



Internal Use Only
SNAP? <input type="checkbox"/> Yes <input type="checkbox"/> No
DHS Case #: _____

TennCare Change of Address Reporting Form

TennCare sends important information to you in the mail. To be sure you get it, TennCare must have your current address (where you live now).

If you haven't given TennCare your current address, please call **1-855-259-0701**. It's a free call. **Or**, you can fill out and sign the form below – and send it to TennCare.

Be sure to check for mail from TennCare. Open any mail from TennCare and follow the instructions. If you have questions about mail from TennCare, call **1-855-259-0701**.

Your Name (First, Middle, Last):			
Your SSN (if you have one):	Your Date of Birth:	Your Telephone #:	
New Mailing Address	Apt. #	City, State	ZIP

Tell us who in your family has TennCare **and** lives at this new address:

Name (First, Middle, Last):	Date of Birth:	SSN:
Name (First, Middle, Last):	Date of Birth:	SSN:
Name (First, Middle, Last):	Date of Birth:	SSN:
Name (First, Middle, Last):	Date of Birth:	SSN:
Name (First, Middle, Last):	Date of Birth:	SSN:

Please change my mailing address to the new mailing address above. TennCare should send all mail for me and my family to this new mailing address.

X _____ Date _____
 Signature of Enrollee (or parent of child enrollee)

Mail this page to:
TennCare, P.O. Box 305240 Nashville, TN 37230-5240
or fax it to: 1-855-315-0669.