



Peer Assistance Services
Start believing.

CONTACT CHANGE FORM

Name (Please Print): _____ Case Manager: _____

Effective Date: _____ Reason: _____

Change of Name Information

Full Current Name: _____

Documentation Required: ☐ Social Security Card ☐ Drivers License ☐ Passport ☐ Marriage License ☐ Divorce Decree

Previous Name: _____

Change of Address Information

Previous Address: _____

CURRENT/NEW Address: _____

City: _____ State: ____ Zip: _____

City: _____ State: ____ Zip: _____

Change of Telephone Contact Information

Previous Home Phone: _____

NEW Home Phone: _____

Previous Work Phone: _____

NEW Work Phone: _____

Previous Cell Phone: _____

NEW Cell Phone: _____

Comments: _____

Signature: _____

Date: _____

E-Mail Address: _____

Email: reports@peerassist.org

Reports may be submitted via:

Fax: Last name A-L 720.213.1007
Last Name M-Z 720.213.0002

Mail: Peer Assistance Services
2170 S. Parker Road, Suite 229
Denver, CO 80231

In Person: Peer Assistance Services, Inc.
2170 S. Parker Road, Suite 229
Denver, CO 80231

or Peer Assistance Services, Inc.
200 Grand Avenue, Suite 270
Grand Junction, CO 81501

PEER ASSISTANCE SERVICES, INC. *Start believing.*

2170 South Parker Road, Suite 229 | Denver, Colorado 80231

TEL 303.369.0039 TOLL-FREE 1.866.369.0039 FAX 303.369.0982

www.peerassist.org | www.codrugfreeworkplace.org