



OHIO AAA7 VETERAN-DIRECTED SERVICES VETERAN STATUS CHANGE NOTICE

Complete this section when terminating services with Acumen.	
VETERAN NAME:	
TERMINATION DATE:	CHECK ONE
	VOLUNTARY <input type="checkbox"/> INVOLUNTARY <input type="checkbox"/>
REASON FOR TERMINATION:	
Acumen is committed to the quality of our fiscal intermediary services. Upon notice of this termination, we would like to conduct a brief phone survey with you about your experience with Acumen. May we contact you in the interest of gathering your valuable feedback? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am not the employer or participant	
NAME AND TITLE OF PERSON AUTHORIZING TERMINATION:	PHONE:
CARE MANAGER SIGNATURE:	DATE:
Complete this section when suspending or reinstating services with Acumen.	
VETERAN NAME:	
SUSPENSION OR REINSTATEMENT DATE:	CHECK ONE
	SUSPENSION <input type="checkbox"/> REINSTATEMENT <input type="checkbox"/>
SPECIAL INSTRUCTIONS FOR ACUMEN REGARDING SUSPENSION OR REINSTATEMENT:	
NAME AND TITLE OF PERSON AUTHORIZING SUSPENSION/REINSTATEMENT:	PHONE:
CARE MANAGER SIGNATURE:	DATE:

PLEASE EMAIL, FAX OR MAIL COMPLETED AND SIGNED FORM TO:

Acumen Fiscal Agent, LLC.
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Mesa, AZ 85206
enrollment@acumen2.net
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Phone: (866) 862-6861