

CHANGE INFORMATION FORM: VETERAN 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) 499-3075

Email: enrollment-il@acumen2.net

Change VETERAN Information

Complete this section when there is a change in veteran information. The veteran is the individual receiving services. If the veteran 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:								
Veteran 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 veteran is also the employer, please complete the veteran 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:								