



**THE STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF HUMAN SERVICES OFFICE OF CHILD SUPPORT SERVICES**

77 DORRANCE STREET PROVIDENCE RI 02903

(401)-458-4400 • WWW.CSE.RI.GOV

CHANGE OF ADDRESS FORM

CHANGE OF ADDRESS INFORMATION

YOU MAY USE THIS FORM TO REPORT A CHANGE OF ADDRESS IN YOUR CHILD SUPPORT CASE. YOU MUST PRESENT A VALID FORM OF ID. HOWEVER, IF YOU ARE RECEIVING RI WORKS BENEFITS OR MEDICAID BENEFITS YOU MUST REPORT A CHANGE OF ADDRESS TO YOUR ELIGIBILITY TECHNICIAN. WE CANNOT CHANGE THE ADDRESS AT THE OFFICE OF CHILD SUPPORT SERVICES. IF THIS IS A PRIVATE CASE YOU MUST REPORT YOUR CHANGE OF ADDRESS BY USING THE [CSS-1](#) FORM THAT CAN BE FOUND ON WWW.CSE.RI.GOV

IN ORDER TO CHANGE YOUR ADDRESS ON OUR SYSTEM, THE FOLLOWING INFORMATION IS NECESSARY:

STATE BENEFIT RECEIVED: (if applicable) [] RIWORKS [] MEDICAID [] CCAP

CUSTODIAL PARENT NAME:

SOCIAL SECURITY NUMBER:

NON CUSTODIAL PARENT NAME:

SOCIAL SECURITY NUMBER:

WHAT ADDRESS SHOULD BE CHANGED? CP [] NCP []

OLD ADDRESS:

STREET NUMBER

STREET NAME

CITY

STATE

ZIP CODE

NEW ADDRESS:

STREET NUMBER

STREET NAME

CITY

STATE

ZIP CODE

TELEPHONE NUMBER: [] HOME [] CELL [] OTHER

OTHER INFORMATION TO BE UPDATED:

BY SIGNING BELOW, I AUTHORIZE THAT ALL ABOVE INFORMATION IS CORRECT

SIGNATURE/DATE

YOU MAY MAIL A COMPLETED ADDRESS CHANGE FORM TO:

**DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILD SUPPORT SERVICES
CHANGE OF ADDRESS FORM
77 DORRANCE STREET
PROVIDENCE, RI 02903**

OR FAX COMPLETED AND SIGNED FORM WITH COPY OF ID TO: (401) 458-4465*

PLEASE NOTE: *IF MAILING OR FAXING CHANGE OF ADDRESS FORM TO OCSS, A VALID PHOTO ID IS REQUIRED. OCSS CANNOT UPDATE OR CHANGE AN ADDRESS ON OUR SYSTEM WITHOUT THE REQUIRED DOCUMENTATION & A SIGNED FORM.

OFFICE USE ONLY:

DATE RECEIVED: _____ /AGENT: _____