



Direct Care Worker (DCW) Information Change Form

Direct Care Worker Name:	Direct Care Worker ID:
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Physical Address		
Previous Address (no PO Box):	New Address (no PO Box):	
Previous Address 2 (apt., bldg., unit):	New Address 2 (apt., bldg., unit):	
Previous City, State, Zip:	New City, State, Zip:	
New County:	New City/Twp./Municipality:	New School District:

Mailing Address (if different from Physical Address)	
Previous Address:	New Address:
Previous Address 2 (apt., bldg., unit):	New Address 2 (apt., bldg., unit):
Previous City, State, Zip:	New City, State, Zip:

Phone/Email Change	
Previous Home Phone (landline):	New Home Phone (landline):
Previous Mobile Phone:	New Mobile Phone:
Previous Email:	New Email:

Name Change	
Previous Name:	New Name:
For all name changes, attach a copy of your new Social Security Card. We will need a copy of this card, along with this form, signed and dated, before the change will take effect.	

Direct Care Worker Signature
Date