

Change of Status

Individual/Consumer Name: _____

Caregiver Name: _____

Standby Caregiver: _____ **Date:** _____

(Emergency, seasonal, or back-up caregiver in your Self-Determination Contract)

Termination Date: _____

Eligible for rehire _____ **Yes** _____ **No** _____

Payroll Status

Pay rate \$ _____

Tax Status (Must Submit Updated Tax Form)

W4 _____

MI W4 _____

Change of Address

(Check One) **Change of address for Business** _____ **Caregiver** _____

Email Address: _____

Your Name: _____

Previous Address: _____

City: _____ State: _____ Zip Code _____

New Address: _____

City: _____ State: _____ Zip Code _____

Old Phone Number: _____ New Phone Number: _____

Individual/Guardian/Parent Signature **Date** _____

Caregiver Signature **Date** _____

Office used only _____

Effective Date _____

Mail or Fax to LifeLong Advocacy

43970 Gratiot Ave. Clinton Twp., MI 48036 Fax (586) 846-2460