



Choice. With Confidence.

## Consumer Status Change Form Instructions

**Purpose of form:** The Consumer Status Change Form is used to update the Consumer's personal information, to mail the check or check stub to the Attendant, and to document the Attendant's termination date.

**Use this form when the Consumer:**

- Has a new legal name (i.e. married or divorced)
- Has a new address
- Has a new phone number
- Has a new email address
- Puts his or her services on hold
- Stops receiving services
- Wants the Attendant's check stubs mailed to the Attendant's address instead of the Consumer's address
- Terminates his or her Attendant (i.e. the Attendant resigns or is fired)
- Hires a new Attendant
- Has a change in cost share
- Has any other changes that affect the Consumer's NC Independent Living program information

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

### Instructions

1. Write the Consumer's name.
2. Write the local office.
3. 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 Consumer has a new name, attach a copy of the signed Social Security card with the new name listed.
4. Fill out information as needed.
5. The Consumer signs his or her name and writes today's date.

## Sample Consumer Status Change Form

Consumer Name: John Doe 1. Write Consumer name. Local Office: Raleigh 2. Write local office.

Fill out only the sections you need 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>XXXX</u>
<input checked="" type="checkbox"/>	<b>New Phone Number:</b> (____) _____ - _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home
<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>Consumer Deductible Amount:</b> \$ _____ Deducted <input type="checkbox"/> Monthly or <input type="checkbox"/> Per Pay Period
<input type="checkbox"/>	<b>Other:</b> _____

3. Check which section(s) are to be changed.

4. Fill out information as needed.

Fill out only the sections your Attendant needs changed.	
<b>Attendant Name:</b> _____	
<input checked="" 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> <b>Reason for Termination:</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: John Doe 5. Consumer signs and dates.

Date: MM/DD/YY