The new COI form is an electronic form that can be edited through the Adobe software. Please make sure to complete the form in its entirety.

**TOP OF THE FORM** - The top of the form should be completed in order to identify the agency, program and applicant that will be impacted by the change to the program.

Make sure the include the date the change takes effect

**SECTION A** – Please select one change from the first column. The form is not meant to handle multiple changes. If you are completing a soft redetermination, make the selection at the bottom of the list and then check off the items you are submitting in the third (far right) column.

If you are requesting a grace period, please do not make a selection from the first column; make a selection from the second column. Indicate what type of leave/grace period you are requesting from the list of options in the drop-down menu.

*NOTE: If applicant’s income varies by 20% (up or down) or for changes in employment, education or training, please submit a new 3455.*
Section B – Please indicate from the drop-down menu if you are updating information for the applicant, child, or spouse.

SECTION B

Select One

<table>
<thead>
<tr>
<th>Current Information</th>
<th>New Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Address: (include City, State and Zip)</td>
<td></td>
</tr>
<tr>
<td>Social Security #:</td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td></td>
</tr>
<tr>
<td>Type of Program:</td>
<td></td>
</tr>
<tr>
<td># of children in care:</td>
<td></td>
</tr>
</tbody>
</table>

Only fill in the new information section if you are adding a child. Make sure to adjust the number of children in care.

SECTION C - This section needs to be completed if you are adding a child or deleting a child.

SECTION C

New Activity #: Gender

U.S. CITIZEN?

Ethnic Origin

Indicate the new activity number here.

Section D – Only complete this section if the parent/applicant has a new work or school schedule. If the applicant has a new rate of pay or a new job with a new work schedule, please do not complete a COI; complete a full redetermination.

SECTION D

WORK SCHEDULE

WORK/EDUCATION AND TRAINING

PER Hr.

Rate of Pay

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

SCHOOL SCHEDULE

AM or PM?

FROM TO

AM or PM?

FROM TO

If the rate of pay has changed more than 20% up or down, complete a new redetermination.
Include any comments you think would be helpful for the reviewer. Select the box to certify that the information is correct. Type your name and phone number in the box. Select the date from the calendar and then click PRINT FORM. Scan your form in IMEDGE for review.

**COMMENTS**

**CERTIFICATION**

- I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS ACCURATE.

**DELEGATE AGENCY SIGNATURE**

**PHONE**

**Date**

[Print Form]