



**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](http://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](http://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) 458-4407 \*

**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: \_\_\_\_\_