

Tsunami Enterprises

A Non-Profit Organization

P.O. Box 608
Ukiah, CA 95482
Phone: 707.463.2546
Fax: 707.462.6235

Client Change of Address / Status

Client Name: _____

SSN: _____ DOB: _____

Benefit: SSI SSA/SSDI Railroad Retirement VA

New Living Arrangements

Medical Facility/Hospital Incarcerated/Jail IMD (AA rate)
 Household of Another/No Rent (BD rate) Independent Living (AA rate)
 No Kitchen (AC rate) SNF (DJ rate) Licensed Board & Care (AB rate)

Effective Date: _____ Monthly Amt: \$ _____

Client Physical: _____

City, State, Zip: _____

Client Mailing: _____

City, State, Zip: _____

Phone #: _____ Msg#: _____

Do you have cooking facilities? Yes / No Do you have a refrigerator? Yes / No

Landlord / Facility Name: _____

Facility License #: _____ (if applicable)

Landlord / Facility Address: _____

City, State, Zip: _____

Phone #: _____ Fax#: _____

Previous Living Arrangements

Medical Facility/Hospital Incarcerated/Jail IMD (AA rate)
 Household of Another/No Rent (BD rate) Independent Living (AA rate)
 No Kitchen (AC rate) SNF (DJ rate) Licensed Board & Care (AB rate)

Address: _____

Client or CM Signature: _____ Date: _____

I certify the above to be true and correct to the best of my knowledge. I know that providing false statements or misrepresentation of fact is punishable under Federal and/or State law.

*** For Tsunami internal use only ***

Rep Payee: _____ Posted Date: _____
Debit Card: _____