



# Self-Directed Services Employee Change Form

FMS Direct: 1.866.252.6871 | FMS Fax: 1.888.272.2236

Submittal Only: [FMSEmployeeUpdates@thearc.org](mailto:FMSEmployeeUpdates@thearc.org)

Open a Customer Service Ticket: [thearcselfdirection.zendesk.com/](https://thearcselfdirection.zendesk.com/)

FMS Website: [thearc.org/self-directed-services/](https://thearc.org/self-directed-services/)

**Please identify the employee and employer requesting the update.**

EMPLOYEE NAME:	FAMILY AS STAFF: Yes      No
EMPLOYER NAME:	DEPT #:

**Please complete only the sections that apply.**

CHECK (✓) ALL THAT APPLY	CHANGE TYPE	DATA/DOCUMENTATION REQUIRED FOR CHANGE	EFFECTIVE DATE (Required)
	NAME	Previous Legal Name: _____ New Legal Name: _____ NOTE: Please provide a copy of your Social Security Card for confirmation. A marriage license CANNOT be accepted for confirmation purposes.	
	CONTACT INFO	Address: _____ <input type="checkbox"/> RESIDENCE <input type="checkbox"/> MAILING <input type="checkbox"/> BOTH Phone: _____ Email: _____	
	SERVICE CODE	Service Code: _____ <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE Service Code: _____ <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE Service Code: _____ <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	
	PAY RATE	Current Hourly Rate: _____ New Hourly Rate: _____ <input type="checkbox"/> APPLY TO ALL SERVICE CODES <input type="checkbox"/> APPLY ONLY TO THE FOLLOWING SERVICE CODE(S):	
	OTHER	Please specify:	

**By signing below, I have been notified of and agree to the changes being submitted.**

EMPLOYEE SIGNATURE:	DATE:
EMPLOYER / AUTHORIZED REPRESENTATIVE SIGNATURE:	DATE: