

# Change of Information for Enrollment Entity (EE)



Call 1-800-279-5012 or email ee-caalaison@maximus.com with any questions.

| SECTION 1  | Enrollment Entity (EE) Data |  |
|--|-----------------------------|--|
| Complete required Entity information.<br><b>Note: Signature of Authorized Contact Person is <u>required</u> for all updates.</b> | Organization Name           | EE # (5 digits)                            |
|  | Authorized Contact          | <b><u>Authorized Contact Signature</u></b> |

Please check appropriate box(es) below to indicate information to be updated:

Change the service location address to:

| SECTION 2                           | Change Of Service Location Address |        |              |
|-------------------------------------|------------------------------------|--------|--------------|
| Complete all fields in this section | Physical Business Address          |        | Suite Number |
|                                     | City                               | County | State/Zip    |

Change the mailing address to:

| SECTION 3                           | Change Of Mailing Address |        |              |
|-------------------------------------|---------------------------|--------|--------------|
| Complete all fields in this section | Mailing Address           |        | Suite Number |
|                                     | City                      | County | State/Zip    |

Change the billing address to: (requires an updated W-9 Tax Form)

| SECTION 4                           | Change Of Billing Address |        |              |
|-------------------------------------|---------------------------|--------|--------------|
| Complete all fields in this section | Billing Address           |        | Suite Number |
|                                     | City                      | County | State/Zip    |

Change the business name to: (requires an updated W-9 Tax Form, tax number must remain the same if not, a new Invitation to Participate needs to be submitted)

| SECTION 5                           | Change Of Business Name |  |
|-------------------------------------|-------------------------|--|
| Complete all fields in this section | Business Name           |  |

Change the contact person(s):

| SECTION 6                                       | New Outreach Contact Person For Referrals |            | New Billing Contact Person |                      |
|---|---|------------|----------------------------|----------------------|
| Complete all appropriate fields in this section | New Contact Name                          |            | New Contact Name           |                      |
|   | Business Phone #<br>( )                   | CAA Number | Billing Phone #<br>( )     | Billing Fax #<br>( ) |
|   | E-mail Address                            |            | E-mail Address             |                      |

Mail to: Healthy Families Program, EE/CAA Liaison, 625 Coolidge Dr. Suite 100, Folsom, CA 95630  
or fax to: (916) 673-4500 Attn: EE/CAA Liaison