

## Consumer Status Change Form

Consumer Name: \_\_\_\_\_ Local Office: \_\_\_\_\_

<b>Fill out only the sections you need changed.</b>	
<input type="checkbox"/>	<b>New Name:</b> _____ Please attach a copy of 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 Number:</b> (_____) _____ - _____ <input type="checkbox"/> <b>Cell</b> <input type="checkbox"/> <b>Home</b> <input type="checkbox"/> <b>Work</b>
<input type="checkbox"/>	<b>New Email Address:</b> _____
<input type="checkbox"/>	<b>On Hold Starting This Date:</b> _____ <b>Off Hold Starting This Date:</b> _____ <b>On Hold Reason:</b> _____
<input type="checkbox"/>	<b>No longer receiving services. Reason:</b> _____ <b>Last Day of Service:</b> _____
<input type="checkbox"/>	<b>Other:</b> _____

<b>Fill out only the sections your Attendant needs changed.</b>	
<b>Attendant Name:</b> _____	
<input type="checkbox"/>	<b>Send check or check stub to Attendant instead of Consumer.</b>
<input type="checkbox"/>	<b>Employment Termination Date:</b> _____ <small style="margin-left: 100px;">Write the last day the Attendant worked.</small>
<input type="checkbox"/>	<b>Reason for Termination:</b> _____ _____
<input type="checkbox"/>	<b>New Attendant Name:</b> _____

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

Consumer or Local Office Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_