



VETERAN-DIRECTED SERVICES VETERAN STATUS CHANGE NOTICE

Complete this section when terminating services with Acumen.			
VETERAN NAME:			
TERMINATION DATE:		CHECK ONE	
		VOLUNTARY	INVOLUNTARY
REASON FOR TERMINATION:			
<p>Acumen is committed to the quality of our fiscal intermediary services. Upon notice of this termination, we would like to conduct a brief phone survey with you about your experience with Acumen. May we contact you in the interest of gathering your valuable feedback?</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am not the employer or Veteran </p>			
NAME AND TITLE OF PERSON AUTHORIZING TERMINATION:		PHONE:	
CARE MANAGER SIGNATURE:		DATE:	
Complete this section when suspending or reinstating services with Acumen.			
VETERAN NAME:			
SUSPENSION OR REINSTATMENT DATE:		CHECK ONE	
		SUSPENSION	REINSTATMENT
SPECIAL INSTRUCTIONS FOR ACUMEN REGARDING SUSPENSION OR REINSTATMENT:			
NAME AND TITLE OF PERSON AUTHORIZING SUSPENSION/REINSTATMENT:		PHONE:	
SERVICE COORDINATOR SIGNATURE:		DATE:	

PLEASE UPLOAD COMPLETED and SIGNED FORM to SharePoint