



## 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.	
<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"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
<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> _____

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

Employer/Client or Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_