

# **CHANGE INFORMATION FORM: PARTICIPANT or EMPLOYER**



Complete this top section when there is a change in the **PARTICIPANT's** (the individual receiving care services) information. If the Participant is also the Employer, please complete this top section **ONLY**.

FOR A NAME CHANGE: please provide your registered & new names and complete & return this form along with a copy of your Social Security card showing your new name.

<b>Change In (select all that apply):</b>	<b>Name</b> <input type="checkbox"/>	<b>Address</b> <input type="checkbox"/>	<b>Phone Number</b> <input type="checkbox"/>	<b>E-mail Address</b> <input type="checkbox"/>
PARTICIPANT Name:		New Name (if changed):		
Physical Address (if changed):				
Mailing Address (if changed):				
Phone Number:				
E-mail Address:				
Acumen Participant ID Number and program (CDO, VDC, CLP-PD):				
Signature (Employer or Authorized Rep):				
Date: <span style="float: right;">Participant is also the Employer</span>				

Complete the bottom section when there is a change in the **EMPLOYER's** (the person managing the care services & budget) contact information. If the Participant is also the Employer, please complete the top section **ONLY**.

FOR A NAME CHANGE: please provide your registered & new names and complete & return this form along with a copy of your Social Security card showing your new name.

<b>Change In (select all that apply):</b>	<b>Name</b> <input type="checkbox"/>	<b>Address</b> <input type="checkbox"/>	<b>Phone Number</b> <input type="checkbox"/>	<b>E-mail Address</b> <input type="checkbox"/>
EMPLOYER Name:		New Name (if changed):		
Physical Address (if changed):				
Mailing Address (if changed):				
Phone Number (if changed):				
E-mail Address:				
Acumen Participant ID Number and program (CDO, VDC, CLP-PD):				
Signature (Employer or Authorized Rep):				
Date:				

**Please return this completed form & any additional forms to Acumen by:**

**Fax: (808) 427-8180 / Email: [enrollment-hi@acumen2.net](mailto:enrollment-hi@acumen2.net)  
Mail: 1001 Bishop Street, Ste. 990, American Savings Bank Tower, Honolulu, HI 96813**