# NOTICE OF CONSUMER STATUS UPDATE

|  |  |
| --- | --- |
| Date: |  |
| To: |  |
| From (Name & Organization):  |  |
| CDDO: |  |

###  Current Information in KAMIS

|  |  |
| --- | --- |
| Individual Served: |  |
| Address: |  |
| SS#: |  |
| Case Manager: |  |

### Changes to be made in KAMIS

**(PLEASE BE PRECISE)**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

***Reminders***

* Information page: Does address change affect living status, county of residence or guardian address?
* Employment – more than 20 hours/week?
* Employment – less than 20 hours/week?

**For office use only:**

Functional Assessment /QA

COORDINATOR

FUNDING COORDINATOR

KAMIS update completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_