

# Change in Status

---

**Organization:**

**Today's Date:**

**Change Effective Date:**

**Requesting a Change In:**

*(Check the applicable box and fill in the new information on the provided lines.)*

**Change in Ownership:** *(Contact CCTP Office Coordinator Emily Pavelka at 385-468-3270 to discuss change in ownership process)*

**Enrollment Status:** *(Contact CCTP Office Coordinator Emily Pavelka at 385-468-3270 to discuss change in accepting/not accepting clients)*

**Physical Address / Billing Address** *(please circle which address is being changed)*

New Address (address, city, state, zip):

**Administrative Contact**

Name:

Email:

Phone:

Fax:

**Billing Contact**

Name:

Email:

Phone:

Fax:

**Case Manager Contact**

Name:

Email:

Phone:

Fax:

Notes:

Printed Name:

Title:

Please return completed form to: Salt Lake County Community Care Transitions Program by USPS, email, or fax:

**Address:** 2001 S State Street, Ste S1-600 \* PO Box 144575 \* Salt Lake City, Utah 84114-4575

**Email:** [epavelka@slco.org](mailto:epavelka@slco.org)

**Fax:** (385) 468-3264