



## Attendant Status Change Form Instructions

**Purpose of form:** The Attendant Status Change Form is used to update the Attendant's personal information and to document the Attendant's direct deposit cancelation date and termination date.

**Use this form when the Attendant:**

- Has a new legal name (i.e. married or divorced)
- Has a new address
- Has a new phone number
- Has a new email address
- Wants to cancel his or her direct deposit
- No longer works for the Consumer

**Please call iLIFE at 1-888-851-2420 for help filling out this form.**

**Instructions**

1. Write the Attendant's name.
2. Check which section(s) are to be changed.
  - a. Only fill out the sections that need to be changed. Do not fill out a section if it does not need to be changed.
  - b. If the Attendant has a new name, attach a copy of the signed Social Security card with the new name listed.
3. Write the new information, or write the Attendant's direct deposit cancelation date or termination date.
4. The Attendant signs his or her name and writes today's date.

## Sample Attendant Status Change Form

Attendant Name: Jane Doe 1. Write Attendant name.

2. Write Consumer name.

Consumer Name: John Doe Local Office: Durham

3. Write Local Office.

Fill out only the sections the Attendant needs changed.	
<input type="checkbox"/>	<b>New Name:</b> _____ Please attach a copy of your updated, <b>signed</b> Social Security card.
<input checked="" type="checkbox"/>	<b>New Address:</b> <u>2345 Main Street</u> <b>City:</b> <u>Raleigh</u> <b>State:</b> <u>NC</u> <b>ZIP:</b> <u>XXXXX</u>
<input type="checkbox"/>	<b>New Phone Number:</b> (____) _____ - _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
<input type="checkbox"/>	<b>New Email Address:</b> <u>janedoe@xxxxx.com</u>
<input type="checkbox"/>	<b>Cancel Direct Deposit Effective Date:</b> _____ Please write the date you want your direct deposit to end.
<input type="checkbox"/>	<b>Employment Termination Date:</b> _____ Please write the last day you worked.

4. Check which section(s) to be changed.

5. Write new information and/or update information as needed.

By signing below, you agree the information on this form is accurate and you have all supporting documentation in your possession.

Attendant Signature: Jane Doe Date: MM/DD/YY

6. Attendant signs and dates.