



RHODE ISLAND DEPARTMENT OF HUMAN SERVICES

OFFICE OF CHILD SUPPORT SERVICES

77 DORRANCE STREET, PROVIDENCE, RI 02903

[HTTPS://OCSS.RI.GOV](https://ocss.ri.gov) (401) 458 - 4400

CHANGE OF ADDRESS INFORMATION

YOU MAY USE THIS FORM TO REPORT A CHANGE OF ADDRESS IN YOUR CHILD SUPPORT CASE. YOU WILL NEED TO COMPLETE ALL THE REQUESTED INFORMATION AND THEN SIGN THE DOCUMENT. WE REQUIRE THAT A VALID FORM OF IDENTIFICATION BE PROVIDED ALONG WITH THIS DOCUMENT. WE CANNOT UPDATE AN ADDRESS IF THE REQUIRED DOCUMENTATION IS NOT PROVIDED. IF THIS IS A PRIVATE CASE YOU MUST REPORT YOUR CHANGE OF ADDRESS BY USING THE [CSS-1](#) FORM. THAT CAN BE FOUND ON [HTTPS://OCSS.RI.GOV](https://ocss.ri.gov). YOU MAY ALSO REQUEST THE UPDATE BY VISITING THE RHODE ISLAND FAMILY COURT.

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: _____