

Trust Management Services
Change of Living Arrangement Notification

Persons Served Name: _____

Social Security #: _____

Date change occurred: _____

New address: _____

New phone #: _____

New mailing address: _____

(if different)

Total Rent/Mortgage \$ _____ **Person Served Share: \$** _____

Landlord name/address: _____

Landlord phone #: _____

***NOTE: If persons served is not on lease/rental agreement, list to whom & where rent payments are to be sent.**

Rent payments: Name _____

Address _____

Persons Served Lives Where:

_____ Board & Care Facility

_____ Room & Board Facility

_____ Alone

_____ Rents Room (not from parent)

_____ With Paid Staff Roommate

_____ With a parent (**form 8011)**

_____ With Another SSI Person Served***

_____ With a Non-SSI roommate(**form 8011)**

_____ Motel w/ cooking facilities***

_____ ICF-completely MediCal funded

_____ Motel w/o cooking facilities***

_____ ICF/DDH- Person Served has share of cost

Roommate info:

****NOTE: If persons served lives with a parent or a non-SSI roommate, Social Security offices requires form ssa-8011 be completed with the detail of household expenses. Please have parent or non-SSI roommate complete and forward original to Trust Management.**

*****NOTE: Please supply all roomates names, DOBs and relationship to persons served.**

Service Coordinator's Signature

Phone number

Date

Trust Management Services

P.O. Box 879

Santa Barbara, CA 93102

Dear Parent or Non SSI roommate,

Additional paperwork is required by social security since the persons served is now residing in your home. In order for him/her to continue receiving their full benefit amount, you must provide proof that he/she is paying their fair share and no one is providing them with a free place to live. **The benefit amount will be lowered if these details are not received.**

Enclosed you will find the form "Statement of Household Expenses & Contributions" SSA 8011. Please complete Part I Household Expenses. Enter the average amount spent monthly for each item listed (enter 0 for items that do not apply) and sign and date the back of the form. **Please do not answer any other questions on this form.** Return all forms to Trust Management Services, P.O. Box 879, Santa Barbara, CA 93102. We will forward monthly payments to you on the third of each month for the persons served in your home.

We are also required to report the names and dates of birth (or ages) for all people residing in the home with the person served. Please Complete:

Name _____ DOB or age _____ Relationship _____

Name _____ DOB or age _____ Relationship _____

Name _____ DOB or age _____ Relationship _____

Name _____ DOB or age _____ Relationship _____

Also if your home is rented, social security needs to know your landlord information.

Please complete the information below if your home is rented.

Landlord/Property Mgmt _____

Mailing Address _____

Phone # _____

If you have any questions, please feel free to give Stacie Landess with Trust Management Services a call at 805-534-2922.

STATEMENT OF HOUSEHOLD EXPENSES AND CONTRIBUTIONS

CLAIMANT'S/RECIPIENT'S NAME	SOCIAL SECURITY NUMBER
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NAME OF SPOUSE OR PARENT(S) OF INDIVIDUAL NAMED ABOVE _____

NAME OF PERSON MAKING THIS STATEMENT _____

The questions on this form are divided into four sections. Answer the questions where we have checked the block. Then sign the form and return to Social Security.

PART I—HOUSEHOLD EXPENSES

Show the average monthly amount of money your household has spent on the expenses listed for the period _____ through _____.

But for expenses that are usually the same from month to month (like rent), show the amount your household paid as of _____.

Write "0" under amount if your household has not spent any money for one of the expenses.

ITEM	MONTHLY AMOUNT SPENT
1. Food (Do not include food bought with food stamps.)	\$ _____
2. Rent or Mortgage Payment	\$ _____
3. Property Insurance (if not included in mortgage payment and if required by mortgage holder)	\$ _____
4. Real property taxes (if not included in mortgage payment). Subtract any rebate or credit.	\$ _____
5. Electricity	\$ _____
6. Gas	\$ _____
7. Heating fuel (wood, coal, oil, kerosene, etc.)	\$ _____
8. Water	\$ _____
9. Sewerage	\$ _____
10. Garbage Removal	\$ _____

PART II—CONTRIBUTIONS TO HOUSEHOLD EXPENSES

In the spaces below, show the amount of money the person(s) named gave for the household expenses listed in Part I. Provide your answer for the blocks we have checked.

NAME	<input type="checkbox"/> AVERAGE MONTHLY AMOUNT GIVEN from _____ through _____	<input type="checkbox"/> AMOUNT GIVEN in _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

