CONSUMER DIRECT CARE NETWORK

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 Security Administration required to ensure proper Social Security withholdings. Attach copy of your new Social Security card with updated name.*
Attendant's New Physical Address: _____ _____ _____ _____ Street City State Zip Code ☐ Check here to remove prior Consumer-Attendant live-in status/Difficulty of Care tax exclusion; i.e., you no longer live in the same home as the Consumer.
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. Please submit your changes by email, fax or US mail as shown below:

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