



Peer Assistance Services  
Start believing

## CONTACT CHANGE FORM

Name (Please Print): \_\_\_\_\_ Case Manager: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Reason: \_\_\_\_\_

### Change of Name Information

Full Current Name: \_\_\_\_\_

Documentation Required:  Social Security Card  Drivers License  Passport  Marriage License  Divorce Decree

Previous Name: \_\_\_\_\_

### Change of Address Information

*Previous* Address:

*CURRENT/NEW* Address:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

### Change of Telephone Contact Information

*Previous* Home Phone: \_\_\_\_\_

*NEW* Home Phone: \_\_\_\_\_

*Previous* Work Phone: \_\_\_\_\_

*NEW* Work Phone: \_\_\_\_\_

*Previous* Cell Phone: \_\_\_\_\_

*NEW* Cell Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**PEER ASSISTANCE SERVICES, INC.** Start believing.

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[www.peerassist.org](http://www.peerassist.org) | [www.codrugfree workplace.org](http://www.codrugfree workplace.org)