

## Status Change Form

- Instructions:**
1. Complete only the sections the participant-hired worker needs changed.
  2. This form is for participant-hired worker information only.
  3. Participant status changes must go through the consultant.

**Participant-hired Worker Name:** \_\_\_\_\_

**Participant-hired Worker Number:** \_\_\_\_\_

**Last four digits of Participant-hired Worker's Social Security number:** \_\_\_\_ \_

**Participant Name:** \_\_\_\_\_

Completed by Participant-hired Worker	
<input type="checkbox"/>	<b>New Name:</b> _____ Please attach your updated, <b>signed</b> Social Security card.
<input type="checkbox"/>	<b>New Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____
<input type="checkbox"/>	<b>New Phone:</b> (_____) _____ - _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
<input type="checkbox"/>	<b>New Email:</b> _____
<b>NOTE: If you want to change your payment method, please complete a Participant-hired Worker Payment Election Form (PEF).</b>	
Completed by Participant or Participant-hired Worker	
<input type="checkbox"/>	<b>Send check stub to participant-hired worker instead of participant.</b>
<input type="checkbox"/>	<b>Employment Termination Date:</b> _____ Please write the last day worked.

**Participant-hired Worker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_