

## Find Local Help Contact Information Update Screens

HealthCare.gov

Individuals & Families

Small Businesses

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### Update Organization Information

Use the following form to request corrections to your organization's listing in the [Find Local Help](#) section of Healthcare.gov. All requested corrections made through this form will be verified before any changes are made to a listing.

#### Request Corrections to "Find Local Help" Listing

If your organization has multiple listings, you will need to specify if the change requested applies to all listings or to a specific location. If you need to request different changes to different locations, you must request each change individually with a separate form submission.

To use the form, you must identify which organization you are requesting the changes for by the organization's name as it appears in the "Find Local Help" listing.

**Note:** You cannot request to become a Local Help organization with this form. You can [apply to become a Champion for Coverage or a Certified Application Counselor \(CAC\) organization](#) on [marketplace.cms.gov](#).

**Your Name \***

First Last

**Your Email Address \***

**Your Phone Number \***

 -  - 

### ### ####

**Organization's Name (as it appears in the "Find Local Help" listing.) \***

**Type of Organization \***

**Applies to all listings for this organization \***

- Yes  
 No

**I need to make changes to the following information (check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Organization Name                              | <input type="checkbox"/> Organization Acronym |
| <input type="checkbox"/> Street Address 1                               | <input type="checkbox"/> Street Address 2     |
| <input type="checkbox"/> City   | <input type="checkbox"/> State                |
| <input type="checkbox"/> Zip code                                       | <input type="checkbox"/> Main Phone Number    |
| <input type="checkbox"/> Toll Free Phone                                | <input type="checkbox"/> TTY Phone            |
| <input type="checkbox"/> Language Line / Phone for non-English speakers | <input type="checkbox"/> Office Hours         |
| <input type="checkbox"/> Email Address                                  | <input type="checkbox"/> Website URL          |
| <input type="checkbox"/> Additional Details                             | <input type="checkbox"/> Additional Languages |

**Type the characters from the image below. \***



Type the text

 Health Insurance Marketplace

## Find Local Help Contact Information Update Screens

## Type of Organization Dropdown Menu

**Type of Organization \***

Select One

- Select One
- Navigators (NAV)
- Certified Application Counselors (CAC)
- In-Person Assister (IPA)
- Medicaid/CHIP (Children's Health Insurance Program)
- Agent Broker Associations (ABA)

**I need to make changes to the following information (check all that apply)**

Organization Name  Organization Acronym