



CHANGE OF ADDRESS

1340 South Damen Ave. 3rd Floor CHICAGO, IL 60608 phone: (312) 823-1100 fax: (312) 823-1200

**IF THE PROVIDER'S ADDRESS CHANGES AND THE PROVIDER IS NOT LICENSED,
BOTH PARENT AND PROVIDER MUST SIGN THIS FORM.**

Client's Name: _____ **Case Number:** _____

*If a non-licensed **provider** is changing addresses, **each** client must sign an individual form for their case. Please copy this form and submit all copies of address changes together.*

If the **Client** is changing his or her address, please complete the **left column** below.

If the **Provider** is changing his or her address, please complete the **right column** below.

Client Change of Address		Provider Change of Address
Name:		
Social Security No.:		
OLD ADDRESS:	Apt.	Apt.
City:		
State:		
Zip:		
Old Phone #:		
NEW ADDRESS:		
City:		
State:		
Zip:		
New Phone #:		
Effective Date:		
IF THE PROVIDER'S ADDRESS CHANGES AND THE PROVIDER IS NOT LICENSED, BOTH PARENT AND PROVIDER MUST SIGN THIS FORM.		
	Parent's Signature:	Provider's Signature:

Make sure your name is on your mailbox. Otherwise, payment may be delayed.

FOR INTERNAL USE ONLY
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