



CHANGE INFORMATION FORM: PARTICIPANT/EMPLOYER

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

Mail: 200 River's Edge, Suite 313, Medford, MA 02155

Fax: (866) 499-3077

Email: ma-awp@acumen2.net

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 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):		
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 participant is also the employer, please complete the participant 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):		
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:				