

CCP Member Contact Information Change Form

Community Care Plan (“CCP”) wants to make sure that we have your correct contact information. You must also make any address changes with the Department of Children & Families or Social Security Administration.

Member Information

First Name	Middle Name
Last Name	Suffix
Member ID	Date of Birth / /

Responsible Party (parent, guardian, etc.)

First Name	Last Name
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I am filling out this form for:

☐ Myself ☐ Child(ren) ☐ Spouse ☐ Parent ☐ Friend ☐ Sibling ☐ Foster Child(ren)

Updated Contact Information

Street Address	Apt/Unit	
City	State	Zip
Email	Phone #	

Preferred Language

☐ English ☐ Spanish ☐ Creole ☐ Other _____

Opt-in to Messages and Your Preferred Contact Method

As your or your child’s health plan, CCP sends health-related information or reminders by SMS/text message or email. These messages have helpful information on plan benefits, earning gift cards, well visit reminders, health alerts, newsletters, community events, and more.

You can get your messages unencrypted or encrypted. Unencrypted messages are like sending a postcard in the mail. They are simple and do not need extra tools to open them. They are not protected so anyone who handles them can read them. Encrypted messages are like sending messages to a locked box. They need a password or key so only you can open them. You can cancel at any time by texting or emailing “Stop” or clicking on the “Unsubscribe” button on emails. We will send you a message to confirm that you were unsubscribed. You can also read our Privacy Policy on our website: ccpcares.org/privacypolicy

I agree to receive health-related messages from CCP by:

☐ Text– unencrypted ☐ Email – unencrypted ☐ Email – encrypted ☐ Phone

Comments or Notes

If you need help, call us 1-866-899-4828 (TTY/TDD 711)
Monday to Friday from 8:00 AM to 7:00 PM EST
or call Florida Department of Children & Families at 1-866-762-2237 or visit myfamilies.com.

Auxiliary Aids

ATTENTION: If you speak english, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-899-4828 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se dispone de forma gratuita de ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-866-899-4828 (TTY: 711) o hable con su proveedor.

ATANSYON: Si w pale Creole, sèvis asistans pou lang disponib pou ou pou gratis. Èd oksilyè ki apwopriye ak sèvis pou bay enfòmasyon ki nan fòm aksèsib yo disponib tou gratis. Rele 1-866-899-4828 (TTY: 711) oswa pale ak founisè w la.

Foreign Languages

This information is available for free in other languages. Please contact our customer service number at 1-866-899-4828, (TTY: 711) Monday through Friday from 8:00 AM a 7:00 PM EST.

Esta información está disponible gratis en otros idiomas. Por favor contacte a nuestro departamento de servicio al cliente al 1-866-899-4828, (TTY: 711) de lunes a viernes desde las 8:00 AM a 7:00 PM EST.

Enfòmasyon sa a disponib nan lòt lang yo. Tanpri kontakte depatman sèvis manm nou an nan 1-866-899-4828, (TTY: 711) Lendi jiska Vandredi de 8:00 AM a 7:00 PM EST.



Non-Discrimination Notice

Community Care Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)) (or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). Community Care Plan does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Community Care Plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Jennier Nielsen.

If you believe that Community Care Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Jennifer Nielsen, Civil Rights Coordinator, 1643 Harrison Parkway Building H, Suite 200. Sunrise, Florida 33323, 1-866-899-4828, TTY/TDD 711, jnielsen@ccpcares.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Jennifer Nielsen is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

This notice is available at Community Care Plan's website:
www.ccpcares.org/Nondiscrimination.