

<b>Name:</b> _____	<b>Effective Date of Change:</b> _____
EIN Holder (if applicable): _____	
<input type="checkbox"/> Service Recipient (Client, Consumer, Member) <input type="checkbox"/> Managing Party (PR, LR, DR) <input type="checkbox"/> Employee/Caregiver	

*Instructions: Please mark the boxes that apply and fill in the new information. Provide supporting documentation if indicated.*

Local Office Changes			
<input type="checkbox"/> <b>Address Change</b>	Mailing (City, State, Zip): _____		
	Physical (City, State, Zip): _____		
<input type="checkbox"/> <b>Phone Number Change</b>	Home: _____	Work: _____	Cell: _____

Local Office Plus CDMS Changes					
<input type="checkbox"/> <b>Name Change</b> <small>*provide supporting documentation (Social Security Card) with this form</small>	Previous name: _____ New name: _____				
<input type="checkbox"/> <b>Social Security Number Change</b> <small>*provide supporting documentation (Social Security Card) with this form</small>	Previous SSN: _____ New SSN: _____				
<input type="checkbox"/> <b>Date of Birth Change</b> <small>*provide supporting documentation with this form</small>	Previous DOB: _____ New DOB: _____				
<input type="checkbox"/> <b>New EIN Holder</b> <small>*requires supporting paperwork – contact your coordinator</small>	New EIN Holder: _____				
<input type="checkbox"/> <b>Caregiver Payment Type Changes</b> <small>* requires supporting paperwork – completed pay selection form</small>	<input type="checkbox"/> Add Pay Card <input type="checkbox"/> Cancel Pay Card <input type="checkbox"/> Change Direct Deposit <input type="checkbox"/> Add Direct Deposit <input type="checkbox"/> Cancel Direct Deposit <input type="checkbox"/> Other: _____				
<input type="checkbox"/> <b>Caregiver Wage Changes</b> <small>* requires paperwork and approval – contact your coordinator</small>	<table style="width:100%; border: none;"> <tr> <td style="width:50%;">Service Recipient Name: _____</td> <td style="width:50%;">New Wage: _____</td> </tr> <tr> <td>Service Code(s): _____</td> <td> <input type="checkbox"/> New Mod Wage Agrmt  <input type="checkbox"/> Change Mod Wage Agrmt  <input type="checkbox"/> End Mod Wage Agrmt           </td> </tr> </table>	Service Recipient Name: _____	New Wage: _____	Service Code(s): _____	<input type="checkbox"/> New Mod Wage Agrmt <input type="checkbox"/> Change Mod Wage Agrmt <input type="checkbox"/> End Mod Wage Agrmt
Service Recipient Name: _____	New Wage: _____				
Service Code(s): _____	<input type="checkbox"/> New Mod Wage Agrmt <input type="checkbox"/> Change Mod Wage Agrmt <input type="checkbox"/> End Mod Wage Agrmt				
<b>Service Recipient –</b> <input type="checkbox"/> <b>Reactivation</b> <input type="checkbox"/> <b>Deactivation</b> <input type="checkbox"/> <b>Hold</b> <input type="checkbox"/> <b>Transfer</b> <small>* change in Auth requires supporting paperwork</small>	Explanation: _____  <input type="checkbox"/> Reactivate for billing purposes only				
<b>Employee/Caregiver –</b> <input type="checkbox"/> <b>Reactivation</b> <input type="checkbox"/> <b>Dismissal</b> <input type="checkbox"/> <b>Hold</b> <small>*if <b>Dismissal</b>, from <input type="checkbox"/> Company or <input type="checkbox"/> Individual Service Recipient</small> <small>*<b>reactivation</b> requires supporting documentation</small>	Service Recipient Name: _____ Who terminated Employee/Caregiver: <input type="checkbox"/> Resigned <input type="checkbox"/> Service Recipient <input type="checkbox"/> Unknown Was a two week notice given: <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation: _____				
<input type="checkbox"/> <b>Employee/Caregiver Location Change</b>	<table style="width:100%; border: none;"> <tr> <td style="width:50%;">Previous location: _____</td> <td style="width:50%;">New location: _____</td> </tr> </table>	Previous location: _____	New location: _____		
Previous location: _____	New location: _____				
<b>Other/Additional Information:</b>					

 \_\_\_\_\_  
 Service Recipient, Managing Party, or Employee Signature

 \_\_\_\_\_  
 Date
