

CHANGE INFORMATION FORM: PARTICIPANT or EMPLOYER



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

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

Fax: (866) 211-6378

Email: enrollment@acumen2.net

Change PARTICIPANT Information

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, please provide the current and new name. For all other changes, only the new information is required.

Change In (select all that apply):				Name <input type="checkbox"/>	Address <input type="checkbox"/>	Phone Number <input type="checkbox"/>	E-mail Address <input type="checkbox"/>
Current/Previous Name:			New Name (if changed):				
Street Address:							
City/State/Zip:							
Phone Number:							
E-mail Address:							
Client ID Number:							
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 current and new name and please fax or mail a copy of a legal document for name change. For all other changes, only the new information is required.

Change In (select all that apply):				Name <input type="checkbox"/>	Address <input type="checkbox"/>	Phone Number <input type="checkbox"/>	E-mail Address <input type="checkbox"/>
Current/Previous 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 Authorized Rep):							
Date:							