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 RITE CARE 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 IN OUR SYSTEM, THE FOLLOWING INFORMATION IS NECESSARY.

TODAY'S DATE:

CUSTODIAL PARENT NAME:

SOCIAL SECURITY NUMBER:

NON CUSTODIAL PARENT NAME:

SOCIAL SECURITY NUMBER:

WHICH ADDRESS IS BEING CHANGED? CP [ ] NCP [ ]

PREVIOUS ADDRESS:

STREET NUMBER STREET NAME

CITY STATE ZIP CODE

CURRENT ADDRESS:

STREET NUMBER STREET NAME

CITY STATE ZIP CODE

CURRENT PHONE NUMBER: (HOME)

CURRENT PHONE NUMBER: (CELL)

CHANGE IN *ANY OTHER* CASE INFORMATION:

NAME OF PERSON COMPLETING THIS FORM:

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

FOR ANSWERS TO QUESTIONS, OR FOR MORE INFORMATION, VISIT OUR WEBSITE AT WWW.CSE.RI.GOV
OR FAX COMPLETED FORM TO:
FAX: (401) 458-4407

OFFICE USE ONLY:

DATE RECEIVED:_____/AGENT:_____