



ATTENDANT INFORMATION CHANGE FORM

Attendant Name	Employer of Record (EOR) Name

Instructions: Please notify Consumer Direct Care Network Virginia (CDCN) of a change to the Attendant's name, address, phone number or email address.

Fill out only the information that you are changing:				
Attendant's New Name:				_
*Proof of name change with the Social Secur Security withholdings. Attach copy of your n				
Attendant's New Physical Address:				
Street	City	State	Zip Code	
\Box Check here to remove prior Consumer-At i.e., you no longer live in the same home as t		ficulty of Care t	ax exclusion;	
Attendant's New Mailing Address:				
Street/PO Box	City	State	Zip Code	
Attendant's New Phone Number: () _				
Attendant's New Email Address:				
Attendant Signature:	Date:			

Please allow 3-5 business days to process this change request. To change your phone or email information with CDCN, you may submit your changes:

Email: InfoCDVA@ConsumerDirectCare.com

Fax: 1-877-747-7764

Mail:

Consumer Direct Care Network Virginia Virginia Consumer-Directed Services Program 6802 Paragon Place, Suite 430 Richmond, VA 23230



