



**JOBS STATUS OF CHANGE**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ECONOMIC ASSISTANCE  
SFN 323 (2-2023)

Name (First, Middle Initial, Last)	Case Number	Client ID	Date
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**JOBS CONTRACTOR SECTION**

Employer Name	Start Date	Salary	
Address	City	State	ZIP Code
Status Change			
JOBS Contractor Name/Signature			Date

**ELIGIBILITY WORKER SECTION**

Status Change			
Date Terminated from TANF	Reason		
Eligibility Worker Name/Signature	Human Service Zone	Date	

Return your signed and dated form to your local human service zone office

**OR**

Submit by mail to:  
Department Of Health and Human Services  
Customer Support Center  
PO Box 5562  
Bismarck ND, 58506  
**OR** FAX: (701)-328-1006  
**OR** Email: [applyforhelp@nd.gov](mailto:applyforhelp@nd.gov)

For questions call Customer Support Center at: 1-866-614-6005

Human service zone office locations can be found here: <https://www.hhs.nd.gov/human-service/zones>