



## 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 individual information. The individual is the person receiving services. If the individual 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: \_\_\_\_\_