



MT-SDEO CHANGE INFORMATION FORM: PARTICIPANT or EMPLOYER

CHANGE PARTICIPANT INFORMATION

Complete this section when there is a change in participant information. The participant is the person 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:	Email Address:
Consumer 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 individual receiving services is also the employer, please complete the individual 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:	Email Address:
Consumer ID Number:	

Signature: (Employer or Authorized Rep) _____ Date: _____