIOUS NEXT >>

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36. Review the **Additional Information Changes**, if something needs changed click the pencil and paper icon to update the information.
37. Click **Next**.

# Income Screen

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**Start Resources Income Bills Submit**

**Employment Income** Other Income

**Income**

**Someone Has a Change in Job Income or Has a New Job**  
 You have told us that someone has a change in a job or change in income.  
 Here's how to report a change for any of the types of jobs listed below:

- If someone's job has changed, click the "Change" option for that job. For example, you should click the "Change" option to report a change in hours or pay.
- If there is no change for someone, click "No Change".
- If a job has ended, click the "End" option for that job.
- If someone has a job not previously reported, check the "Add a Job" option next to that person.

**What Job Changes Do You Want To Report?**

Who	Name of Employer	Details	What would you like to do?
LARRY			<input type="checkbox"/> Add a new job
MARY			<input type="checkbox"/> Add a new job
KELLY			<input type="checkbox"/> Add a new job
KACEY			<input type="checkbox"/> Add a new job
New			<input type="checkbox"/> Add a new job

**What Self-Employment Changes Do You Want to Report?**

Who	Type of Self-Employment	What would you like to do?
LARRY	Does LARRY have a new self-employment?	<input type="checkbox"/> Add a new self-employment
MARY	Does MARY have a new self-employment?	<input type="checkbox"/> Add a new self-employment
KELLY	Does KELLY have a new self-employment?	<input type="checkbox"/> Add a new self-employment
KACEY	Does KACEY have a new self-employment?	<input type="checkbox"/> Add a new self-employment
New	Does New have a new self-employment?	<input type="checkbox"/> Add a new self-employment

**Cancel My Changes** **PREVIOUS** **NEXT**

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38. Select the check box next to the individual who has a change to their income.
39. Click **Next**.

# Reporting Changes in Housing and Utility Bills Screen

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**Start Resources Income Bills Submit**

**Bills**

**Reporting Changes in Housing and Utility Bills**

You have told us that someone has a change in bills. Here's how to report the change:

- If someone has a change in a bill, click the "Change" option for that bill.
- If someone's bill has not changed, click the "No Change" option for that bill.
- If someone no longer pays a type of bill, click the "End" option next to that bill.
- If someone has a new type of bill, click the "Add" option next to that person.
- If you split a new bill with someone (for example, your roommate), click the "Add" option for each person who pays a share of the bill. On the pages that come next, tell us the amount each person pays.
- If you pay a new bill together (for example, you and your spouse), just click the option for one person. On the pages that come next, tell us the total amount that you pay together.

Keep in mind that you won't be able to tell us about a change in the amount you pay for heat, electricity, water/sewer, trash removal, cooking fuel, telephone. This is because you get a standard credit for some types of utility bills you have.

If you pay for a utility that heats your home, you will get the highest utility credit available. As a result, you might not see your other utilities listed below except for Water Well Installation or Maintenance, Septic/Sewer Well Installation or Maintenance or Utility Installation.

**Reporting a Change in Housing Bills**

Housing Bills	What would you like to do?
Does the household have a new Housing Bill?	<input type="checkbox"/> Add a new bill

**Reporting a Change in Utility Bills**

Utility Bills	What would you like to do?
Does the household have a new Utility Bill?	<input type="checkbox"/> Add a new bill

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40. If reporting a change to housing or utility bills, select the check box next to the new household or utility bills question.

41. Click **Next**.

# Housing/Utility/Medical Bills

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Start Resources Income **Bills** Submit

**Bills**

**Housing/Utility/Medical Bills.**  
Please check the box for any new housing/utility/medical bills that your household is paying.

**Housing Bills**

<input type="checkbox"/> Rent or Mortgage	<input type="checkbox"/> Real Estate/Mobile Home Tax
<input type="checkbox"/> Homeowner's Insurance	<input type="checkbox"/> Other
<input type="checkbox"/> None	

**Utility Bills**

<input type="checkbox"/> Electricity	<input type="checkbox"/> Gas
<input type="checkbox"/> Kerosene	<input type="checkbox"/> Coal
<input type="checkbox"/> Oil	<input type="checkbox"/> Wood
<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Garbage
<input type="checkbox"/> Installation	<input type="checkbox"/> Telephone
<input type="checkbox"/> Other	

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42. Select the check box (s) next to the new housing or utility bills.

43. Click **Next**.

## More About the Housing/Utility/Medical Bills

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**Start Resources Income Bills Submit**

**Bills**

**Other**  
You have told us that household pays for Other. Please answer the questions below to tell us more about this payment. If you are not billed each month, please estimate what it costs on a monthly basis.

How much is your household supposed to pay for Other each month? \$

**Other Paid By**  
Please check the box (or boxes) to tell us who is responsible for this payment.

<input type="checkbox"/>		LARRY
<input type="checkbox"/>		MARY
<input type="checkbox"/>		KELLY
<input type="checkbox"/>		KACEY

Does your household pay for any other Other bills?  Yes  No

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44. If an additional bill was reported under the *Other* category, enter how much the bill is for monthly.
45. Select the check box next to the individual who is responsible for the bill.
46. Click **Next**.

# Review Your Housing and Utility Changes Screen

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Start Resources Income Bills Submit

## Bills

### Review Your Housing and Utility Changes

Before you submit or move on to other changes, please take a look to make sure everything is correct. If you need to edit a change you have told us about, click on "Edit." If you need to add a new housing or utility bill, choose the name of the person who has the bill and the type of bill it is. Then click the Add button. If you have changed your mind and don't want to report a change or new bill, click on "Erase." If someone is no longer paying a bill listed here, click on "End." Once you have reviewed this summary, click the Next button at the bottom of the page.

If no changes were made

### Review Your Answers: Summary of Housing Changes

Type	What Changed?	Options
Other	This is a new Housing Bill	 or 

**Add a Housing Bill**

To add a housing bill, please choose the type of bill, then click the Add button.

Type:

### Summary of Utility Bill Changes

Type	What Changed?	Options
Other	This is a new Utility Bill	 or 

**Add a utility bill**

To add a utility bill, please choose the type of bill, then click the Add button.

Type:

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- 47. Review the **Housing and Utility Changes** information, if something needs changed click the pencil and paper icon to update the information.
- 48. Click **Next**.

# Submitting Changes:

## Submit Your Changes Screen

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Start Resources Income Bills **Submit**

Submit

### Submit Your Changes

**Submit Your Changes**

If you're ready to send your changes to your worker, click the Submit button at the bottom of the page. Once you do this, your changes will be sent to your worker electronically. Please keep in mind:

- Your worker may ask you to provide proof of some of the changes you've told us about. If your worker asks for proof, you'll need to mail, fax or bring it in within 10 days of when your worker asks for it. If you report a change but don't give the proof your worker asks for, your benefits may end.
- In some cases, the changes you've told us about may not result in any change in benefits.
- You do not need to call your worker to tell them about this change you're about to report through CommonHelp.

I understand that the electronic signature will have the same legal effect and can be enforced in the same way as a written signature.

By checking this box and typing my name below, I am electronically signing the change report.

First Name : Middle Initial : Last Name : Suffix :  
[ ] [ ] [ ] [ ]

**Additional Information**

In the box below, you may provide us with any information related to the changes you have reported. Space is limited, so please be brief.

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49. Accept the terms of the changes by selecting the check box and signing your name.
50. Enter any **Additional Information** in the open text box that would be relevant for a case worker when reviewing the changes submitted.
51. Click **Submit**.