



CHANGE INFORMATION FORM: PARTICIPANT/EMPLOYER

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

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

Fax: (866) 499-3077

Email: ma-dese@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:									

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