



CHANGE INFORMATION FORM: PARTICIPANT HIRED WORKER (PHW)

Please complete this form and return 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 Hired Worker (PHW) Information

Complete this section when there is a change in employee information. The employee is the person providing service.

For a change in name, fax or mail this form, and a copy of the new Social Security card. The employee's original I-9 form will also need Section 3 completed, and can be provided. For a name change, please provide the previous and new name.

For all other changes, provide the Current Name and only the new information is required.

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

Current Name (or Previous Name, if changed):

New Name:

Street Address (if changed):

City/State/Zip (if changed):

Phone Number (if changed):

E-mail Address (if changed):

Participant Name and ID Number:

PHW ID Number:

Signature (Employer or Authorized Rep):

Date:

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