

**CERTIFIED ENROLLMENT ENTITY
CHANGE REQUEST FORM
FOR APPROVED APPLICATIONS**



Tips for Faster Processing

- Use IPAS 'My Files' to submit your change request form – <https://ipas.ccgrantsandassistors.org/>
 - If unable to upload documents, please fax to: (559) 436-5293
 - **Must submit page 1**; double check that the information in Sections A and B are accurate
 - Include the corresponding pages matching your selection(s) on Section B
 - If applicable, include supporting documentation
- Tips:** 1) scan at a resolution of 200 dpi, 2) only include pages that outline required changes and any necessary supporting documentation, and 3) save a copy of the submitted form for your records.

CHANGE REQUEST BACKGROUND INFORMATION

SECTION A – ENTITY INFORMATION AND AUTHORIZATION

Changes to: IPA Program Only Navigator Program Only Both IPA and Navigator Programs

Application Status: Approved Draft (make changes in [IPAS](#)) Pending (email [IPA Support](#))

Entity Name: _____

Phone Number: _____

Please note: The form **must contain a signature** from one of the three contacts listed on your application – authorized, primary or financial contact, or an individual that can make executive decisions on behalf of the organization.

Contact Type: Authorized Contact Primary Contact Financial Contact All Contacts Have Changed

Approved By: _____

Signature	_____	Date	_____
Name (Print)	_____	Email Address	_____

SECTION B – CHECKLIST OF SECTIONS NEEDING TO BE UPDATED OR CHANGED

- Check all the boxes that apply to request:
- | | |
|--|---|
| <input type="checkbox"/> 1. Entity Information (pages 2 – 3) | <input type="checkbox"/> 5. Certified Enrollment Counselor (page 8) |
| <input type="checkbox"/> 2. Location and Hours Information (pages 4 – 5) | <input type="checkbox"/> 6. Financial Information (page 9) |
| <input type="checkbox"/> 3. CEC Site Reassignment (page 6) | <input type="checkbox"/> 7. Account User Information (page 9) |
| <input type="checkbox"/> 4. Entity Contact Information (page 7) | |

SECTION C – REQUEST TO WITHDRAW FROM THE IPA PROGRAM ONLY (AUTHORIZED CONTACT SIGNATURE REQUIRED)

Reason(s) for withdrawal (required): _____

By checking this box, the CEE confirms that **all consumers on their affiliated CEC's dashboard(s) have been declined and consumers have been notified to reassign their application to an alternative CEE/CEC.**

Approved By: _____

Authorized Contact Signature	_____	Date	_____
Name (Print)	_____	Contact Type	_____

Need Help? Contact: **In-Person Assistance Support** at IPAsupport@ccgrantsandassistors.org or **Navigator Program Support** at NAVsupport@ccgrantsandassistors.org

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1.0 ENTITY INFORMATION

Entity Name: _____

Business Legal Name: _____

Main Email Address: _____

Website Address: _____

Primary Phone Number (area code & ext.): _____

Secondary Phone Number (area code & ext.): _____

Fax Number (include area code) _____

Federal Employment Identification Number: _____

State Tax ID: _____

Category (supporting documentation required): Non-profit For-profit Governmental organization

1.1 ORGANIZATION TYPE

<input type="checkbox"/> American Indian Tribes or Tribal Organizations	<input type="checkbox"/> Licensed attorneys (e.g. family law attorneys who have clients that are experiencing life transitions)	<input type="checkbox"/> Licensed health care institutions
<input type="checkbox"/> Chambers of Commerce	<input type="checkbox"/> Licensed health care clinics (select subcategory below)	<input type="checkbox"/> Licensed health care provider
<input type="checkbox"/> City Government Agencies	<input type="checkbox"/> Federally Qualified Health Center (FQHC)	<input type="checkbox"/> Non-Profit Community Organizations
<input type="checkbox"/> Commercial fishing industry organizations	<input type="checkbox"/> FQHC Look-alike	<input type="checkbox"/> Ranching and farming organizations
<input type="checkbox"/> Community Colleges and Universities	<input type="checkbox"/> Indian Health Services Clinics: Direct Services Clinics	<input type="checkbox"/> Resource partners of the Small Business Administration
<input type="checkbox"/> County departments of public health, city health departments, or county departments that deliver health services	<input type="checkbox"/> Indian Health Services Clinics: 638 Contracting or Compacting Clinics	<input type="checkbox"/> School Districts
<input type="checkbox"/> Faith-Based Organizations	<input type="checkbox"/> Urban Indian Health Centers	<input type="checkbox"/> Tax preparers as defined in Section 22251(a)(1)(A) of the Business and Professions Code
<input type="checkbox"/> Indian Health Services Facilities	<input type="checkbox"/> Community Clinic	<input type="checkbox"/> Trade, industry and professional organizations
<input type="checkbox"/> Labor Unions	<input type="checkbox"/> Free Clinic	<input type="checkbox"/> Other public or private entities or individuals who meet the requirements (please specify):
	<input type="checkbox"/> Other Clinic (please specify): _____	

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1.2 SPECIAL POPULATIONS SERVED

1. Does the entity serve families of mixed immigration status? Yes No
2. Does the entity provide services to persons with disabilities? Yes No
- Disability(ies) served: Hearing Impaired Visually Impaired Wheelchair Accessible
- Other (specify): _____

1.3 COUNTY(IES) SERVED BY YOUR ENTITY (CHECK ALL THAT APPLY):

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Alameda | <input type="checkbox"/> Marin | <input type="checkbox"/> San Mateo |
| <input type="checkbox"/> Alpine | <input type="checkbox"/> Mariposa | <input type="checkbox"/> Santa Barbara |
| <input type="checkbox"/> Amador | <input type="checkbox"/> Mendocino | <input type="checkbox"/> Santa Clara |
| <input type="checkbox"/> Butte | <input type="checkbox"/> Merced | <input type="checkbox"/> Santa Cruz |
| <input type="checkbox"/> Calaveras | <input type="checkbox"/> Modoc | <input type="checkbox"/> Shasta |
| <input type="checkbox"/> Colusa | <input type="checkbox"/> Mono | <input type="checkbox"/> Sierra |
| <input type="checkbox"/> Contra Costa | <input type="checkbox"/> Monterey | <input type="checkbox"/> Siskiyou |
| <input type="checkbox"/> Del Norte | <input type="checkbox"/> Napa | <input type="checkbox"/> Solano |
| <input type="checkbox"/> El Dorado | <input type="checkbox"/> Nevada | <input type="checkbox"/> Sonoma |
| <input type="checkbox"/> Fresno | <input type="checkbox"/> Orange | <input type="checkbox"/> Stanislaus |
| <input type="checkbox"/> Glenn | <input type="checkbox"/> Placer | <input type="checkbox"/> Sutter |
| <input type="checkbox"/> Humboldt | <input type="checkbox"/> Plumas | <input type="checkbox"/> Tehama |
| <input type="checkbox"/> Imperial | <input type="checkbox"/> Riverside | <input type="checkbox"/> Trinity |
| <input type="checkbox"/> Inyo | <input type="checkbox"/> Sacramento | <input type="checkbox"/> Tulare |
| <input type="checkbox"/> Kern | <input type="checkbox"/> San Benito | <input type="checkbox"/> Tuolumne |
| <input type="checkbox"/> Kings | <input type="checkbox"/> San Bernardino | <input type="checkbox"/> Ventura |
| <input type="checkbox"/> Lake | <input type="checkbox"/> San Diego | <input type="checkbox"/> Yolo |
| <input type="checkbox"/> Lassen | <input type="checkbox"/> San Francisco | <input type="checkbox"/> Yuba |
| <input type="checkbox"/> Los Angeles | <input type="checkbox"/> San Joaquin | |
| <input type="checkbox"/> Madera | <input type="checkbox"/> San Luis Obispo | |

1.4 RESOURCE DIRECTORY

Do you want your organization listed as a resource for CECs looking for affiliation? Yes No

1.5 GRANT FUNDING

Is the Entity a recipient of an O & E Grant from Covered California, Department of Health Care Services, Health Center Outreach and Enrollment Assistance or Connecting Kids to Coverage? Yes No

Funding program and organization granting the funds: _____

Grant award amount: _____

Need Help? Contact: **In-Person Assistance Support** at IPAsupport@ccgrantsandassisters.org or **Navigator Program Support** at NAVsupport@ccgrantsandassisters.org

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2.0 LOCATION AND HOURS INFORMATION

Complete section 2.0 for each site location to be updated. If removing a sub site, remember to remove or reallocate the corresponding CECs assigned to that site (complete section 3.0 – CEC site reassignments).

Site* Type: Primary Site Sub site | *Site info. is displayed in CoveredCA.com’s “Find Help Near You”

Requested action: Change/Update Site Information Remove site (complete section 3.0) Add site

Site Name: _____ County _____

Contact Person for this Site: _____

Email Address for Consumers to Contact Site: _____

Primary Phone # for Consumers (____) ____ - ____ ext. ____ Secondary Phone #: (____) ____ - ____ ext. ____

Will your entity accept referrals for consumers requesting enrollment assistance at this site? Yes No*

**If ‘No’, the site information will NOT be displayed on CoveredCA.com’s (CalHEERS) “Find Help Near You”*

2.1 HOURS OF OPERATIONS

Indicate the hours of availability to provide enrollment assistance for each day of the week; each day must be filled out. Please note, there is no option to select ‘By Appointment Only’ on the CoveredCA.com (CalHEERS site).

	From	To
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

2.2 SITE MAILING ADDRESS

Street Address: _____ Suite/Apt/Floor: _____
 City: _____ State: _____ Zip Code: _____

2.3 SITE PHYSICAL ADDRESS

Check this box if the physical address is the same as the mailing address.

Street Address: _____ Suite/Apt/Floor: _____
 City: _____ State: _____ Zip Code: _____

2.4 LANGUAGE(S) SERVICES REPRESENTED BY THE CERTIFIED ENROLLMENT COUNSELORS AT THE SITE

Spoken Language(s) (check all that apply):

- Arabic English Khmer Russian Vietnamese
- Armenian Farsi Korean Spanish Other (specify): _____
- Cantonese Hmong Mandarin Tagalog

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Written Language(s) (check all that apply):

- | | | | | |
|-----------------------------------|--------------------------------|----------------------------------|---|---|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Farsi | <input type="checkbox"/> Korean | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Hmong | <input type="checkbox"/> Russian | <input type="checkbox"/> Traditional Chinese Characters | _____ |
| <input type="checkbox"/> English | <input type="checkbox"/> Khmer | <input type="checkbox"/> Spanish | <input type="checkbox"/> Vietnamese | |

2.5 ESTIMATE THE NUMBER OF INDIVIDUALS SERVED FOR EACH AGE GROUP AT THIS SITE:

Under 18 years of age _____	45 – 54 years of age _____
18 – 24 years of age _____	55 – 64 years of age _____
25 – 34 years of age _____	65 years of age or older _____
35 – 44 years of age _____	

2.6 ESTIMATE THE PERCENTAGE OF INDIVIDUALS SERVED FOR EACH ETHNICITY AT THIS SITE (MUST TOTAL 100%):

African _____	Chinese _____	Latino _____
African American _____	Filipino _____	Middle Eastern _____
American Indian or Alaska Native _____	Hmong _____	Russian _____
Armenian _____	Japanese _____	Ukrainian _____
Cambodian _____	Korean _____	Vietnamese _____
Caucasian _____	Laotian _____	Other (Specify): _____

2.7 INDICATE THE EMPLOYMENT INDUSTRY(IES) OF THE POPULATION SERVED (CHECK ALL THAT APPLY):

- | | |
|---|--|
| <input type="checkbox"/> Animal production | <input type="checkbox"/> Individual and family services |
| <input type="checkbox"/> Automotive repair and maintenance | <input type="checkbox"/> Investigation and security services |
| <input type="checkbox"/> Barber shops | <input type="checkbox"/> K-12 schools |
| <input type="checkbox"/> Beauty salons | <input type="checkbox"/> Landscaping services |
| <input type="checkbox"/> Car washes | <input type="checkbox"/> Amusement, gambling, and recreation industries |
| <input type="checkbox"/> Clothing stores | <input type="checkbox"/> Personal household goods, repair, and maintenance |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Private households |
| <input type="checkbox"/> Crop production | <input type="checkbox"/> Real estate |
| <input type="checkbox"/> Cut and sew apparel manufacturing | <input type="checkbox"/> Restaurant and other food services |
| <input type="checkbox"/> Department and discount stores | <input type="checkbox"/> Services to buildings and dwellings, except construction cleaning |
| <input type="checkbox"/> Drinking places, alcoholic beverages | <input type="checkbox"/> Support activities for agriculture and forestry |
| <input type="checkbox"/> Employment services | <input type="checkbox"/> Taxi and limousine service |
| <input type="checkbox"/> Fabric mills, except knitting | <input type="checkbox"/> Textile and fabric finishing, and coating mills |
| <input type="checkbox"/> Gasoline stations | <input type="checkbox"/> Textile product mills, except carpet and rug |
| <input type="checkbox"/> Grocery stores | <input type="checkbox"/> Traveler accommodation |
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Truck transportation |
| <input type="checkbox"/> Independent artists, performing arts, spectator sports, and related industries | <input type="checkbox"/> Other (specify): _____ |

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4.0 ENTITY CONTACT INFORMATION

- If any of the Entity Contacts are also the primary contact for an enrollment site, please submit the Location and Hours Information pages (page 4 – 6)
- Updates to Authorized and Financial Contact require the completion of section 4.4
- If there are changes to the **Primary Contact**, it could impact the login access to multiple systems, as such, please **complete Section 7.0 User Information**

4.1 AUTHORIZED CONTACT (also complete section 4.4)

The authorized contact is the person authorized by the entity to enter into a contractual agreement with Covered California.

Name: _____ Title: _____
Email Address: _____
Primary Phone #: (____) ____ - ____ ext. ____ Secondary Phone #: (____) ____ - ____ ext. ____
Mailing Street _____ Mailing Suite/Apt/Floor _____
Mailing City: _____ Mailing State: _____ Mailing Zip: _____

4.2 FINANCIAL CONTACT (also complete section 4.4)

The financial contact is the person authorized to oversee and handle financial transactions with Covered California.

Name: _____ Title: _____
Email Address: _____
Primary Phone #: (____) ____ - ____ ext. ____ Secondary Phone #: (____) ____ - ____ ext. ____
Mailing Street _____ Mailing Suite/Apt/Floor _____
Mailing City: _____ Mailing State: _____ Mailing Zip: _____

4.3 PRIMARY CONTACT (changes could impact the login access to multiple systems, complete section 7.0)

The primary contact is the person that oversees the day-to-day operations of the program.

Name: _____ Title: _____
Email Address: _____ Date of Birth _____
Primary Phone #: (____) ____ - ____ ext. ____ Secondary Phone #: (____) ____ - ____ ext. ____
Mailing Street _____ Mailing Suite/Apt/Floor _____
Mailing City: _____ Mailing State: _____ Mailing Zip: _____

4.4 AUTHORIZED SIGNATURE (required if you completed sections 4.1 and 4.2)

An authorized person is an individual who can attest that the:

- New authorized contact can enter into binding contracts on behalf of the entity
- New financial contact can access financial information for the entity

Approved By: _____
Signature _____ Date _____
Name (Print) _____ Email Address _____

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5.0 CERTIFIED ENROLLMENT COUNSELOR

Make copies to complete this request for each CEC whose information needs to be updated or removed

IPAS: Edit CEC Withdraw CEC* Reactivate withdrawn CEC Reactive CEC for training

CalHEERS: Enable CEC user account (required when a CEC has been set from In-Active to Active)** Update information appearing in **Find Help Near You**

Checking this box confirms that all consumers on the CEC's dashboard have been declined and notified to reassign their application to an alternative authorized CEE/CEC. CEC withdrawal requests may trigger a follow-up contact from the enrollment assistance team to provide you with additional information about next steps for handling the consumer applications on the CEC dashboard.

****Prior to switching a CEC's CalHEERS account to In-Active, notify and reassign consumers on CEC's dashboard.**

5.1 CEC INFORMATION

Is this person certified? No Yes If yes, what is their CEC #? _____

Is this CEC affiliated with multiple CEEs? No Yes

Name (as it appears on the name badge): _____

Legal Name: _____ Email Address: _____

Primary Phone #: (____) _____ - _____ ext. ____ Secondary Phone #: (____) _____ - _____ ext. ____

Sites served by this individual
(Maximum of 2 sites per individual): _____

5.2 PERSONAL MAILING ADDRESS OF THE INDIVIDUAL

Street Address: _____ Suite/Apt/Floor _____

City: _____ State: _____ Zip Code: _____

5.3 LANGUAGES

Spoken Language(s) (check all that apply):

- | | | | | |
|------------------------------------|----------------------------------|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> English | <input type="checkbox"/> Khmer | <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Farsi | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Hmong | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Tagalog | |

Written Language(s) (check all that apply):

- | | | | | |
|-----------------------------------|--------------------------------|----------------------------------|---|---|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Farsi | <input type="checkbox"/> Korean | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Hmong | <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese | |
| <input type="checkbox"/> English | <input type="checkbox"/> Khmer | <input type="checkbox"/> Spanish | <input type="checkbox"/> Traditional Chinese Characters | |

5.4 EDUCATION

Educational Level (select one):

- | | | | |
|--|---|---|----------------------------------|
| <input type="checkbox"/> Up to 8 th Grade | <input type="checkbox"/> High School Graduate | <input type="checkbox"/> College Graduate | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Some High School | <input type="checkbox"/> Some College | <input type="checkbox"/> Inapplicable/Not Ascertained | |

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6.0 FINANCIAL INFORMATION

Bank Name: _____
 Account Owner: _____
 Routing Number: _____ Account Number: _____
 Account Type: Checking Savings Payment Method: Check Electronic Funds Transfer

6.1 BANK ADDRESS

Street Address: _____ Suite/Apt/Floor _____
 City: _____ State: _____ Zip Code: _____

6.2 PAYMENT ADDRESS

Notice Regarding Change of Address. If you are a compensated CEE, please complete a new Payee Data Record (STD-204). **This is the address where the check is mailed.** Download form [here](#) and submit separately via 'My Files'.

Street Address: _____ Suite/Apt/Floor _____
 City: _____ State: _____ Zip Code: _____

6.3 AUTHORIZED SIGNATURE (required if you completed sections 6.0 – 6.2)

An authorized person is an individual who can attest that the:

- New authorized contact can enter into binding contracts on behalf of the entity
- New financial contact can access financial information for the entity

Approved By: _____
 Signature _____ Date _____
 Name (Print) _____ Email Address _____

7.0 USER INFORMATION

If your entity is approved and cannot access IPAS (CEE online application) or CoveredCA.com (CalHEERS) due to:

- Individual who created the account is no longer with the entity
- Lost or forgotten username
- Lost, forgotten or deactivated email address associated with the account

The entity must submit a written request from an **authorized contact** to obtain new credentials.

Request for new user credentials for: IPA CoveredCA.com (CalHEERS)

Instructions for submitting written request to change credentials, the request must:

- Be on company letterhead
- Include name and title of person submitting request
- Contain original signature of an authorized person
- State reason(s) for new login information
- Indicate which system(s) you need access to
- Include the name and email address of the current user
- Contain the address and phone number of the entity
- Provide key information for the new user
 - First and last name, along with title
 - Contact information (address, phone & email)
- Access user information request template [here](#)
- Mail to: Attention: IPA Support
7625 North Palm Avenue, Suite 107
Fresno, CA 93711

All request for user changes trigger a phone call from IPA Support to ensure that it is not a fraudulent request.

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