

Trust Management Services
Change of Living Arrangement Notification

Consumer name: _____

Social Security #: _____

Date change occurred: _____

New address: _____

New phone #: _____

New mailing address: _____

(if different)

Total Rent/Mortgage \$ _____ **Client share** \$ _____

Landlord name/address: _____

Landlord phone #: _____

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

Rent payments: Name _____

Address _____

Consumer Lives Where:

_____ Board & Care Facility/FHA

_____ Room & Board Facility

_____ Alone

_____ Rents Room

_____ With Paid Staff Roommate

_____ With a parent

_____ With Another SSI Consumer***

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

_____ Motel w/ cooking facilities***

_____ ICF-completely MediCal funded /Hospital

_____ Motel w/o cooking facilities***

_____ ICF/DDH-client has share of cost

**** NOTE: If consumer lives with a non-SSI roommate, North Sac Social Security office requires form ssa-8011 be completed with the detail of household expenses. Please have non-SSI roommate complete and forward original to Trust Management.**

*****NOTE: Please supply all roommates names, DOBs and relationship to consumer.**

Signed

Phone number

Date