



MESA CO. VETERAN DIRECTED CARE STATUS CHANGE FORM

Name: _____ Effective Date: ___ / ___ / _____

Last 4 Digits of SSN: _____
(Worker only)

Veteran's Name: _____
(Not required for vendor)

Instructions: After completing the section above in full, complete *ONLY* the updated sections below then sign and date. For any questions or concerns, please contact our office at (855) 287-6638. Please submit the completed form to **Premier Financial Management Services** via one of the following options:

Mail:
10425 W North Ave.
Suite 345
Milwaukee, WI 53226

Email:
MesaCoVDC@premier-fms.com

Fax:
(855) 334-3866

SECTION 1

SECTION 2

New Name: _____ Address: _____
Vendors, please submit a new W-9 when requesting a name change.

New Add

SECTION 3

SECTION 4

Phone Number: _____ New Email: _____
 New Add New Add

SECTION 5

Last day worked: ___ / ___ / _____ Termination Reason: _____
(Optional)

Re-hire Date: ___ / ___ / _____

Worker Signature: _____ Date: ___ / ___ / _____

Veteran Signature: _____ Date: ___ / ___ / _____