

**Moves:** Inform S.N.E.S.A.A. immediately via email with this form.

**Client Name:**

\_\_\_\_\_

Move in Date:

\_\_\_\_\_

New Address:

\_\_\_\_\_

Client Phone Number:

\_\_\_\_\_

**New Room and Board Agreement** (charges for care, lease) submit to S.N.E.S.A.A.

**Type of Housing:**

\_\_\_\_\_ Adult Foster Care (AFC)... Name of Provider: \_\_\_\_\_

\_\_\_\_\_ DDS Shared Living..... Name of Provider: \_\_\_\_\_

\_\_\_\_\_ Group Home..... Name of Vendor Agency: \_\_\_\_\_

\_\_\_\_\_ Apartment/ House...Name & Relationship of Roommate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

**New Vendor Agency?**

If the client has switched vendor agencies please include the name of the new agency and contact names and phone numbers.

Vendor Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_