



## CP-AO Request to Update HEAplus Community Partner Agreement Contact Person Form

The Community Partner - Assistor Organizations (CP-AO) team will use this form to track and record any updates to the contact information of the designated HEAplus Community Partner Agreement Contact Person.

1. Organization Information	
Name of the Community Partner Organization:	

2. Person Completing this Request	
Legal First and Last Name:	Title:
Office Telephone (include Extension):	Email Address:

3. Current Contact Person			
Legal First Name:	MI:	Legal Last Name:	Title:
Mailing Address:		Email Address:	Phone Number:

4. Change Contact Person To			
Legal First Name:	MI:	Legal Last Name:	Title:
Mailing Address:		Email Address:	Phone Number:

After signing the form, keep a copy for your records. Once it's saved, email it to: [CP-AOOperationsTeam@azahcccs.gov](mailto:CP-AOOperationsTeam@azahcccs.gov).

Printed Legal Name	Effective Date
Signature	