

# **CHANGE INFORMATION FORM: PARTICIPANT or EMPLOYER**



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

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

**Fax:** (855) 264-3292

**Email:** [enrollment@acumen2.net](mailto: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, provide the new information.

|  |                        |
|--|------------------------|
| 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:  |                        |
| Participant 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:  |                        |
| Participant ID Number:   |                        |
| Signature (Employer or Authorized Rep):  |                        |
| Date:  |                        |

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