



CHANGE INFORMATION FORM: VETERAN/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

Emill: enrollment@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, 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:

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 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: