



**AFC DTA CHANGE OF ADDRESS**

DATE: \_\_\_\_\_

Commonwealth of Massachusetts

Division of Transitional Assistance

Worcester Area Office

13 Sudbury Street

Worcester, MA 027820

Please be Informed that: \_\_\_\_\_

MassHealth ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Is now enrolled in the Adult Foster Care Program.

His/ Her new and current address is:

\_\_\_\_\_

If any further information is required, please let us know.

Sincerely,

*Top Aid Healthcare INC*

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_