

Note: Any change of information to current Provider Application package not listed below will be submitted by:
Mailing a copy of current Application and/or Schedule A to the ACFP office with changes denoted in red ink.

Instructions: Complete section #1 and all appropriate sections that reflect changes to current contract, obtain authorizing signature and mail.

1. PROVIDER INFORMATION:		Effective date of change:	ACFP Contract #:
2. POINT OF CONTACT (POC) Information:			
Current POC name with ACFP:			
New authorized POC's name:			
New mailing address for POC:			
POC's date of birth:			
New street address for POC:			
New Telephone number for POC:			
New Fax number for POC:			
New E-mail address for POC:			
3. INSTITUTION INFORMATION:			
Current Institution name with ACFP:			
New legal name of Institution:			
New mailing address of Institution:			
New street address of Institution:			
New Telephone number of Institution:			
New Fax number of Institution:			
New F.E.I.D. number of Institution: <i>Please submit a copy of legal documentation of name and/or F.E.I.D. number change</i>			
Tax exempt status. Describe:			
4. BOARD PRESIDENT OR AUTHORIZED DESIGNEE INFORMATION			
Name of new Board President or Authorized Designee:			
Address of new Board President or Authorized Designee:			
Tele:	Fax:	DOB:	
5. CENTER/SITE INFORMATION:			
Note: To <u>add</u> a new center/site, email ACFP office at acfp@elderaffairs.org . If deleting a center, complete the following:			
Name of center as appears on Schedule A:			
New name of this center/site:			
New mailing address of this center/site:			
New street address of this center/site:			
New center/site ADC license capacity:			
New/renewed license expiration date: <i>Please submit copy of new ADC license(s) or "approval letter from AHCA" until official certificate is received.</i>			
6. METHOD OF CLAIM SUBMISSION		Change to: Fax or Mail	
7. SIGNATURE AUTHORITY INFORMATION:			
The following person(s) <u>no longer</u> has signature authority: (Please print or type)			
1.		3.	
2.		4.	
The following person(s) are <u>granted</u> signature authority: (Please print or type Name and Position Title)			
1.		☐ Monthly Claim Vouchers ☐ Vendor Contracts ☐ Other (list)	
2.		☐ Monthly Claim Vouchers ☐ Vendor Contracts ☐ Other (list)	

Signature of Institution's Current Board
President or Authorized Designee

Title