

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES  
NAME OR ADDRESS CHANGE FORM

For **NAME/ADDRESS CHANGE**, fill out this form and submit copy of identification with your current name and social security number. For name change you must send documentation showing the change. (For example, a copy of your social security card with current name, Marriage License or Divorce Decree, whichever applies).

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Name: \_\_\_\_\_  
(Last) (First) (MI)

Other Names Used: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
(Street) (City/State) (Zip)

Phone Number (Home) ( ) \_\_\_\_\_ - \_\_\_\_\_ (Work) ( ) \_\_\_\_\_ - \_\_\_\_\_

I hereby attest that the information provided on this form and any attachments are accurate to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return completed form and attachments to:  
**Health Occupations Credentialing**  
**612 S Kansas Ave**  
**Topeka, KS 66603-3404**

Web site: [www.kdads.ks.gov](http://www.kdads.ks.gov)

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