



**Non-Metro Area Agency on Aging ~ Tucumcari Data Center ~**  
**A&D Consumer Change Request Form ~ Not to be used in Lieu of a Reassessment.**

Provider: _____ Site: _____ Contact Name: _____ Contact Phone: _____	Consumer Change Request Uploaded to ShareFile on: _____	<p style="text-align: center;"><b>* Provider Certification *</b></p> Were the consumer forms reviewed and verified for accuracy? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom? _____ <input type="checkbox"/> <i>By checking this box and typing my name, I certify that I reviewed the status of the consumer(s), verified that their assessment/reassessment is current; and that the consumers' information needs to be updated, changed or corrected as specifically stated below.</i>
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	Consumer's Name	Wellsky ID	Requested Change in Detail	* Non-Metro Only * Date Entered /By
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

*Types of requested change may include: phone number, address; remove/add/change emergency contact; add a provider, possible merge (state correct ID), etc.*

<b>** Non-Metro AAA Staff Use Only **</b>		
By signing below, I verify that I received and reviewed this Change Request Form.	Reviewed, Signed & Uploaded to ShareFile	
_____ Non-Metro AAA Staff Signature	<input type="checkbox"/> _____	Date: _____ Time: _____