



AUTHORIZED CONTACT REQUEST

Complete this form if you want to allow Acumen Fiscal Agent (AFA) to speak about your account with anyone other than you, the employer.

I, _____, (hereafter "the Employer") request Acumen to accept the
Employer Name
following individual as an authorized contact.

Name of Authorized Contact: _____

This Authorized Contact is authorized to act on behalf of the Employer in the following capacity:

The Contact is allowed access to information (including but not limited to information about services, payments, employees, enrollment, and eligibility) that the Employer would be permitted to receive in overseeing program participation for the following consumer:

Name of Veteran Participant: _____

Terms and Conditions of this Authorization:

- I may revoke this authorization at any time by completing a new form and checking the box below and then returning the new form to Acumen. I understand that any revocation is not effective until received and processed by Acumen.
- Appointment of this Authorized Contact does not relieve me of my legal obligations and responsibilities as an employer.
- While my authorized contact will have access to my information, they do not have authority to approve timesheets for my employees, either on paper or through Acumen's electronic time system.
- I agree to indemnify Acumen against any and all actions arising out of this authorization and arising out of the actions of this Authorized Contact.

I would like to **revoke** prior authorization given for the individual named above.

Under penalty of perjury, I have read and understand this authorization and agree to its terms and conditions.

Signature of Employer

Date

Signature of Authorized Contact

Date

Please return completed form to:
Acumen Fiscal Agent, LLC
5416 E. Baseline Rd, Suite 200
Mesa, AZ 85206
Fax: 866-211-6370
Phone: 877-824-9356