



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 REINSTATMENT DATE:	CHECK ONE SUSPENSION <input type="checkbox"/> REINSTATMENT <input type="checkbox"/>
SPECIAL INSTRUCTIONS FOR ACUMEN REGARDING SUSPENSION OR REINSTATMENT:	
NAME AND TITLE OF PERSON AUTHORIZING SUSPENSION/REINSTATMENT:	PHONE:
SERVICE COORDINATOR SIGNATURE:	DATE:

PLEASE UPLOAD COMPLETED and SIGNED FORM to Sharefile.