

## CHANGE INFORMATION FORM: CLIENT or EMPLOYER



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

**Mail:** P.O. Box 539, Orem, UT 84059

**Fax:** (888) 249-7023

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

### **Change CLIENT Information**

Complete this section when there is a change in client information. The client is the individual receiving services. If the client 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     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 client is also the employer, please complete the client 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     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: