

# CHANGE INFORMATION FORM: PARTICIPANT 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:** (855) 264-3287

**Email:** [enrollment@acumen2.net](mailto:enrollment@acumen2.net)

## Change PARTICIPANT Information

Complete this section when there is a change in participant information. The participant is the individual receiving services. If the participant 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:

Client 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 participant is also the employer, please complete the participant 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:

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