



CHANGE INFORMATION FORM: PARTICIPANT or EMPLOYER

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

Mail: 204 3rd. Ave., Suite 110, Osceola, WI 54020

Fax: 800-687-3121

Email: outreach.wi@outreachfiscalagent.com

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 participant section **only**. For a name change, please provide the current and new name. For all other changes, provide the name and only the new information is required.

Change In (select all that apply): **Name** **Address** **Phone Number** **E-mail Address**

Current Name (Previous Name, if changed):

New Name (if changed):

Street Address:

City/State/Zip:

Phone Number:

E-mail Address:

Participant 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 current and new name and please send a copy of a legal document for name change. For all other changes, provide the name and only the new information is required.

Change In (select all that apply): **Name** **Address** **Phone Number** **E-mail Address**

Current Name (Previous Name, if changed):

New Name (if changed):

Street Address (if changed):

City/State/Zip (if changed):

Phone Number (if changed):

E-mail Address:

Participant ID Number:

Signature (Employer or Authorized Rep):

Date: