

# GUARDIANSHIP CHANGE OF INFORMATION

*Empowering individuals with disabilities to live their fullest life. John 10:10*



Please complete this form to notify FLC of any contact information changes.

<b>WARD'S NAME:</b>	
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### Change of Ward's Address or Phone Number

New Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Type of Residence:  House  Apartment  Room  Nursing Home  Shelter  
Number of Other People in Home: \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_  
Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Change of Guardian's Address or Phone Number

New Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Completed By:

_____	_____	_____
(Printed Name)	(Signature)	(Date)

*"My purpose is to give life in all its fullness" – John 10:10*

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