



Provided by The Advisory Council on Family Care (ACFC),
a joint union-management committee.
1-877-ACFC-HELPS | 1-877-223-2435 | www.ACFCcares.com

Registration Form

All fields are required. Please Print. There is no obligation to use our services after registration.

EMPLOYER NAME: VERIZON/CWA

EMPLOYEE NAME:

HOME Information

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE (W/ AREA CODE): ()

CELL PHONE (W/ AREA CODE): ()

WORK Information

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE (WITH AREA CODE): ()

Alternate Contact

NAME:

PHONE (WITH AREA CODE): ()

Primary Email Address: Note: **email** will be the primary method of communication, billing, and/or payment from Work Options Group unless a request for mail communication is made

EMAIL:

Mail To: WORK OPTIONS GROUP
1100 South McCaslin Blvd.
Suite 200
Superior, CO 80027

Fax To: 303-604-0535