# Fiscal Agent Employer/Client Status Change Form

Instructions: Complete only the sections the Employer/Client needs changed.

Employer/Client Name: _____

| Fill out only the sections you need changed. | |
|---|---|
| ☐ | New Name: _____<br>Please attach a copy of your updated, signed Social Security card. |
| ☐ | New Address: _____<br>City: _____ State: _____ ZIP: _____ |
| ☐ | New Phone Number: (_____) _____ - _____ Cell Home Work |
| ☐ | New Email Address: _____ |
| ☐ | On Hold Starting This Date: _____Off Hold Starting This Date: _____<br>On Hold Reason: _____ |
| ☐ | No longer receiving services. Reason: _____<br>Last Day of Service: _____ |
| ☐ | Other: _____ |

| Fill out only the sections your Employee needs changed. | |
|---|---|
| Employee Name: _____ | |
| ☐ | Send check or check stub to Employer/Client instead of Employee. |
| ☐ | Employment Termination Date: _____<br>Write the last day the Employee worked.<br>Reason for Termination: _____ |
| ☐ | New Employee Name: _____ |

Employer/Client or Case Manager Signature: _____
Date: _____

Employee Street Address: _____
Apt #: _____ City: _____ State:_____ Zip Code:_____

Employee Phone Number: _____