

**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: _____

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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**

** All request for CEC withdrawals 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 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 (list 2): _____

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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