



ADDRESS OR LIVING SITUATION CHANGE FORM

Date: ____/____/____

Beneficiary Account Number: _____

Beneficiary Name: _____

Does the Beneficiary receive community funds as part of residential care?

Yes

No

If yes, amount \$ _____ How often _____

**Please specify, on the detail line below, if the living arrangement is independent, CR/IRA supported or supervised, skilled nursing facility, assisted living, etc.*

PREVIOUS ADDRESS

Name (if an agency or facility): _____

Contact (if applicable): _____

Address: _____

Phone: (____) _____ - _____ Email: _____

Detail: _____

NEW ADDRESS

Name (if an agency or facility): _____

Contact (if applicable): _____

Address: _____

Phone: (____) _____ - _____ Email: _____

Detail: _____

Please submit completed form to:

My Choice Trust Services, 258 Genesee Street, Mezzanine Level, Utica, NY 13502
