DPHHS: SLTC 157b 06.2014

Department of Public Health and Human Services

CHANGE IN DEMOGRAPHICS

List changes only and fax to Mountain-Pacific Quality Health Foundation at 1-800-268-5767

☐ AB-CFC ☐ SD-CFC ☐ ABPAS ☐ SDPAS		Date Faxed to Foundation:		
LIST <u>CURRENT</u> INFORMATION BELOW:				
Last Name	First Name	Middle Initial	Medicaid ID Number	Telephone Home
Street Address	City		Zip	Telephone/Cell
Mailing Address	City		Zip	Telephone Work
☐ Personal Representative (SD only)* ☐ Legal Guardian ☐ Contact Person (AB only – if other than consumer) ☐ Health Care Professional				
Name:	Address (PR only):			Telephone (circle one) Cell –Home- Work
	LIST <u>CH</u>	ANGES BELOW:		
Street Address	LIST <u>CH</u> City	ANGES BELOW:	Telephone Home	Telephone/Cell
Street Address Mailing Address			Telephone Home Zip	Telephone/Cell Telephone Work
	City	Zip	Zip	·
Mailing Address	City	Zip	Zip	Telephone Work
Mailing Address ☐ Personal Representative (SD only)* ☐ Leg	City City Gal Guardian Contact Per Address (PR only):	Zip	Zip	Telephone Work Care Professional Telephone (circle one)

^{*} New personal representatives for the SD-CFC/SDPAS program must be screened for capacity. Submit a SLTC-154 to initiate a change in PR.