



CHANGE INFORMATION FORM: VETERAN or EMPLOYER

Please complete this form and upload to the [Acumen Bridge SharePoint](#)

Change VETERAN Information

Complete this section when there is a change in Veteran Information. The Veteran is the individual receiving services. **If the Veteran is also the employer, only this section is required.** For a name change, provide the previous name, new name, and attach a legal document supporting the name change.

Veteran Current Name:

Type of Change (Select all that apply)	Name ☐	Address ☐	Phone ☐	Email ☐
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New Name (if applicable):

Street Address:

City/State/Zip:

Phone:

Email Address:

Client ID Number:

Signature (Employer or Authorized Representative):

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. For a name change, provide the previous name, new name and attach a legal document supporting the name change. ***Please note employer name changes will also need to be updated with the IRS.**

Employer Current Name:

Type of Change (Select all that apply)	Name ☐	Address ☐	Phone ☐	Email ☐
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New Name (if applicable):

Street Address:

City/State/Zip:

Phone:

Email Address:

Client ID Number:

Signature (Employer or Authorized Representative):

Date:



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