

COLORADO EMPLOYMENT FIRST PROGRAM

**Notice of Change Report**

<b>Head of Household</b>	<b>Food Assistance Worker</b>	<b>FA Office</b>
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<b>Social Security Number</b>	<b>Case Number</b>	<b>State ID</b>	<b>Date of Birth</b>
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<b>First</b>	<b>Middle</b>	<b>Last</b>
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<b>Exemption Information</b>	
<i>Please enter exemption data on required Interactive Interview windows, run EDBC and Authorize.</i>	
<input type="checkbox"/> Student - Begin Date on/before FA Request Date	<input type="checkbox"/> Rehabilitation (Drug, Alcohol)
<input type="checkbox"/> Earning ≥ \$217.50 week or Working 30 hrs week	<input type="checkbox"/> Applying, Receiving or Appealing Unemployment
<input type="checkbox"/> Colorado Refugee Services Program (CRSP)	<input type="checkbox"/> Under 16/Over 59 Years of Age
<input type="checkbox"/> Caregiver Incapacitated Member/Child Under Age 6	<input type="checkbox"/> TANF (Colorado Works/Family Preservation)
<input type="checkbox"/> Disabled (Receiving AND, SSA, SSI, VA)	<input type="checkbox"/> Job Attached (Scheduled Return Within 60 Days)
<input type="checkbox"/> Disabled (Receipt of SSI, Med Statement, Med 9)	<input type="checkbox"/> Vocational Rehabilitation before EF Referral
<input type="checkbox"/> Pregnancy	<input type="checkbox"/> 16 or 17 Year Old Non-head of Household

<b>Employment Information</b>				
<b>Employer Name</b>		<b>Phone Number</b>	<b>Contact Name</b>	
<b>Hourly Wage</b>	<b>Hours Per Week</b>	<b>Monthly Income (Hrly * Hrs/Wk * 4.3)</b>	<b>Begin Date</b>	<b>Date 1st Check Rec</b>
<b>Employment Type</b>	<b>Pay Frequency</b>	<b>Day Paid</b>	<b>Job Verified</b>	
<input type="checkbox"/> Perm>90 days	<input type="checkbox"/> Daily	<input type="checkbox"/> Irregular/Variable	<input type="checkbox"/> Sunday	<input type="checkbox"/> Yes
<input type="checkbox"/> Temp 30-90 days	<input type="checkbox"/> Twice a Month	<input type="checkbox"/> Monthly	<input type="checkbox"/> Monday	<input type="checkbox"/> No
<input type="checkbox"/> Temp<30 days	<input type="checkbox"/> One Time Only	<input type="checkbox"/> Every 2 Months	<input type="checkbox"/> Tuesday	
	<input type="checkbox"/> Supplemental	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Wednesday	
	<input type="checkbox"/> Weekly	<input type="checkbox"/> Twice a Year	<input type="checkbox"/> Thursday	
	<input type="checkbox"/> Every 2 weeks	<input type="checkbox"/> Annual	<input type="checkbox"/> Friday	
			<input type="checkbox"/> Saturday	

<b>Comply/Regain</b>
<i>Please Rescind (if case closed), Run EDBC and Authorize.</i>
<input type="checkbox"/> Participant has complied or regained before the sanction start date. Please disregard the sanction.
<input type="checkbox"/> Participant complied or regained during the sanction period. The participant needs to serve the remainder of the sanction, sanction period ends _____ (month/year).
<input type="checkbox"/> Participant has complied or regained after the sanction period was served, effective _____ (date).
<input type="checkbox"/> Participant became exempt from participation before/during/after the sanction period.
This change was reported on _____ (date).

Comments: \_\_\_\_\_

EF Staff: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_