



## CHANGE INFORMATION FORM: PARTICIPANT/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:** (866) 496-4551

**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, provide the previous name, new name, and attach a legal document supporting the name change.

Change In (select all that apply):    Name ☐    Address ☐    Phone Number ☐    E-mail Address ☐

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 previous name, new name, and attach a legal document supporting the name change.

Change In (select all that apply):    Name ☐    Address ☐    Phone Number ☐    E-mail Address ☐

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: \_\_\_\_\_

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