



## CLTS CHANGE INFORMATION FORM: PARTICIPANT/EMPLOYER

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

**Mail:** 5416 E. Baseline Road, Suite 200, Mesa, AZ 85206

**Fax:** 800-687-3121

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

### Change PARTICIPANT/EMPLOYER Information

Complete this section when there is a change in participant information. The participant is the individual receiving services. Since the participant is also the employer, 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):
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Street Address:

City/State/Zip:

Phone Number:

E-mail Address:	Client ID Number:
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Signature (Employer or Authorized Rep):

Date:

### Change PARENT/GUARDIAN/POA Information

Complete this section when there is a change in the parent, guardian, or POA's information. The parent/guardian/POA is the one that hires, trains, and manages staff on behalf of the child/participant employer. 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):
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Street Address (if changed):

City/State/Zip (if changed):

Phone Number (if changed):

E-mail Address:	Client ID Number:
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Signature (Employer or Authorized Rep):

Date:

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