

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.