

Consumer Status Change Form

Consumer Name: _____ Local Office: _____

Fill out only the sections you need changed.	
<input type="checkbox"/>	New Name: _____ Please attach a copy of your updated, signed Social Security card.
<input type="checkbox"/>	New Address: _____ City: _____ State: _____ ZIP: _____
<input type="checkbox"/>	New Phone Number: (____) _____ - _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
<input type="checkbox"/>	New Email Address: _____
<input type="checkbox"/>	On Hold Starting This Date: _____ Off Hold Starting This Date: _____ On Hold Reason: _____
<input type="checkbox"/>	No longer receiving services. Reason: _____ Last Day of Service: _____
<input type="checkbox"/>	Consumer Deductible Amount: \$ _____ . _____ Deducted <input type="checkbox"/> Monthly or <input type="checkbox"/> Per Pay Period
<input type="checkbox"/>	Other: _____

Fill out only the sections your Attendant needs changed.	
Attendant Name: _____	
<input type="checkbox"/>	Send check or check stub to Attendant instead of Consumer.
<input type="checkbox"/>	Employment Termination Date: _____ <small style="margin-left: 150px;">Write the last day the Attendant worked.</small> Reason for Termination: _____

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: _____