

CHANGE INFORMATION FORM: PARTICIPANT/EMPLOYER

Change PARTICIPANT Information

Please complete this form and return to Acumen by one of the following methods:

Mail: 5416 E. Baseline Road, Suite 200, Mesa, AZ 85206

Fax: (866) 496-4575

Email: enrollment@acumen2.net

Complete this section when there is a change in participant information. The participant is the individual receiving services. If the participant is also the employer, please complete this section only . For a name change, provide the previous name, new name, and attach a legal document supporting the name change.						
Change In (select all that apply):	Name □	Address □	Phone Number	. 🗆	E-mail Address □	
Current/Previous Name:		New Na	me (if changed):			
Street Address:						
City/State/Zip:						
Phone Number:						
E-mail Address:			Client ID Number	er:		
Signature (Employer or Authorized Rep):						
Date:						
Change EMPLOYER Information						
Complete this section when there is a change in employer information. The employer is the individual who hires, trains, and manages staff. If the participant is also the employer, please complete the participant section only. For a name change, provide the previous name, new name, and attach a legal document supporting the name change.						
Change In (select all that apply):	Name □	Address □	Phone Number □ E-mail Address □			
Current/Previous Name:	ious Name: New Name (if changed):					
Street Address (if changed):						
City/State/Zip (if changed):						
Phone Number (if changed):						
E-mail Address:			Client ID Number:			
Signature (Employer or Authorize	ed Rep):		1			
Date:						

Acumen Fiscal Agent, LLC 5416 E. Baseline Road, Suite 200 Mesa, AZ 85206 Phone: (866) 859-0027 Fax: (866) 496-4575 enrollment@acumen2.net