

CHANGE INFORMATION FORM: VETERAN or EMPLOYER



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

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

Fax: (866) 862-6862

Email: 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, 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: | |
| 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 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: | |
| Client ID Number: | |
| Signature (Employer or Authorized Rep): | |
| Date: | |