



# STATUS CHANGE FORM

**Name:** \_\_\_\_\_ **Effective Date of Change:** \_\_\_\_\_

EIN Holder (if applicable): \_\_\_\_\_

Service Recipient (Client, Consumer, Member)       Managing Party (PR, LR, DR)       Employee/Caregiver

*Instructions: Please mark the boxes that apply and fill in the new information. Provide supporting documentation if indicated.*

Local Office Changes		
<input type="checkbox"/> <b>Address Change</b> <div style="text-align: right; margin-top: 5px;">New Address City, State Zip</div>	<input type="checkbox"/> Mailing	<input type="checkbox"/> Physical
<input type="checkbox"/> <b>Phone Number Change</b> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	New Phone Number: _____	

Local Office Plus CDMS Changes	
<input type="checkbox"/> <b>Name Change</b> <small>*provide supporting documentation (Social Security Card) with this form</small>	Previous name: _____ New name: _____
<input type="checkbox"/> <b>Social Security Number Change</b> <small>*provide supporting documentation (Social Security Card) with this form</small>	Previous SSN: _____ New SSN: _____
<input type="checkbox"/> <b>Date of Birth Change</b> <small>*provide supporting documentation with this form</small>	Previous DOB: _____ New DOB: _____
<input type="checkbox"/> <b>New EIN Holder</b> <small>*requires supporting paperwork – contact your coordinator</small>	New EIN Holder: _____
<input type="checkbox"/> <b>Caregiver Payment Type Changes</b> <small>* requires supporting paperwork – completed pay selection form</small>	<input type="checkbox"/> Add Pay Card <input type="checkbox"/> Cancel Pay Card <input type="checkbox"/> Change Direct Deposit <input type="checkbox"/> Add Direct Deposit <input type="checkbox"/> Cancel Direct Deposit <input type="checkbox"/> Other:
<input type="checkbox"/> <b>Caregiver Wage Changes</b> <small>* requires paperwork and approval – contact your coordinator</small>	Service Recipient Name: _____      New Wage: _____ Service Code(s): _____ <input type="checkbox"/> New Modified Wage Agmt <input type="checkbox"/> Change MWA <input type="checkbox"/> End MWA
<b>Service Recipient –</b> <input type="checkbox"/> Reactivation <input type="checkbox"/> Deactivation <input type="checkbox"/> Hold <input type="checkbox"/> Transfer <small>* change in Auth requires supporting paperwork</small>	Explanation:  <input type="checkbox"/> Reactivate for billing purposes only
<b>Employee/Caregiver –</b> <input type="checkbox"/> Reactivation <input type="checkbox"/> Dismissal or <input type="checkbox"/> Hold  <small>*if Dismissal, from <input type="checkbox"/> Company or <input type="checkbox"/> Individual Service Recipient</small> <small>*reactivation requires supporting documentation</small>	Service Recipient Name: _____ Who terminated the Employee/Caregiver: <input type="checkbox"/> Resigned <input type="checkbox"/> Service Recipient <input type="checkbox"/> Unknown Was a two week notice given: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Explanation: _____
<input type="checkbox"/> <b>Employee/Caregiver Location Change</b>	Previous location: _____      New location: _____
<input type="checkbox"/> <b>Other/Additional Information:</b>  <div style="height: 40px;"></div>	

Service Recipient, Managing Party, or Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

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