

Name: _____ Effective Date of Change: _____

Service Recipient (Client) Managing Party (PR, LR, DR) Employee/Caregiver

Instructions: Please mark the boxes that apply and fill in the new information.

| Local Office Changes | |
|--|-------------------------------------|
| <input type="checkbox"/> Address Change <input type="checkbox"/> Mailing <input type="checkbox"/> Physical | New Address: City/State/Zip: |
| <input type="checkbox"/> Phone Number Change <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | New Phone Number: |
| <input type="checkbox"/> E-mail Change | New e-mail address: |
| <input type="checkbox"/> Change in Health Status | Description: |
| <input type="checkbox"/> Service Recipient (Client) – Coordinator Change * requires approval – contact your coordinator | Previous Coordinator Name: |
| | New Coordinator Name: |

| Local Office Plus CDMS Changes | |
|---|---|
| <input type="checkbox"/> Name Change *provide supporting documentation w/ this form | Previous name: |
| | New name: |
| <input type="checkbox"/> New Managing Party (PR, LR, DR) * requires supporting paperwork – contact your coordinator | New Managing Party: |
| <input type="checkbox"/> New EIN Holder * requires supporting paperwork – contact your coordinator | New EIN Holder: |
| <input type="checkbox"/> Cancel Direct Deposit | Effective Date: |
| | Mailing address for check: |
| <input type="checkbox"/> Caregiver Payment Changes * requires paperwork and approval – contact your coordinator | Effective Date: |
| | Consumer Name: |
| | New Wage: |
| | Service Code (if applicable): |
| <input type="checkbox"/> Service Recipient (Client) no longer active | Describe reason for loss of service: |
| | Service Recipient Name: Who terminated the Employee/Caregiver: <input type="checkbox"/> Resigned <input type="checkbox"/> Service Recipient Was a two week notice given: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe reason(s) for termination: |
| <input type="checkbox"/> Employee/Caregiver Dismissal | Describe conviction or charges: |
| <input type="checkbox"/> Notification of a criminal conviction or pending criminal charges | |

Service Recipient, Managing Party or Employee signature

Date

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